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

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Version 3
August 20, 2018

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PLEASE TAKE NOTICE.

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Respectfully,

Egbert Fidlar Chambers.

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Personal and Medical History of

Personal and Medical History of James Kline

Whole No. 4773
Residence, Vivian Township, Minn.
Date Admission, May 27th 1897.
Admitted by Dr. A. F. Kilbourne hour, 6
How Sent, G. A. Union J. of P. Waseca Co
Sex, Male. Age, 42.
Civil Condition, Single.
Children, —
Age Youngest Child, -
Occupation, Farm Laborer.
Degree Education, - none.
Profession, Religion, Roman Catholic.
Habits, Intemperate.
Nationality, Illinois (Father Ill. mother ——)
Physicians Committing, D. Shumminny F.A. Swartwood M.D.
Correspondents,

No. of Years, 306.
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, mania ventis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Several days ago.
Duration, Several days.
No. of Attack, 1 2nd Evidence of continuous attack
No. of Admission, 1st
Age First Attack, 42
Time of Leaving, 26th April 1900
Time in Hospital,
Result, Transferred to Hastings

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear Quite quick
MEMORY, Past Events, Fair -
Recent Events, Good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Quite alert. correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
None observed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Rather silly - talkative.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, Sudden -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Is drank some
Paternal Relatives,
Mother, living - well.
Maternal Relatives,
Brothers and Sisters, none.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No injury or disease except rheumatism -
HABITS, Drinking and Smoking, both.
HEADACHES, VERTIGO, OR CONVULSIONS, None -
OCCUPATION, Healthy or not, Laborer
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Good Appetite, Good and Bowels, Regular.

Personal and Medical History of James Kline.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7. PRESENT WEIGHT, 134 USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, Scar on L arm. Vac. scar R. arm. Varicose veins - Large irregular scar on L. shoulder. Skin in good condition - some acne -
TONGUE, Coatings or Promptness of Movement, Clean. prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size m. Responses good
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, Good. Legs, Quite good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands.
PATELLAR REFLEX, slightly increased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Strong
slight mitral regurgitant -
Apex Beat, Regularity,
Size slightly increased
Apex beat 5 - Regular -
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion not good 1½ in
B. Sounds rather feeble

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, quite good.
BOWELS, Present Condition, good

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in fair physical condition - Mental grade very ordinary - not much education. Has rather a silly manner & expression - Voluble - Has probably been a hard drinker - Says he never had trouble or worry is an easy going fellow.

Personal and Medical History of James Kline.

1897

This patient was brought here by sheriff's deputy Geo. H. Goodeve attended by Henry Roberts, in apparently fair physical condition, with the following history:- No history of consanguinity: First attack came on about 1 month ago & lasted a few days: First symptoms of present attack manifested a few days ago by breaking windows & acting strangely: Disease appears to be increasing: Is variable: Derangement manifested as follows: for past few weeks has acted strangely to his employer & for several days has been quite violent: Has been breaking windows, destroying property & acting strangely in every way, so as to require constant watching: Is disposed to injure others: Not suicidal: Is very destructive: Manifested previous peculiarities of temper & disposition: No severe disease or head injury so far as can be learned: Has not been confined or restrained, but has been watched at times: Has received no treatment. On personal examination manifests considerable mental agitation: talks incoherently, is very restless.

May 27 On Admission put upon Ward E (Gen. Rpt.) Complexion dark: hair black: eyes brown: Condition of skin good. Scar on left cheek: Is clean: behavior good. T.100° P.116 R.28.

June 9 Physician's Note (Ward) Patient made a fairly good recovery from acute mania - Is much improved in physical health. Is now able to converse quite rationally, behavior good. Memory of events occurring during attack is poor. There is a slight mental instability left.

Summary Notes (Med. Rec.) July 31'98 Patient has been thought somewhat intelligent, quite simple, silly & foolish: Occasionally will fight & be quarrelsome:

Jan 31'99. Has maintained about the same condition ever since last note: Usually is quite silly, laughs to himself. Feb 1 - July 31'99. Wt. 134#. Patient fairly well behaved. Neat about dress & appearance: Has delusions. Aug 1. - Jan 31 1900 (Dr. Chapple)

1900 Jan 31 Wt. 128#. Very little change during period. Has been quite well behaved. Works well on ward. Is absent minded. Habits and general behavior rather careless. Frequently asks to go home but is generally quite contented.

Feby 1 Wt 136#. Pyx. April 26. No apparent change. Is well-behaved, but very talkative: works on ward.

April 26 Clean in habits. Physical conditions fairly good: no special insane ideas noted.

Was, today, transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Nels P. Peterson

Whole No. 4775
Residence, Cannon Falls, Minn.
Date Admission, May 28' 1897.
Admitted by Dr. H. H. Herzog hour, 6⁴⁵ PM.
How Sent, Axel Haller J. afpl. Goodhue Co
Sex, Male. Age, 40.
Civil Condition, Married.
Children, 4.
Age Youngest Child, -
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality,~~ Native Sweden Became resident of State Goodhue Co. in 1869
Physicians Committing, J. W. Dimmett & J. V. Anderson.
Correspondents, wife, Cannon Falls, Minn.

No. for Years, 308
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Melancholia acute
Accompanying Bodily Disorder, Tumor of tongue & muscles Palsy 98
Suicidal or not, not.
Date of this Attack, About one year ago
Duration, About one year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 39.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. H. Herzog. *Date of* May 29' 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear. Somewhat sluggish
MEMORY, Past Events, Slight impairment.
Recent Events, fairly good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert, Correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State, Realizes condition
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, ~~Systematized~~ somewhat Systematized, Transitory, Special Subjects,
Fixed - thinks persons are attempting to kill him
Conversation fairly voluble & coherent.
HALLUCINATIONS, of vision
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living - healthy
Paternal Relatives, one cousin insane.
Mother, died - cause unknown.
Maternal Relatives,
Brothers and Sisters, Brother & Sisters well.
Children 4 not strong.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever when young.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches for some yrs.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep & appetite impaired. - bowels reg.

Personal and Medical History of Nels P. Peterson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6¾ PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION, fairly good.
WOUNDS, Abnormalities and condition of Skin, Adherent lobule of ear. Skin fairly good condition
TONGUE, Coatings or Promptness of Movement, White coat - prompt,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - slightly dilated respond to light & accom.
SIGHT, of left eye, impaired, eye injured 11 years ago.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, —
HEARING, Good.
COORDINATION, Arms, — Legs, — Grasp, —
TREMORS, Hands, Tongue, Facial Muscles, General, General slight, hands quite marked - some of face & tongue
PATELLAR REFLEX, & Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
no murmurs. Sounds fair irritable, slightly irregular.
ARTERIES, —
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion fairly good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has retained his physical condition fairly well. Wife has cared for him & has been very particular about his taking his nourishment. Has been taking egg-nogs regularly between meals & diet has been nourishing. Sleep has been broken because of his fears. His family tried to hide his condition for a long period. He finally got so that he would run away & conceal himself if he saw anyone coming.

Personal and Medical History of Nels P. Peterson

1897

This patient was brought here by Sheriffs Deputy P. J. Lundquist attended by P. N. Peterson, in fair physical condition with the following history:-
No history of consanguinity: heredity, or intemperance in parents or self. First symptoms of this (1st) attack manifested about one year ago:- Ran away from home, said he was afraid someone would kill him: Disease appears increasing: variable, but no rational intervals: Derangement manifested by fear: is afraid to go out of the house, says people are after him with guns: Says he is being slandered: Not disposed to injure others: Not suicidal, filthy or destructive. No previous peculiarities manifested: No severe disease or head injury: Has not been confined or restrained: Has been prescribed for by his family physician, no noticeable effect.

June 4 On personal examination Pulse rapid (98). Tremors of tongue & muscles generally.
" 4 Appears melancholy. On admission put upon: 3ss E Gent a Rpt. Complexion light: hair light: eyes brown: Condition of skin good: Several small moles on back. Is dirty: Behavior good.)

June 10 Physicians Note. Slight rise of temperature first few days - No very good reason, beyond gastric disturbance, for it. Patient has shown no mental improvement: Has the same delusions as at first. Appetite somewhat capricious, generally poor: Sleep broken by reason of fear of being killed: Has been on a mixture containing small doses of Quinine, muriatic acid & Cascara sag. (D.H.H.)

July 30 98 Summary Notes by R.W.P. Wt. 168# Stays in room most of time: Is quite dull & melancholy: Is hypochondriacal: Is said to have delusion that indians are to kill his family. Oct '31 Is despondent & dull: Talks irrationally: Visited by friends. Jan 31 '99 Sits quietly in room most of time: No change of importance. Has been quiet during intervening time Feb 1 - July 31 '99 Dr. Watsons - Wt. 141# Patient quiet & well-behaved: Health apparently good: No change mentally.

Aug 1 - Jan 31 1900 (Discharged) Wt. 134. No change of importance. Has been very quiet & well behaved.
to Does not speak unless addressed. Sits by himself. Appears depressed.
1900 Speech hesitating & incoherent. Quite neat in dress & habits. Does nothing
Jan 31 Feby 1900. Wt 127# P 72. July 17 Vaccinated. July 31. No apparent change; Physicians
July 17/31 Condition fairly good. Eats & sleeps well: very quiet: never heard to speak. Works quite well, on ward
Aug 1 Is quite cleanly. Aug 1. Wt 132# - Jany 31/1901. Very little change: works on ward and in dining-room
1901 Jany 31 Mentally, very inactive: apparently depressed. Only smiles & shakes his head, when addressed: but never
July 3 speaks: Habits tidy: well-behaved. July 1. To I.W. Temp. 105 2/10. P 90. R 20. Does not complain,
12 but is very dull & was found to be filthy: Has bloody diarrhoea: July 12. Temp. a ward, & as well as usual.
15 To B 2: May 1. Wt 155#. Aug 1. Wt 116#. Nov. 124# - Jany 31/02. No illness during year, except-
1902 Jany 31 as noted. Has worked quite regularly in Kitchen & C. D. R. Habits tidy; very quiet; never speaks.
" 31/03 Has worked regularly in dining room - a very quiet patient; habits tidy; Still does not talk; No illness nor appreciable physical change.

Personal and Medical History of

Personal and Medical History of Daniel Curren.

Whole No. 4780	No. of Years, 313
Residence, Minnesota.	Insane Relatives, None.
Date Admission, June 4th 1897.	Cause Exciting, Unknown.
Admitted by Dr. H H Herzog hour, 6th P.M.	Cause Predisposing, Unknown.
How Sent, G. Willrich J. of P. Ramsey Co.	Form, Dementia paretica
Sex, - Male - Age, - 40 -	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single.	Suicidal or not, Not
Children, - none -	Date of this Attack, Do not Know.
Age Youngest Child, -	Duration, Do not Know
Occupation, Laboror.	No. of Attack, ~~First~~ 1
Degree Education, unknown	No. of Admission, 1st
Profession, Religion, unknown	Age First Attack, 40.
Habits, Not Intemperate -	Time of Leaving, June 22- 1897
Nationality, Minn (Parents unknown)	Time in Hospital, 18 days.
Physicians Committing Gustav. A. Ruzz + H.S. Nippert.	Result, Died - Ex Rauscion in
Correspondents, None given in papers.	General Paresis.

EXAMINATION ON ADMISSION BY DR. H H Herzog. Date of June 5th 1897.

Examined

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, very poor.
Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull + illusive

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation reticent, incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Daniel Curren

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Poorly nourished, ordematous extremities, face, pallor of face.

WOUNDS, Abnormalities and condition of Skin, old broken rib on left side, scar on penis probably old Chancroids - stigmas of scratching.

TONGUE, Coatings or Promptness of Movement, slow, dirty yellow coat.

PUPILS, Equality, Size, Response to Light, and Accommodation, Left smaller: both Contracted: respond to light accom.?

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Much impaired can scarcely stand Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Hands, Fair - coarse of tongue, of lips, General on attempting to stand,

PATELLAR REFLEX, To, equal Other Reflexes, all deep reflexes much exaggerated.

ARTICULATION, Slurred, Hesitating, Slow, Slurred, slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
First mitral - soft murmur. Size hypertrophied
Apex Beat, Regularity,
Apex-beat displaced to left, forcible
Rapid + irregular.

ARTERIES,
Somewhat stiff - temporals tortuous.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Respiration shallow - passive oedema posteriorly
June 15/97

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, — Sp. g. 1031 Reaction, Alkaline Color and Appearance, Reddish yellow, Cloudy. Large quant. yellow sediment shells strongly.

Albumen, Slight trace by Esbachs Nitric A. would not work because of opaqueness. Sugar, None.

Casts and Crystals, Sodium Phosphate, crystalline + amorphous in large quantities.

Very little pus. not so much as one would expect from the decomposing urine.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in poor physical condition, unable to be up + about - urine dribbles from him. Quite marked paresis of muscles of right side of face. Is very stupid - does not know his age, where he lives, his situation, etc. Seems contented to be abed. Thinks he feels all right - says has relatives in Northfield named Lennan. Case seems to be 3rd stage of general paresis. In additions to other motor signs, facial expression is very like.

Personal and Medical History of Daniel Curren

1897

This patient was brought here by Sheriffs deputy P. Tarratell - - - - - - in fair physical condition, with the following history: No history of consanguinity: This is 2nd attack of disease: First attack occurred about three months ago; duration of attack unknown: No information concerning first symptoms of attack: Disease appears increasing, not variable, with no rational intervals: No information concerning manifestations of insanity: Case seems to be one of brain softening with progressive dementia: No information concerning disposition to injure others. Not suicidal, concerning filthy or destructive habits, previous peculiarities manifested.

History of intemperance in parents or self: Severe disease or head injury: no information obtainable: Concerning confinement or restraint or treatment pursued for relief of patient, No information On personal examination; I can learn nothing from patient, no history. Think the case one of brain softening, with progressive dementia.

June 17 On admission put upon B3 E (Q.H.U. Rpt. Complexion light: Hair gray: Eyes gray. Condition of skin fair: Bunch on left side: Is dirty: behavior good) Legs & feet considerably swollen, also hands & arms.)

June 18 Summary Nurses Notes: Came upon ward at 7.45 P.M. Given bath & put to bed: Legs & feet some swollen also hands & wrists: Apparently oedema: Scrotum some sore apparently caused by urinating on clothes: Talks but irrationally says he is not sick: Weak & unable to walk alone: Lies in bed in stupid condition: Skin in fair condition: Pulse regular: Takes no notice of his surroundings: Seems to be growing weaker: Scrotum & penis dressed daily: Perspires freely: Dr. Herzog notes: "Am still of opinion that he is a general paretic He is failing quite rapidly & does not seem as if he could last long. The oedema is disappearing, somewhat, due partly to position & partly to digitalis: Lungs filling up posteriorly. Hypostatic."

June 18 Patient continues to grow weaker: Temp. A.M. 102°. P.M. 104°. Back & hips bathed in alcohol solution. June 19 Temp. 103° - 103° Penis still much swollen: Lies in bed in a stupid condition: Breathing very labored: Takes only milk diet:

" 19 Visited by brother: Would not talk to him: Continues to grow weaker:

" 20 Temp. 105° - 105° Habits filthy. Slept none. June 21 Temp. 101° - 104 Takes but little nourishment: Cold sponge bath given: Has twitching movements of limbs & face.

" 22 Gradually failed during night & expired at 4° A.M.

Died.

Personal and Medical History of

Personal and Medical History of Henry Barker

Whole No. 4781	No. of Years, 3 1/4.
Residence, South Stillwater, Minn.	Insane Relatives, None.
Date Admission, June 7th 1897.	Cause Exciting, Unknown
Admitted by Dr. le B Eby. hour, 6 45 P.M.	Cause Predisposing, Unknown
How Sent, E. & B. Co's Jap & Mark. Co.	Form, Manic Insanity
Sex, Male Age, 31	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Married	Suicidal or not, Not.
Children, 4	Date of this Attack, About 3 yrs. ago.
Age Youngest Child, —	Duration, About 3 years.
Occupation, Laborer.	No. of Attack, 1st
Degree Education, Common School.	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 28
Habits, Not intemperate.	Time of Leaving, Sept. 3. 1897
~~Nationality~~ Waiver, Minn. (Became a resident of State & Co. at birth)	Time in Hospital, 2 mos. 27 d.
Physicians Committing, W.H. Pratt + Jas L. Rhodes.	Result, Discharged Nov. 9. 1898 Much Improved
Correspondents,	

EXAMINATION ON ADMISSION BY DR. H.A. Herzog. *Date of* June 8' 1897.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, somewhat sluggish

MEMORY, Past Events, Good.
Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull - correct.

REASONING POWER, Ordinary Subjects, Good.
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
See note.
Conversation fairly voluble + coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Henry Barker

(in answer to questions)

No Ans

1897

So Stillwater June 30

A. T. Kilbourne M. D.

Dear Sir

In reply to your letter June 24 in regard to Henry Barker. In sanity he has not acted right since his father died (he Died Oct 3 1893) It is about 2 years that I thought he Really was going Crazy. It would be by spells a bout 2 weeks at a time every time he have those spells it would be more seriously last winter he was very

ARACTERISTICS.

USUAL WEIGHT, — NUTRITION, Fairly good
inent supra orbital ridges - high palate.
- coat, prompt.
qual: Size somewhat dilated Responds sluggish

Fairly good. Grasp,
ight. Nerve of tongue Fac. Muscles or general.
Other Reflexes,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient quiet + reasons quite well. Makes light attempt about buried money. Says that years ago there was an old settler, who was supposed to have had money, but on his death it could not be found + belief was that it had been buried. He had said he knew where it was, but only in a joking way. In fact had never hinted for it as he had no idea where to look. He has not been on good terms with immediate family for years. Speaks of their "having it" in for him but says family have truly been on speaking terms with him for 5 yrs. At that time he was working the farm for his parents but quarreled with father. Has not been steadily in his work the past winter + has at no time made much than a bare living. On day he was arrested he says that he was clearing out a bureau drawer + came across an old revolver, which he put in his pocket. Met his brother-in-law in a saloon. Brother-in-law asked him for pistol + he gave it up. Then asked him for his things + he refused to give it up. They then fought. It seems as if he must have been suspected of insanity for some time. He appears to be somewhat feebleminded with paranoiac ideas, + makes a better showing here than at home.

Personal and Medical History of

Whole No. 4781

Residence, South Stillwater, Minn.

Date Admission, June 7th 1897.

Admitted by Dr. le B Eby. hour, 6.45 P.M.

How Sent, E. & B. Boots Jay C. Mark. Co.

Sex, male. Age, 31

Civil Condition, Married

Children, 4

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Waiting, Minn. (Became a resident of State & Co. at birth)

Physicians Committing, W.H. Pratt + Jas C. Rhodes.

Correspondents,

EXAMINATION ON ADMISSION BY DR. H.H.

MENTAL CHARACT

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear, somewhat sluggish

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Slightly dull - correct.

REASONING POWER, Ordinary Subjects, Good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

See note.

Conversation fairly voluble + coherent,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

Nc

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ON

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Good until about the middle of April when he commenced work when he work he was off his mind when Eddie he was better from that out way day he seriously now in regard of the other he carried a Revolver in his pocket he threatened to kill Brother Brotherlaw allso outsiders he has it in his head that every Body is working again him and do him up by times he was all right then again he was not now to give you a cause of his insanity I can not any Neighbors are afraid of him please dont let him out until you think he is all right with safety

Your Respectfully

Mr Henry Barker

So Stillwater

minn

Per J. B. S.

P. S. he often time complains of his heart and of terreble pains

Henry Barker

CHARACTERISTICS.

USUAL WEIGHT, — NUTRITION, Fairly good

eminent supra orbital ridges - high palate.

er coat, prompt.

Equal: Size somewhat related Responds sluggish

fairly good. Grasp,

slight. Nevie of tongue Fac. muscles or general.

Other Reflexes,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient quiet + reasons quite well. Makes light of talk about buried money. Says that years ago there was an old settler, who was supposed to have had money, but on his death it could not be found + belief was that it had been buried. He had said he knew where it was, but only in a joking way. In fact had never hunted for it as he had no idea where to look. He has not been on good terms with immediate family for years. Speaks of their "having it" "on him" but says family have truly been on speaking terms with him for 5 yrs. At that time he was working the farm for his parents but quarreled with father. Has not been steady in his work the last winter + has at no time made much than a bare living. On day he was arrested he says that he was clearing out a bureau drawer + came across an old revolver, which he put in his pocket. Met his brother-in-law in a saloon. Brother-in-law asked him for pistol + he gave it up. Then asked him for his knife + he refused to give it up. They then fought. It seems as if he must have been suspected of insanity for some time. He appears to be somewhat feebleminded with paranoiac ideas, + makes a better showing here than at home.

Personal and Medical History

Whole No. 4781

Residence, South Stillwater, Mn

Date Admission, June 7th 1897

Admitted by Dr. le B Eby. hour, 6.45 P.M.

How Sent, E. & B. Boats Jay C. Mark. Co.

Sex, Male. Age, 31

Civil Condition, Married

Children, 4

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Waterit. Minn. (Became a resident of State & Co. at birth)

Physicians Committing, W.F. Pratt & Jas. L. Rhodes.

Correspondents,

Cause Predisposing, Unknown

Form, Mania Transmic

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 3 yrs. ago.

Duration, About 3 years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 28

Time of Leaving, Sept. 3. 1897

Time in Hospital, 2 mo. 27 d.

Result, Discharged Dec. 9. 1898 Much Improved

EXAMINATION ON ADMISSION BY DR. H.F. Herzog *Date of* June 8' 1897.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, somewhat sluggish

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull - correct.

REASONING POWER, Ordinary Subjects, Good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
See note.

Conversation fairly voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

and Medical History of Henry Barker

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. 3 PRESENT WEIGHT, 195 USUAL WEIGHT, — NUTRITION, Fairly good

WOUNDS, Abnormalities and condition of Skin, Very tall - prominent supra orbital ridges - high palate.

TONGUE, Coatings or Promptness of Movement, light yellow coat, prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: size somewhat dilated responds sluggish

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fairly good. Legs, fairly good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Hands slight, worse of tongue Fac. muscles or general.

PATELLAR REFLEX, 8-9 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs. Impulse very forcible. pulse not very full. Says has always had forcible heart-beat. Apex beat displaced to Left. somewhat irreg.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Fairly good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient quiet & reasons quite well. Makes light talk about buried money. Says that years ago there was an old settler, who was supposed to have had money, but on his death it could not be found & belief was that it had been buried. He had said he knew where it was, but only in a joking way. In fact had never hunted for it as he had no idea where to look. He has not been on good terms with immediate family for years. Speaks of their "having it" in for him but says family have truly been on speaking terms with him for 5 yrs. At that time he was working the farm for his parents but quarreled with father. Has not been steady in his work the past winter & has at no time made more than a bare living. One day he was arrested he says that he was clearing out a bureau drawer & came across an old 22 revolver, which he put in his pocket. Met his brother-in-law in a saloon. Brother-in-law asked him for pistol & he gave it up. Then asked him for his things & he refused to give it up. They then fought. It seems as if he must have been suspected of insanity for some time. He appears to be somewhat feebleminded with paranoiac ideas, & makes a better showing here than at home.

Personal and Medical History of Henry Barker.

1897

This patient was brought here by Sheriffs deputy G.W. Smith attended by Dr. Wittle, in good physical condition, with the following history:-
No history of consanguinity, heredity or intemperance in parents or self:- First symptoms were noticed about three years ago, patient has received no treatment. First symptoms manifested by delusion that his father (just dead) left money buried. That his father before dying had informed him of the fact & insisted upon neglecting his business to hunt for it. Disease appears increasing: So variable with irregular rational intervals: Derangement manifested by imagining that people are trying to kill him: So disposed to injure others. Not suicidal: Filthy & destructive in habits: No previous peculiarities manifested: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment.

June 7 On personal examination pulse rapid: extremities cold: nervous action of heart On admission put upon B³ E (4th Apt. complexion light: hair light: eyes blue: Condition of skin good: One tooth out in front: So clean: Behavior good.

Summary Nurses Notes 14 Day record Paid on ward, gives bath & put to bed: Talks quite rationally: D. & tho. June 8 Patient said he had trouble with relatives over fathers will & when under influence of liquor said more than he should have concerning it. Said he was very talkative when drunk: June 12 No delusions noticed: Assists with work: Eats & sleeps well: Bowels regular: Temp. Pulse & Resp. normal. 13 Asked when he might go home: worries about his family: June 15 Does not understand why he should be given medicine as he feels as well as usual. 16 Is quiet & well-behaved, no change in condition: So neat & clean in habits & dress. June 19 Appetite good: Bowels regular: Sleeps well: Remains same as on admission. Makes no complaints but worries about his family: June 25 Talks rationally on all subjects: Has no delusions: Neat & clean in habits. July 1 Wt. 195 Pulse 90 - irregular. July 7 Trans. to A'. July 19 Seems failing mentally & physically: Appetite poor: Sleeps very little. July 22 Has acted queerly of late: Shows delusions of persecution & hypnotic influences, in conversation, thinks he is victim of witchcraft. Trans. to B³. July 30 Has regained his former mental state. Visited by wife on 29th. Aug 1 Wt. 195. Pulse 96. Acts & talks fairly rationally: Habits tidy: Helps with work. Aug 14 Began working in Kitchen today. Aug 16 Trans. to C². Sept 2 No change. Sent home on trial-

Discharged.

Personal and Medical History of

Personal and Medical History of Hans Ellingson

Whole No. 4782	No. of Years, 315
Residence, Canton, Minn.	Insane Relatives, none.
Date Admission, June 7th 1897.	Cause Exciting, unknown.
Admitted by Dr. C. B. Eby hour, 9:25 PM.	Cause Predisposing, unknown.
How Sent, E.V. Farrington Dep. Sheriff Fillmore Co.	Form, acute ~~maniacal~~ melancholic
Sex, male. Age, 30	Accompanying Bodily Disorder, none mentioned.
Civil Condition, married.	Suicidal or not, not.
Children, none	Date of this Attack, 2 wks. ago.
Age Youngest Child, -	Duration, about 2 weeks.
Occupation, Farmer.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Lutheran.	Age First Attack, 30
Habits, Not intemperate	Time of Leaving,
~~Nationality~~ Nativity, Norway (Resident of state & Co. 20 yrs) (Came to Norway)	Time in Hospital,
Physicians Committing, J.H. Phillips & G.A. Lee.	Result,
Correspondents, Andrew Ellingson, Rroper Minn.	

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. *Date of* June 8' 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick, confused.

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. illusive

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects,

Own Mental State, does not appreciate

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
Systematized, fixed. of persecution.

Conversation - Voluble - fairly coherent.

HALLUCINATIONS, of hearing.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Nothing bearing upon subject brought out.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Copy of hearing petition for appointment of S. Boyd as Guardian for Hans Ellingson, insane - Served 12/10/98

Ellingson.

is wife at
T. Stevens,
ll up Rushford,

ON, Considerably impaired-

light + accomodation.

COORDINATION, Arms, Some impairment Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Hands + tongue, some general

PATELLAR REFLEX, 6 - Equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

2 tremors. None noted - rapid + somewhat irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has well defined delusions of persecution. Thinks people are trying to kill him because he made false oath when taking out his papers. He is not markedly melancholic, however, but rather exalted. Talks loudly on religious subjects. Nutrition impaired; bowels constipated. Says he has had these fears 3 wks. It seems however that he has had trouble with his family for some years previous & probably was somewhat deficient mentally at that time.

Personal and Medical History of Hans Ellingson

Whole No. 4782
Residence, Canton, Minn.
Date Admission, June 7th 1897.
Admitted by Dr. C. B. Eby. hour, 9:25 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, Male. Age, 30
Civil Condition, Married.
Children, None
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway (Resident of state & Co. 20 yrs) (Came to Norway)
Physicians Committing, J.H. Phillips & G.A. Low.
Correspondents, Andrew Ellingson, Rooper Minn.

No. of Years, 315
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Acute ~~cyclical~~ melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, About 2 weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 30
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. *Date of* June 8' 97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick, confused.
MEMORY, Past Events, Fairly good.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert illusive
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State, does not appreciate
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
Systematized, fixed. of persecution.
Conversation - Voluble - fairly coherent.
HALLUCINATIONS, of hearing.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Nothing bearing upon subject
Paternal Relatives, brought out.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

ersonal and Medical History of Hans Ellingson.

In case of sickness of Hans Ellingson, notify his wife at Lenora, Minn., by telephoning to Mrs. W. T. Stevens, with whom she lives. To get Lenora, call up Rushford, Minn. and they will connect from there.

...ON, Considerably impaired.

light & accomodation.

HEARING, Good.
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Hands & tongue, some general
PATELLAR REFLEX, 6 - Equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
tremors
None noted - rapid & somewhat irregular.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has well defined delusions of persecution. Thinks people are trying to kill him because he made false oath when taking out his papers. He is not markedly melancholic, however, but rather exalted. Talks loudly on religious subjects. Nutrition impaired; bowels constipated. Says he has had these fears 3 weeks. It seems however that he has had trouble with his family for some years previous & probably was somewhat deficient mentally at that time.

Personal and Medical History of Haro Ellingson

Whole No. 4782

Residence, Canton. Minn.

Date Admission, June 7th 1897.

Admitted by Dr. A. B. Eby. hour, 9:25 P.M.

How Sent, E.V. Farrington & J. of P. Fillmore Co.

Sex, male. Age, 30

Civil Condition, married.

Children, none

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

~~Nationality~~ Nativity, Norway (Resident of state & Co. 20 yrs) (Parents Norway)

Physicians Committing, H. Phillips & G. D. Low.

Correspondents, Andrew Ellingson, Rooper Minn.

No. of Years, 3 1/2

Insane Relatives, none.

Cause Exciting, Unknown.

Cause Predisposing, unknown.

Form, acute ~~mania~~ melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, not.

Date of this Attack, 2 wks. ago.

Duration, about 2 weeks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 30

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. H. H. Hingog. Date of June 8' 97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick, confused.

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert. illusive

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects,

Own Mental State, does not appreciate

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,

Systematized, fixed. of persecution.

Conversation - Voluble - fairly coherent.

HALLUCINATIONS, of hearing.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Nothing bearing upon subject brought out.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

nd Medical History of Haro Ellingson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11½ PRESENT WEIGHT, 155 USUAL WEIGHT, — NUTRITION, Considerably impaired.

WOUNDS, Abnormalities and condition of Skin, Skin greasy. face flushed.

TONGUE, Coatings or Promptness of Movement, heavy yellow coat, prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. slightly dilated. respond to light & accomodation.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, —

HEARING, Good.

COORDINATION, Arms, Some impairment Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Hands & tongue, some general

PATELLAR REFLEX, 6 - Equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Tremors - None noted - rapid & somewhat irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has well defined delusions of persecution. Thinks people are trying to kill him because he made false oath when taking out his papers. He is not markedly melancholic, however, but rather exalted. Talks loudly on religious subjects. Nutrition impaired; bowels constipated. Says he has had these fears 3 weeks. It seems however that he ~~has~~ had trouble with his family for some years previous & probably was somewhat deficient mentally at that time.

Personal and Medical History of Hans Ellingson.

1897

This patient was brought here by Sheriffs deputy Andrew Ellingson attended by J.R. Hook, in fair physical condition, with the following history:-
No history of consanguinity, heredity or intemperance in parents or self. First symptoms of attack manifested about 2 weeks ago by delusions that he was accused of stealing + that he had voted illegally. Thinks that officers are after him. Disease appears increasing. Not variable. No rational intervals. Principal delusion is that everyone is after him on account of some crime he imagines he has committed. Not disposed to injure others. Not suicidal, filthy or destructive. No previous peculiarities manifested. No severe disease or head injury. No treatment pursued. Has not been confined or restrained. On personal examination has all the appearances of acute mania.

June 7 On admission put upon B³ E (Gtn. Rpt. Complexion light. Hair light. Eyes blue. Condition of skin good. Little toe gone from left foot. Is clean. Behavior good. Summary Nurses Notes 14 Ch. Record Reid on ward. Nervous + excited. Slept 2 hrs.

8 Has delusions; says he is going to be killed + wants to know when.

9 Complains of pain in top of head. Temp. 99 to 100². June 10 Says he feels better today. Appetite good. Sleeps well. Bowels regular. June 12 Sleeps well. Delusions are leaving him. June 14 No change. June 16 Patient quiet today. Sitting by himself thinking.

16 Pain in head remains. Is inclined to be slouchy in habits + dress. Sleeps well.

18 Thinks his wife is here. Is very restless + wants to go home. Says he is well but also acknowledges that head is not right. June 27 Visited by relatives. Says that he is now not afraid + would like to go home. 28 Father came + took him home.

July June 30. Returned. Complained of pain. Thinks someone will kill him. Sept 4 Visited by father + friends. Jan 2'99 Slightly violent today; usually, however, fairly quiet altho unreliable in every way. Most of time melancholy in appearance + rather stubborn. Jan. 31'99 Has drifted along with very little change in any way. Is careless about appearance, dull + demented.

Feb 1- July 31'99 (Ellingson) Wt. 166#. Feb. 17. Visited by father + brother. Feb 23 Struck + kicked in abdomen by P.R. Smith - no marks. Apr. 19 Visited by friends. Apr 27. Vomited three times. Apr 29 Received proofs of photos - tore them up - Stands about on benches laughing + talking to himself - Does not know Who he is or where he lives - Aug 1- Jan 31'1900 Wt. 154. Pulse 71. Very little change. Very deluded + irrational in conversation. Silly in manner. at times is threatening + profane + abusive in language. Habits slouchy. Physical health fairly good. Jan 30'1900 - Visited by friends. Feb 1. Wt 141#. Pf.

May 3 Transferred to Annex. July 9. Visited by father. July 20. Vaccinated. Result negative. July 31. Is quiet and well-behaved. Habits slouchy; rather silly in manner + speech very irrational; appears to be considerably demented. Since at annex, has been working about grounds + has improved somewhat physically. When inward, stands about, in a listless manner. Takes no interest in anything;

Personal and Medical History of Hans Ellingson

1901

Aug 1 Wt 145#. Sept 16. Transferred to 2nd. Jany 31/1901. Works regularly on farm; very quiet; rarely speaks; answers questions incoherently; stands about around in listless manner; quite demented.

1900 July 31 Feby 1 Wt 151#. March 2 Visited by friends. Augs. Wt 149#. Aug 19 - Visited by friends -

Oct 30 Visited by friends. Nov 1, Wt 152#. Jany 31/01 No change mentally; has worked regularly during year, otherwise. In good health; quiet; habits cleanly; occasionally talks a little to himself, but never converses.

1901 Mar 26/02 (Dr. Chapple) 2 teeth extracted. May 5 Visited by friends. Sept. 4 Visited by friends. Jan 31/02. Health good during year. Works about barn. Has worked regularly about the grounds. Quiet in manner, but very untidy and indifferent. Talks a little but very incoherently.

Personal and Medical History of Charles A. Patch

Whole No. 4783.
Residence, Steele Co. Minn.
Date Admission, June 10th 1899.
Admitted by Dr. H H Herzog. hour,
How Sent, W.A. Eggleston & Co's Steele Co.
Sex, male Age, 29.
Civil Condition, Married.
Children, None -
Age Youngest Child,
Occupation, Has been Janitor.
Degree Education, Common school.
Profession, Religion, Advent.
Habits, uses tobacco.
~~Nationality~~ Nativity, - His cousin. (Father Michigan)
Physicians Committing, E.E. Bigilow + J.H. Adair.
Correspondents,

No. of Years, 316.
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, Epilepsy - Previous attack.
Form, Dementia epileptica
Accompanying Bodily Disorder, -
Suicidal or not, Not.
Date of this Attack, about 1 wk. ago
Duration, About one week.
No. of Attack, ~~1st~~ 1
No. of Admission, 3rd
Age First Attack, 26.
Time of Leaving, March 9. 1899
Time in Hospital, 1 yr. 10 m. 29 d.
Result, Died. Epilepsy.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* June 10' 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, sluggish.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull, seems illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Refuses to speak.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Charles A. Patch.

Correspondent for Chas. Patch.
Mrs. Chas. Patch.
Owatonna
Minn.
In case it is necessary to telegraph do so in case of
P. Leibold - Owatonna

RISTICS.
VEIGHT, - NUTRITION, -
coat.
ilated. Respond to light + accomodation.
pairment. Grasp, -
gue - Nor facial muscles or general.
Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No noted Murmurs - Sounds somewhat rapid
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

Just right Photo

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is an epileptic of longstanding - At present is obstinate, deliberate in his movements, slow to respond to requests, refuses to speak. Looks his interlocutor directly in the eye with a fierce expression of countenance - Has a disordered stomach.

Personal and Medical History of Charles

Whole No. 4783.
Residence, Steele Co. Minn.
Date Admission, June 10th 1899.
Admitted by Dr. H H Herzog. hour,
How Sent, Wm. Eggleston & Jos P. Steele Co.
Sex, male Age, 29.
Civil Condition, Married.
Children, None.
Age Youngest Child,
Occupation, Has been Janitor.
Degree Education, Common school.
Profession, Religion, Advent.
Habits, uses tobacco.
~~Nationality~~ Nativity, U.S. (Father Michigan)
Physicians Committing, E. E. Bigelow & J. H. Adair.
Correspondents,

No. of Years, 316.
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, Epilepsy. fev.
Form, Dementia after
Accompanying Bodily Disorder, -
Suicidal or not, Not.
Date of this Attack, about 1 wk. ago
Duration, About one week.
No. of Attack, ~~2d~~ 1
No. of Admission, 2nd
Age First Attack, 28.
Time of Leaving, May 9. 1899
Time in Hospital, 1 yr. 10 m. 29 d.
Result, Died. Epilepsy.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* June 10. 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, Sluggish.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull, Seems illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Refuses to speak.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

onal and Medical History of Charles A. Patch.

PHYSICAL CHARACTERISTICS.

HT, 5 ft. 8½ PRESENT WEIGHT, 128 USUAL WEIGHT, - NUTRITION, -
UNDS, Abnormalities and condition of Skin, Skin greasy.
TONGUE, Coatings or Promptness of Movement, Slow. heavy yellow coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. dilated. Respond to light + accomodation.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Some impairment Legs, Some impairment. Grasp, -
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands, tongue - Not facial muscles or general.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No noted Murmurs - Sounds somewhat rapid
ARTERIES,

Just right Photo

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is an epileptic of longstanding. At present is obstinate, deliberate in his movements, slow to respond to requests, refuses to speak. Looks his interlocutor directly in the eye with a fierce expression of countenance. Has a disordered stomach.

Personal and Medical History of Charles A. Patch.

1897

This patient was brought here by Sheriff's ~~Deputy~~ J.C. Barnard, in fair physical condition, with the following history.- No history of consanguinity, heredity or intemperance in parents or self.- First attack occurred in Sept. '96.- Was confined in this hospital from May 10th 96 to Oct. 13th 96.x Has since been at St. Peter. First symptoms of present attack manifested about one week ago, following epileptic seizure patient became wildly delirious: Disease appears increasing. Is variable with rational intervals: Derangment manifested on religious subjects & by depression: Not disposed to injure others: Not suicidal. filthy as destructive: Has been a user of tobacco: No head injury: has epilepsy. Has received hospital treatment - as stated above: No further particulars noted on personal examination.

x Note -- For further particulars see Vol. 23. Fol. 201 No. 3343.

June 10 On admission put upon B3 E (Gt. U. Rpt. Complexion light: hair brown: eyes blue, Condition of skin good: Vaccination marks on left arm. Is clean: behavior stubborn.)

10 Summary 14 dy. record Patient very restless, roaming about ward peering in faces of nurses & patients: will not speak: June 11 Temp. 100 - 99. While out for walk patient became quite violent & talkative - Said he was not Chas. Patch - Had to be held until he quieted down: June 13 Appetite good - on regular diet. Bowels regular Is beginning to talk rationally & is quiet & well-behaved. June 14 Is becoming brighter mentally: Says past week is a blank: The last he remembers is being in bed at his home in Owatonna. Put upon special diet. June 16 Continues to improve mentally: Talks very rationally. June 20 Commenced to assist with work: Says he will work every day but Saturday which is his Sabbath.

July 31 '97 Summary Note by Dr Phelps. Patient is an epileptic; has peculiar ideas: Reads Bible a good deal. Says he is very bigoted in his opinions Nov 5 Trans. to Infirmary: Temp. found to be normal. Is quite stupid & confused.

Nov 15 '97 Trans. to B3. Mch 21 '98 Trans. to Infirmary & put in restraint sheet. Noisy & troublesome. Mch 31 Again able to talk freely & about as bright as before: Aug 3 Went home on trial: Has been of late fairly quiet & well behaved. Nov 23 Received on ward: Is dull & confused: Temp. occasionally somewhat elevated. Nov. 30 Is about in his normal condition & & degree of intelligence. Jan 31 '99 Is about as before. Occasionally has some trouble with other patients. Feb. Wt. 140 lbs. Is generally quiet & well-behaved. Habits clean: Mch 3 Complained of severe pain & head ache. T. 103° Mch 4. up on ward. Felt better but head troubled him: soreness about eye & nose. Mch 6 Trans. to Inf. Nose & face swollen: Painted with ichthyol. Up on Ward on 18th Says he feels well: Trans. to B3. Apr. 20 Had several epileptic convulsions: Is stubborn & pugnacious. May 5 Seems dull & stupid. May 8. Noisy & restless all night moaning & groaning.

Personal and Medical History of Charles A. Patch

May 9 Died

Ged

Personal and Medical History of Thomas Odd
(or Edwin Thomas Odd)

Whole No. 4784

Residence, Houston, Minn.

Date Admission, June 11th 1897.

Admitted by Dr. H H Herzog hour, 10½ A.M.

How Sent, Thomas Ryan, Jr. Sp. Houston Co.

Sex, Male. Age, 40

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, Agent for Story Papers.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Has been intemperate.

Nativity, Nationality, Illinois. Resident of state 35 yrs ago. Co. 1 yr ago.

Physicians Committing, D.C. Rhines & L.K. Ousgood.

Correspondents,

No. of Years, 317

Insane Relatives, Father & sister feeble-minded.

Cause Exciting, Masturbation.

Cause Predisposing, –

Form, imbecile

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 8 Mo. ago.

Duration, 8 months.

No. of Attack, 1st

No. of Admission, 1st (has been in jail)

Age First Attack, 40.

Time of Leaving, Sept 16-98

Time in Hospital, 1 yr. 3 m. 5 d.

Result, Discharged Feb. 8'99 Unimproved.

EXAMINATION ON ADMISSION BY DR. L.K. Rhines *Date of* 8/31/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - tho appears clear at first.

MEMORY, Past Events, Fair

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull.

REASONING POWER, Ordinary Subjects,

Special Subjects, –

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal - dull

DELUSIONS, Systematized, Transitory, Special Subjects,
None found.

There seems a dullness or lack of good judgement but he denies any trouble in reasoning

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No insanity
Father, Living - healthy

Paternal Relatives,

Mother, Living - healthy

Maternal Relatives,

Brothers and Sisters, 2 sisters healthy

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Whooping Cough only disease except Rheumatic fever last Winter

HABITS, Drinking and Smoking, "Don't drink"

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Agency - selling papers.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep Fair.

Personal and Medical History of Thomas Odd

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 6½ PRESENT WEIGHT, 178½ USUAL WEIGHT, — NUTRITION, Normal

WOUNDS, Abnormalities and condition of Skin, None.

TONGUE, Coatings or Promptness of Movement, White coat.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size normal

SIGHT, Normal.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Normal - Slight inflammation.

HEARING, Normal.

COORDINATION, Arms, Normal Legs, Normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in bed & quite feverish. Says it is Rheumatism & that he had it more or less all Winter. It is apparently, however, Gastric fever.

Seems slightly imbecile, though he denies this. Is assuredly rather dull now, though quite quick & ready in response.

Personal and Medical History of Thomas Odd (or Edwin Thomas Odd.)

1897

This patient was brought here by sheriff's deputy N.H. Forsyth attended by George N. Herrud, in fair physical condition with the following history:- No history of consanguinity:- First symptoms manifested 8 mo. ago; continuous. sent to jail for quarelling with parents. Disease appears increasing: continuous: Derangement manifested by wandering around the woods & railroads & thinking people are going to injure him: Is disposed to injure others, has attempted to hurt father & mother Not suicidal, filthy or destructive: Patient has always been quarelsome & had bad temper: Has been addicted to intemperance, is not at present. No severe disease or head injury known: Has been in jail for 30 days: Has received no treatment. On personal examination expression of eyes, face & every indication leads to masturbation as cause of disease.

June 11 On admission put upon B³ E (Gen. Rpt Complexion light: Eyes blue: Hair light brown: Condition of skin good: Is clean: behavior good)

11 Summary Nurses Notes 16 da record. Tried on ward. Quiet & well-behaved. Talks rationally. June 13 Continues quiet & well behaved: Is clean & neat in dress & habits.

16 Slept 5 hrs. No change noticed either mentally or physically. Works some on ward. June 18 - 98- No change in behavior or condition: Appetite good Bowels regular: Sleeps well: Is neat in dress & habits: Behavior good. Summary notes P.M. Phelps. July 31'97 Patient rather silly in manner: Claims he is the strongest man in the world Aug 23 Trans. to Infirmary. Temp. 102². Has complained for several days of sickness at stomach. Sept 1'97 Temp 104⁴ in afternoon: Complains of headache. Is restless: Sept 7 Temp. 103⁶ this evening. Sept 10 Temp. 101⁴. Temp. goes up every afternoon, but not very high. Blood tested by Dr Cross today for typhoid. No reaction. Oct 1 Temp. again about normal. Wt. 154 lbs. Seems to be doing fairly well: Complains of Catarrh & expectorates. 27 Trans. to 3d. Seems to be fairly well. Dec 3. Wt. 180.

Mch 25 Went home: Has been working around barn of late: July 2d- Returned-

Sept 18 Patient today eloped: Has been working mostly on farm. About same during this latter stay as during preceding time.

Discharged.

Personal and Medical History of

Personal and Medical History of Thomas White

Whole No. 4786

Residence, Winona Co. Minn.

Date Admission, June 11th 1897.

Admitted by Dr. Ler B Eby. hour, 9:30 PM.

How Sent, H.L. Buck J.of P. Winona Co.

Sex, male Age, 64.

Civil Condition, Married.

Children, 8.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common School.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality.~~ Nativity. Ireland.

Physicians Committing,

Correspondents, Thos. White. Pickwick P.O. Winona Co.

No. of Years, 3 & 9.

Insane Relatives, Sister in Kansas Insane hospital.

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Melancholia simple

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, yes. Attempted by hanging, drowning & poison

Date of this Attack, February 97.

Duration, 4 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 64

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. W. Phelps *Date of* 2/3/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused - somewhat.

MEMORY, Past Events, ?

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Dull.

REASONING POWER, Ordinary Subjects, Somewhat poor -

Special Subjects, Very poor.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

About special persons - ruin of his daughter, etc.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, —

ONSET, Gradual or Sudden, —

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Died at 57 - Don't know how,

Paternal Relatives,

Mother, Thinks dead - was in Ireland.

Maternal Relatives,

Brothers and Sisters, One sister in Topeka Asylum. & One in St. Cloud - because he thinks 2nd wife living.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, —

HEADACHES, VERTIGO, OR CONVULSIONS, —

OCCUPATION, Healthy or not, —

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas White

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9 PRESENT WEIGHT, 131 USUAL WEIGHT, NUTRITION, Fair except for age

WOUNDS, Abnormalities and condition of Skin, None. Skin normal for age.

TONGUE, Coatings or Promptness of Movement, Normal

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal.

SIGHT, Considerably impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Quite poor.

COORDINATION, Arms, Fair considering age Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some coarse of hands.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted. Sounds rather weak & distant. Rhythm normal.

ARTERIES,

Gross calcarious plates in the Radial arteries.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Fair

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Pt. Patient quite senile - Delusions half paranoiac in character. Usually fairly quiet. Depressed about subject of delusions. Thinks the country is against him.

Personal and Medical History of Thomas White.

1897

This patient was brought here by sheriff Aug Dehnmann, in fair physical condition with the following history:- No history of consanguinity: First symptoms occurred in February 1897- by optical illusions & fear of bodily harm: Disease appears increasing: Variable with irregular, rational intervals: Derangement manifested by belief that he is hypnotized & by attempts at suicide: Is disposed to injure others: Not filthy or destructive in habits: Patient was always morose & sad: Father intemperate but patient never addicted to intemperance: No severe disease or head injury: Has not been confined or restrained: Has received no treatment- On personal examination, says he is hypnotized: Is morose: poorly nourished: incoherent: expresses desire to commit

June 11 suicide. On admission put upon B3 E (Gst n. Rpt. Complexion light: hair gray: eyes blue: Vaccination marks on right arm: Small scars on knees: Clean: left side of back a little enlarged: behavior good: 4 teeth out two above & two below.)

11 Summary Nurses Notes 14 day Record Pted on ward & put to bed: Talked quite irrationally

12 Very weak & exhausted: wishes he could die: Thinks his family & property are destroyed: June 13 Complains of pain in bowels: Enema given:

14 Trans to Infirmary: Quite weak: wishes he were dead, wants to be killed: Arteries are large & expand considerable with heartbeat. Physical condition fair. Mental state much disturbed. June 15 Very quiet all day: Bowels constipated

22 Worries some about his family: has been up on ward & out with crowd each day since 19th Temp. normal. Bowels irregular: Appetite good. June 22 Very quiet & agreeable: Bowels constipated: June 30 Says he does not know why he was sent here: Still holds to his delusions: Sleeps better & appetite has improved.

June 24 Dr Herzog notes "Has shown considerable physical improvement since admission & is not so hypochondriacal: Still has delusions of persecution Has shown no suicidal tendencies of late."

Summary Notes Dr Phelps - July 13 Patient rather dull & demented; is quiet, however, & well-behaved & shows considerable general intelligence: Somewhat incoherent at times in talk. Oct 7 Wt. 149 lbs At times somewhat agitated & excited. Thinks himself to be persecuted, but most of time is fairly quiet.

Oct Visited by friends: Aug 14 '98. Visited by brother. Jan 3 '99 No special change in behavior or mental state. Feb 1- July 31 99 (Dr. Warnock) Wt. 143 lbs Physical condition good. Eats & sleeps well. March 25 Nose inflamed, says he feels weak & nervous. Trans. to Infirmary. Nose painted with Ichthyol. Apr 10 Up & around all day. Trans. to A3 on 17th. Complained of constipation. Given treatment.

Aug 1 '99 - 31 Oct 31 Wt. 147 lbs. P.St. Aug 31. Appetite good: bowels inclined to be constipated: has regular medicine for his bowel trouble. Says "he was wrongfully sent here". Does light work on ward. Oct 31. No change is noticeable in any way: Still thinks himself to be persecuted, & that he was wrongfully sent here.

Personal and Medical History of Thomas White

1900

Jan 18 Visited by friends. Blames family for his being here. Says "he is not insane". Is exaggerative in his remarks.

March Focal affection - Given high enema & small dose of salts. Bowels opened & patient feels all right. —

April Visited by friends. Patient spends considerable time reading newspapers & indulges in games on the ward. -

July 20 Vaccinated, successfully. Augs. Patient, at times, talkative: becomes excited: Is quite feeble: unable to walk. Oct 1. Wt 137 lbs. P St. Iron treatment. Oct 30. Is somewhat improved. Nov 7 Visited by daughter. Dec 27. Visited by son. Jany 11/1901. Quite confused: noisy & restless: fears that someone is going to kill him. Jany 17. Transferred to B3. Jany 26. Transferred to T.W. =

Dec 27 1900 Jan 11/1901 31 General health rather poor: is depressed & confused: bowels irregular: needs cathartics frequently. Soup, onward. Health slightly improved. May 1. Wt - 129 lbs. July 31. No change, mentally. Sits idly on ward - at times, much depressed - Showing confusion of ideas & wandering. Wt 129 lbs - Nov 30 No special change. Dec 1. Moved to A4 (from T.W). Patient rather aged and, on this account, has been receiving extra care, but seems, at present, to be doing fairly well - Jany 1902. Weight increased to 144 lbs from 133 lbs. Jany 31. No special note to make.

Feb 1902 Jan 31 Patient's condition has changed none during this period. Usually quiet; but irritable if disturbed. Is growing old & slightly feeble. General health however is quite good.

Personal and Medical History of O. L. Vaaler

Whole No. 4790
Residence, Spring Grove, Minn.
Date Admission, June 21st 1897.
Admitted by Dr. R. M. Phelps hour, 6:45 P.M.
How Sent, Thos. Ryan J. of P. Houston Co.
Sex, male Age, 40.
Civil Condition, married.
Children, Eight
Age Youngest Child, – –
Occupation, Farmer.
Degree Education, Good.
Profession, Religion, Lutheran.
Habits, Not intemperate. a hard smoker.
Nationality, Minnesota. Resident State 4 Yrs. at birth
Physicians Committing, W.W. Freeman & D. Tabb M.D.
Correspondents, none given.

No. of Years, 323
Insane Relatives, one cousin.
Cause Exciting, Political excitement.
Cause Predisposing, Intemperance - (heredity?)
Form, melancholia with stupor
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Not stated.
Duration, —
No. of Attack, 3rd
No. of Admission, 1st
Age First Attack, 40.
Time of Leaving, Aug. 16. 1897
Time in Hospital, 1 mo. 26 d.
Result, Discharged Feb. 9. 1898 Recovered

EXAMINATION ON ADMISSION BY DR. Hatherspoon *Date of* June 21. 1897

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Difficult to judge as to mental power, seems to understand but will neither explain or respond to requests.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of O. L. Vaaler.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, Skin somewhat greasy.
TONGUE, Coatings or Promptness of Movement, Yellow coat on dorsum - Refuses to protrude.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: slightly dilated: Respond to light + accomodation
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, ♀ Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs Sounds fairly good: somewhat rapid
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good expansion.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient shows some impairment of nutrition: has digestive disturbance Does not resist examination. Condition + history would indicate stuporous melancholia rather than dementia.

Personal and Medical History of O. L. Vaaler.

1897

This patient was brought here by Sheriff's deputy Geo. Bjerrud, attended by Edward Moirah, in fair physical condition, with the following history. No history of consanguinity: First attack occurred in February '97 2nd in March '97 Each lasting three days: First symptoms of present attack manifested by inclination to be alone & bring afraid of neighbors. Disease appears increasing: Is variable: was melancholy until night of June 18th when he became maniacal, trying to shoot friends: Is not filthy or destructive: One cousin insane: No previous peculiarities: No history of intemperance in parents or self: patient a hard smoker: No severe disease but was struck on head by horse some years ago: Has not been restrained, but has required watching: Has been prescribed for by Dr. Jensen with no good results: On personal examination: Perfectly quiet: looking straight ahead: will not answer any questions.

June 21 On admission put upon B.E. & G.T.M. Rpt. Complexion light: hair brown: Eyes gray: Condition of skin good: vaccination marks on right arm: No marks, scars or bruises noticed — Is not dirty: Behavior good. Will neither walk nor talk.)

June 22 Summary Nurses Notes 14 da. Rec. Recd on ward: very quiet in bed: Refuses to talk also to eat. June 22 Lies in a stupid condition: Habits filthy: Fed with tube.

23 Talks freely but irrationally. Liquid diet. Does not seem to know where he is.

24 Takes nourishment with a relish. Says doctors paralyzed him before he came her & that is why he could not eat or talk. Answers questions rationally. Physical condition good. June 28 Patient seems to be gradually improving. June 29 Sits on side of bed. says he gets tired lying down. Very quiet & agreable: Talks rationally. June 30 Wrote letter home & read some Seems to know where he is: Talks freely. July 4 No change since last note.

July 8 no change. Trans. to A3. July 27 Has been very quiet since received on ward: At first was somewhat despondent but has become cheerful & talks rationally on all subjects: Delusions of persecution seem to have left him. Habits & dress neat & clean. Trans. to A3.

Aug. 4 Ret. 175 Pulse 80. Patient of a quiet disposition: Habits clean & dress neat. Physical condition very good: Appetite good. Sleeps well. Has worked in center for several days: Is on parole.

" 16 Was sent home today:

Discharged.

Personal and Medical History of

Personal and Medical History of John Wright

(alias Moore or Coalston See also John Coughlin or James Coughlin #2)

Whole No. 4791

Residence, Rosemount, Minn.

Date Admission, June 21st 1897.

Admitted by Dr. R.M. Phelps hour, 6:45 P.M.

How Sent, G. Ullrich J. of P. Ramsey Co.

Sex, Male Age, 30.

Civil Condition, Single.

Children, -

Age Youngest Child, -

Occupation, Hack-driver.

Degree Education, ——

Profession, Religion, ——

Habits, Very Intemperate.

~~Nationality~~ Nativity, U.S.A.

Physicians Committing, H Halin (other signature not legible)

Correspondents, none given in papers.

No. of Years, 32.

Insane Relatives, Unknown.

Cause Exciting, Not stated.

Cause Predisposing, Previous attack.

Form, indefinite

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes. attempted to strangle himself.

Date of this Attack, June 19th 1897.

Duration, 2 days.

No. of Attack, 4th

No. of Admission, 4th (Here 3 times before)

Age First Attack, About 29 or 29

Time of Leaving, Apr. 1. 1898

Time in Hospital, 9 m. 10 da.

Result, Discharged Aug. 10. '98 Much Improved.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog Date of June 21 1897.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear, fairly quick.

MEMORY, Past Events, fairly good.

Recent Events, do. Special Subjects, Does not remember all that he did while drunk

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Fairly alert: correct.

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

None noted.

Conversation: Fairly voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

TRIES SUICIDE.

Insane Man Tries to Strangle Himself at the Jail.

John Wright, of 975 Lindale avenue, Minneapolis, was found at the corner of St. Peter and Fourth streets on Saturday evening and taken to the county jail. He was acting strangely. Dr. Leavitt was called to see him and pronounced the man insane. During his confinement he attempted to strangle himself by tying his suspenders about his neck, but was prevented from completing the work by the jailor. He afterwards divested himself of all his clothing. His mind is thought to be affected by religion. He will be examined in the probate court this morning. Dr. Leavitt learned from the man during one of his lucid moments that his mother was living in Montana.

edical History of John Wright.

PHYSICAL CHARACTERISTICS.

u. PRESENT WEIGHT, 182 USUAL WEIGHT, NUTRITION, Fairly good - somewhat poor in flesh.

and condition of Skin, Asymmetry of face, skull & palate. High arched palate.

mptness of Movement, Yellow coat - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Left slightly irregular: Size normal. Response to light excessive: respond to accommodation.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Slightly impaired Legs, Slightly Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & general - none of tongue - none of face

PATELLAR REFLEX, 0 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, no murmurs Sounds fairly good. Slightly irregular & rapid.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Fairly good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has been here Three times before: 4 times in reform school: nine times in workhouse - He has stigmata of degeneracy: Can do a fair days work & make a living as a laborer but when he drinks becomes maniacal. On each previous occasion he has been well behaved as soon as he comes here & exhibits only a slight degree of feeblemindedness. He seems the same on this occasion. Is in fair physical health except for a mild bronchitis. He still shows some effects of his debauch.

Personal and Medical History of John Wright

(alias Moore or Carleton here as John Coughlin or James Coughlin)

Sunday sales have averaged 30,000.
London, Paris & New York accounts. 1866.
Foreign Financial Hong Kong & Canton Cos.
St. Paul Financial
Bank dividends 8% 1897.
Of a Practical Mind.
STATE OF MINNESOTA, COUNTY OF RAMSEY, ss.
In the Matter of the Estate of Victor A. Kelly, Deceased.
Petition for Letters of Administration.

Whole No. 4791	No. of Years, 32 d.
Residence, Rosemount, Minn.	Insane Relatives, Unknown.
Date Admission, June 21st 1897.	Cause Exciting, Not stated.
Admitted by Dr. R.M. Phelps hour, 6th P.M.	Cause Predisposing, Previous attacks.
How Sent, G. Willrich J. of P. Ramsey Co.	Form, imbecile
Sex, Male Age, 30.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single.	Suicidal or not, Yes. attempted to strangle himself.
Children, –	Date of this Attack, June 19th 1897.
Age Youngest Child, –	Duration, 2 days.
Occupation, Hack-driver.	No. of Attack, 4th
Degree Education, ——	No. of Admission, 4th (here 3 times before)
Profession, Religion, ——	Age First Attack, About 28 or 29.
Habits, Very Intemperate.	Time of Leaving, Apr. 1. 1898
Nationality, U.S.A.	Time in Hospital, 9 mn. 10 da.
Physicians Committing, H Halen (other signature not legible)	Result, Discharged Aug. 10. '98 Much Improved.
Correspondents, none given in papers.	

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* June 21/1897.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, fairly quick.

MEMORY, Past Events, Fairly good.
Recent Events, do. Special Subjects, Does not remember all that he did while drunk.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert: correct.

REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation: Fairly voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John Wright.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 9in. PRESENT WEIGHT, 182 USUAL WEIGHT, NUTRITION, Fairly good - somewhat poor in places.

WOUNDS, Abnormalities and condition of Skin, Asymmetry of face, skull & palate. high arched palate.

TONGUE, Coatings or Promptness of Movement, Yellow coat - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal; left slightly irregular; Riz normal. Response to light excessive respond to accomodation.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Slightly impaired Legs, Slightly Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & general. - none of tongue - none of face

PATELLAR REFLEX, 0 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, no murmurs Sounds fairly good. Slightly irregular & rapid.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Fairly good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has been here three times before. 4 times in reform school. Nine times in workhouse. He has stigmata of degeneracy. Can do a fair days work & make a living as a laborer, but when he drinks becomes maniacal. On each previous occasion he has been well behaved as soon as he comes here & exhibits only a slight degree of feeblemindedness. He seems the same on this occasion. Is in fair physical health except for a mild tonsilitis. He still shows some effects of his debauch.

Personal and Medical History of John Dwright.

1897

This patient was brought here by Sheriff's deputy. P. E. Mixsell attended by Drs. Langton, in fair physical condition, with the following history:- No knowledge concerning consanguinity or heredity: This is probably fourth attack + is patients fourth admission here.* First symptoms of present attack manifested June 19'1897 by acute religious mania, developed in the street. Disease appears increasing: not variable - no rational intervals. Derangement now manifested by acute mania: Is disposed to injure others Is suicidal (see newspaper clipping preceding page) Is filthy + destructive in habits: Previous proclivities religious impressions + inebriety: No severe disease or head injury: Has been in straight jacket + confined in jail: No treatment pursued for relief of patient.

On personal examination:- Constant denial of facts: It is necessary to keep him in straight jacket to prevent injury to himself + others.

On admission put upon B'd E (G.W.R.R.) Complexion light: hair brown: eyes blue: Condition of skin good: Slight bruise on left shoulder + one on left limb below knee: Is dirty: Behavior good: Came in in straight jacket,

*Note:- For further particulars concerning previous admissions see

Ad 1st "John Coughlin" here Feb 18'90 to July 16'90 (Vol. 13 Page 131 No. 2291.)
" 2nd " " Dec 7'94 " Apr 10'95 " 79 " 189 " 3945)
" 3rd "James Coughlin" IV " Jan. 4'96 " May 1'96 " 33 " 5 " 4289.)

June 21 Present on ward: Talks rationally, is quiet + well-behaved: On regular diet.
22 Habits neat + clean: Does some little work on ward: Laughs to himself Bowels regular.
23 Seems very good-natured + very well behaved. Answers pleasantly when spoken to.
25 Reads a good deal. Temp. normal: No change in condition.
28 Is working with carpenter: No delusions noticed: Talks rationally.
30 Habits + dress neat + clean: Appetite good: Sleeps well: Bowels regular.
July 2 Is improving physically. July 4 No change since last note.
" 22 Summary Note Dr. Phelps: Quiet in behavior, seems to be doing well: Shows no special mental change at present. Apr 5'98 Went home at 6 A.M. Has drifted along in a quiet well behaved way here, has complained some of trouble in working, on account of ulcer on leg.

Discharged.

Personal and Medical History of

Personal and Medical History of Ludwig Frank, Jr.

Whole No. 4793
Residence, Town Milton, Waseca Co. Minn.
Date Admission, June 22' 1897.
Admitted by Dr. Wm. Phelps. hour, 6⁴⁵ P.M.
How Sent, Geo. A. Wilson J. of P. Waseca Co.
Sex, Male. Age, 35.
Civil Condition, Married
Children, -2-
Age Youngest Child, -
Occupation, -Farmer-
Degree Education, None.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nationality, Minnesota: (Parents from Germany)
Resident State U.S. at birth.
Physicians Committing, D. Shumway & F.A. Swartwood M.D.
Correspondents,

No. of Years, 3rd
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Threatened - Never attempted -
Date of this Attack, About 6 weeks ago.
Duration, Six weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 35.
Time of Leaving, Sept. 23. 1899.
Time in Hospital, 2 yr. 3 m. 1 d.
Result, Died Acute Pulmonary Phthisis

EXAMINATION ON ADMISSION BY DR. Hoffstetter *Date of* June 24' 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused + sluggish
MEMORY, Past Events, Poor
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull: Seems correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None brought out.
Conversation Fairly coherent; reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Ludwig Frank Jr.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6¾ ft. PRESENT WEIGHT, 185 USUAL WEIGHT, NUTRITION, Decidedly run down.
WOUNDS, Abnormalities and condition of Skin, Forehead high: head broad, + short: scar 1 in. long right frontal region.
TONGUE, Coatings or Prompt ness of Movement, White coat on dorsum: tooth marked: slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: size normal: response to light excessive: respond re.
SIGHT, impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slightly impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands: some of tongue: None of face: General if excited.
PATELLAR REFLEX, 9 Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs noted: Sounds weak: circulation poor hands cold,
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion Small.
Sounds fairly good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has probably always been of low mental grade: Memory very poor + he is confused but it would seem that his wife left him about 2 months ago. Since this time he has been living on a farm alone with very little provisions in the house: Was unable to work: lost his appetite: Did not prepare sufficient food because tremulous, restless + sleepless + his already feeble mind gave way. Complains of occasional headaches. Expresses no delusions of persecution + says has no recollection of patrolling the road with a gun as stated in commitment papers.

Personal and Medical History of Ludwig Frank, Jr.

1897

This patient was brought here by Sheriffs deputy George Goodspeed attended by John Byron; in fair physical condition with the following history:- No history of consanguinity: heredity or intemperance in parents or self: First symptoms manifested about six weeks ago: Disease appears increasing: variable, with rational intervals. Derangement manifested as follows:- He was living alone, locked himself in his house & tried to prevent anyone gaining entrance. His neighbors meet him occasionally on the highway, at which times he is often armed with a gun, ax or other weapon & says that he is about to kill himself: Has never attempted to injure anyone but Threatens to kill others & himself: No filthy or destructive habits: He has always been dull mentally, bordering on imbecility: No history of intemperance in parents or self: No severe disease or head injury: Has not been confined or restrained: Has received no treatment. On personal examination very little learned: difficult to get him to talk at all: He presents the appearance of mental depression & melancholy.

June 22 On admission put upon B 3 E (G.H.U. Rpt) Complexion light: Hair light brown: eyes blue: Condition of skin good: Is clean: Behavior good.
Witness's Notes
Ward Put on Ward. Appeared quiet & well behaved. Slept 2 hrs. during night.
23 Talks quite rationally: Appetite good: Bowels regular: Temp. 100.2.
25 Refuses medicine, thinks it is poison. June 26 Is willing to take medicine to day: June 27 Seems very anxious to work: Asks continually for something to do. Is very anxious to go home. June 29 Patient now talks quite rationally: Has given up his delusions - Confesses that he believed in them. July 1 Is very anxious to go home to support family & relieve wife.
July 5 Has improved both mentally & physically since admission.
Summary Notes Dr Phelps. July 8 Not changing much. Always dull & quiet. Can answer some questions altho has not much mental strength.
Sept. 9 Wt. 200lbs Has been rather sullen in manner, at times & suspicious of Everything: At times refuses to eat. Dec 21 '97 Transferred to Infirmary: Has eaten nothing for three days: Temp. pulse & respiration normal. Is stupid & quiet. 27 Trans. to B 3. Still rather confused. Jan 31 '99 Patient has changed little, being at times, however, rather more stupid than at others: Has at times refused to eat & has been troublesome. Will find out what he wants rather than speak it. Feb 1 - July 31 '99 Wt. 167lbs Patient stubborn. Talks none: refuses to go out with crowd. Appetite fairly good. Has delusions of poisoning Feb. 18 Attempted to unlock screen with broken spoon. May 20 Rem. on Infirmary. Will not stay in bed. May 27 Trans to B 3. Aug 1 - Jan 31 1900 (Dr Wanous) Aug. Wt. 157lbs Sept. 1 Wt. 151. Pulse 87. Sept. 11 Physical condition has been failing slightly for some time. Is now short of breath after exertion & coughs & expectorates. Appetite very poor

Personal and Medical History of

Trans. to Infirmary & put to bed. Examination of sputum showed large number of bacilli. Complains of severe pleuretic pains. Sept 13 Visited by wife Rapidly failed: Respiration became more deficient. Died Sept. 23 at 3:35 PM. of Acute Pulmonary Tuberculosis.

Died

Personal and Medical History of Magnus Nelson

Whole No. 4794
Residence, St. Paul, Minn.
Date Admission, June 23rd 1897.
Admitted by Dr. R.M. Phelps. hour, 6.45 P.M.
How Sent, G. Willrich & Co's Ramsey Co.
Sex, male. Age, 60 yrs. about.
Civil Condition, Married.
Children, -4-
Age Youngest Child, ——
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, None.
Habits, Intemperate.
Nationality, Sweden. (Parents also born there.) Resident of State 10 Yrs. in 1880.
Physicians Committing, E.M. Lundholm & Olof Soheborg.
Correspondents, ——

No. of Years, 3-2-7.
Insane Relatives, None.
Cause Exciting, Intemperance
Cause Predisposing, —
Form, dementia senile
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About a week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 60 yrs. about.
Time of Leaving, October 14 - 1901
Time in Hospital,
Result, Transferred to Hastings Asylum

EXAMINATION ON ADMISSION BY DR. Hollenberg *Date of* June 23'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, Sluggish
MEMORY, Past Events, poor
Recent Events, poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull, Illusive
REASONING POWER, Ordinary Subjects, impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, not Systematized, Transitory, ~~Special Subjects~~,
~~So~~
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Magnus Nelson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 in. PRESENT WEIGHT, 179 USUAL WEIGHT, NUTRITION, Fairly well nourished
WOUNDS, Abnormalities and condition of Skin, Has a sunken scar at the bridge: has two suspicious scars one on abdomen, other on left hip - says bull hooked him when young.
TONGUE, Coatings or Promptness of Movement, Slow - whitish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - slightly contracted. respond to accommodation - very little if any to light.
SIGHT, —
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, -
HEARING, -
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands, Tongue - none of facial muscles - slight general.
PATELLAR REFLEX, 8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs Strength sounds somewhat weak.
ARTERIES,
Quite stiff.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Fairly good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is quite well nourished, abdomen protuberant. His dullness diminished - arteries somewhat stiff. Tenderness over epigastrium. Says has been constipated. Is quite thoroughly demented. Keeps his clothing quite tidy & does whatever is asked of him. His memory, however, is quite completely gone. Does not know his age or where he lives. Is incoherent in his conversation from his mental enfeeblement. Talks no English. There is a suspicion of old syphilis.

Personal and Medical History of Magnus Nelson.

1897

This patient was brought here by Sheriffs deputy P. J. Miesen in fair physical condition with the following history: No information concerning Consanguinity: First symptoms of attack manifested about one week ago; by incoherent talk; Disease appears increasing: Not Variable: no rational intervals: Derangement manifested now by acting queer & talking incoherently: Not disposed to injure Others: No Heredity: Patient has been addicted to drink: No head injury nor severe disease: Has not been restrained or confined: Has received no treatment. On personal examination imagines he lives in Wisconsin: That he is a Street Contractor etc: Numerous delusions.

June 23 On admission put upon B³ E⁶ (Gen. Pt) Complexion dark: hair black: eyes gray: Condition of skin good: Scar on left side of abdomen 2 inches long & one on left hip: Behavior good: Complains of pain across abdomen.

June 23 to July 26 to 30 Summary Nurses Notes. Put on ward: Given bath & put to bed: Ate light tea. Very dirty when received: Seems very stupid: Talks incoherently: Bowels Constipated. Habits very slouchy, dress untidy: Has Complained of pain across abdomen. Said at first he had been hurt but later attributed it to drinking: Seems to have slightly spastic symptoms in locomotion. Speech seems hesitating & slightly stammering: Very difficult to understand. July 1 Filthy in habits today: Appetite good: Bowels regular: July 2 Has some difficulty in keeping up with crowd when out. July 5 Memory very poor: Is unable at times to find his way about hall: Habits very untidy & at times filthy. July 6 Has improved some physically since admission. No mental change. Summary by Dr Phelps Aug 1 '97 Rather stupid & forgetful. Slouchy in habits: somewhat unsteady in walk: Aug 10 Transferred to Annex seemingly rather dazed & confused. Jan 31 '99 No change in patient during intervening time Feb 1 - July 31 '99 (Dr. Wanous) Wt. 168.# Appetite good: Sleeps well: Mental state unchanged from day to day. ———

Aug 1 1899 - Jan 31 1900. (Dr Chapple) Aug 1 - Wt. 169.# No change during period: Behavior good. Very much demented: Habits untidy: Inactive. Feby 1 1900 Wt 170.# Past July 20. Vaccinated: result good. July 31 No change. Is a thoroughly demented old man: habits untidy. July 20/31 Aug 1 is inactive. Eats & sleeps well: Physical condition fairly good. Aug 1 179.# Sept 10 Transferred to Dr. Sept 13 1901 Transferred to Dr. Jany 31/901 Is quiet, demented, inactive: habits tidy: does no work. Jany 31 Eats & sleeps well: Physical condition fair. Feby 1 Wt 167.#: May 1 Wt 179.#: Aug 1 184.# Nov 1 1901 Wt 178.#. Jany 31/02 Little change noticeable: sits quietly, all day: never speaking, unless addressed. Jany 31 1902 habits tidy: is inactive.

Summary by Dr Chapple: (at time of patient's transfer to Hastings State Asylum) — On admission, was case of senile dementia: (probably occasioned by intemperance) — Very irrational & incoherent: habits were very untidy. There has been a very gradual general decline, but no special accidents or incidents of importance in history. — Sits about quietly: Does not talk or reply, when addressed. Is very dull: Shows a few

Personal and Medical History of Mangnus Nelson

1900 Oct 25 other peculiarities. Is demented, but fairly neat in appearance: has done no work while here: general health good.

Oct 25/02 Transferred to Hastings State Asylum

Personal and Medical History of George Hoffman

Whole No. 4796
Residence, Hokah, Houston Co, Minn.
Date Admission, June 26th 1897.
Admitted by Dr. T. M. Phelps hour, 10:45 A.M.
How Sent, J. A. Leonard Jail P. Olmsted Co.
Sex, Male Age, 76
Civil Condition, Widowed
Children, Two.
Age Youngest Child,
Occupation, Farmer
Degree Education, Can read & write.
Profession, Religion, None.
Habits, Intemperate.
Nationality, Germany (Parents also born there.) Became resident of State & Co. in 1856.
Physicians Committing, Bro. Jos. Cross & Co. J. Granger.
Correspondents,

No. of Years, 329.
Insane Relatives, None.
Cause Exciting, unknown.
Cause Predisposing, unknown.
Form, Dementia alcoholic chronic
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Several years ago.
Duration, Several years.
No. of Attack, 1st
No. of Admission, 2nd only ever as inmate here as outpatient.
Age First Attack, 76
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - rather confused.
MEMORY, Past Events, fairly good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Slow.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, dead.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters, Children. Six
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says his spine was injured when a boy.
HABITS, Drinking and Smoking, To Excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of George Hoffman.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Good for his age.
WOUNDS, Abnormalities and condition of Skin, Scar on R. foot. small toe amputated. Skin wrinkled.
TONGUE, Coatings or Promptness of Movement, Equal - normal.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, some arcus senilis & chronic conjunctivitis with eversion of lid.
HEARING, Impaired.
COORDINATION, Arms, fair Legs, fair. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Speaks broken english.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, fair.
Apex Beat, Regularity, regular.
ARTERIES,
Rather hard.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, disturbed
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

A case of senile alcoholism. But bodily functions seem in fairly good condition. Says he injured back when a boy. Had a dorsal convulsion of spine & stood in a very stooped position. Is considerably demented & childish. Has delusions to mischievous, irritable & stubborn.

Personal and Medical History of George Hoffman.

1897.

This patient was brought here by John Poor attended by James Grady in fair physical condition with the following history:- No history of consanguinity or heredity: First symptoms manifested several years ago: abandoned his home & wandered around the country: was admitted to this (Rochester) hospital on Mesne Process Warrant Feb. 5th 1897 & discharged under Chapter 235, Gen. Laws of '97. (For further particulars see Vol 3 = Folio 375 No. 4665) Disease appears increasing: not variable: no rational intervals: Derangement now manifested by being noisy at times: talks to himself: is irritable: very obstinate: has delusions: fears being killed at times: Is disposed to injure others, particularly children: not suicidal: is filthy & destructive in habits: No previous peculiarities; severe disease or head injury: Has been confined at this hospital & received treatment here, as above stated. On personal examination: is feeble-minded, has delusions: habits filthy

June 26 On admission put upon B3E. (Gen. Rpt) Complexion light: hair gray: eyes blue: Condition of skin fair: Small scar on right foot: little toe amputated) Was taken to city this morning to be recommitted:
Appetite is good: bowels regular: Is of a restless & mischievous disposition tears up beds, pastes paper on walls etc. etc. Has delusions- thinks he is president of United States also carries rubbish around- says it is money & we have no right to touch it: Habits clean but is very untidy: Eats on hall from tray. July 5 Wt. 111 lbs. Pulse 84. July 28 Think there is a slight improvement as to his behavior but still requires a great amount of care & watching:
Appetite good: Bowels regular. Summary Note by Dr Rapp. Oct 1'97 Wt. 113# Is very silly & demented, also rather senile. Has habit of picking up things & carrying them away: Is rather quarrelsome & gets into
1899 trouble, Jan 31'99 Patient a little less active but on the whole changes
Jan 31 very little: Is thoroughly demented. Feb 1 - July 31'99. (Dr. Manous) Wt. 122#.
Feby 1 Quite feeble & demented: Has delusions; - says he is President. Ear red
to & inflamed. Bowels regular: Sleeps well. May 25 Trans. to A4.
July 31 Condition unchanged from day to day. Aug 9. Visited by friends. Aug 27. Patient
Aug 9 became violent & had to be held. Sept 8. Received cut on forehead, falling against chair. Sept 13. Taken
" 27 to TW. for eye-treatment. Oct 1. Wt 116# - Nov 17. Kicked in stomach by patient Johnson: appa-
Sept 13 rently all right. Feb 1 1900. Had trouble with patient Mahoney; scratched on cheek. May 1. Patient
Feb 1 1900 is troubled with his eyes: was heated for same. July 30. Vaccinated successfully. Is very feeble &
May 1 demented: still shows delusions, as above. Aug 10. Delusional: eyes are inflamed: Is easily irritated.
July 30. Had trouble with patient Knickelbein, and received a black eye. Sept 13. Right eye much inflamed:
Aug 26 has been sent to TW. for treatment. Sept 19. Returned: improved. Nov 15. Left testicle swollen, caused by
Sept 13/1900 constriction with string. Jan 30 1901. Patient is more quiet; otherwise no special change in condition
Jan 30 Wt-114#. P68. July 31. No change in any way, during the period: Is quiet: occasionally becomes
Sept 1 very much disturbed & pugnacious. Aug 1. Wt 110#. July 31/01. Sits about in a stupid,
July 31 1901 somewhat silly way: half doubled - up: elbows complains, altho' apparently not strong —

Personal and Medical History of George Hoffman.

Jan. 31 '03 Condition of patient has changed none during period. Always very dull, filthy, extremely bent and aged in appearance. Extremely demented in manner.

Personal and Medical History of Gust Olson.

Whole No. 4798
Residence, Zumbrota, Minn.
Date Admission, June 26' 97
Admitted by Dr. R. M. Phelps hour, 2 P.M.
How Sent, Axel Haller. Dept. Goodhue Co.
Sex, Male. Age, 29 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member
Habits, Not intemperate.
Nationality, Norway (parents also born there.
Physicians Committing, B. Jacking & Wm Thrane MD
Correspondents, Oliver Olson duly appointed Guardian by probate Court.

No. for Years, 331
Insane Relatives, None
Cause Exciting, Cannot ascertain.
Cause Predisposing,
Form, melancholia acute
Accompanying Bodily Disorder, Emaciated, has headache - rapid pulse.
Suicidal or not, Not.
Date of this Attack, About Dec. 25' 96.
Duration, About 6 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 29.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Hears various noises - Talking all the while

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Was insane - recovered
" Old country
Paternal Relatives,

Mother, Old country. Dont know about her

Maternal Relatives,

Brothers and Sisters, a brother in Zumbrota.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Measles Most severe disease.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep slightly irregular
Appetite good.

Personal and Medical History of Gust Olson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11½ PRESENT WEIGHT, 147 lbs. USUAL WEIGHT, — NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, Skin normal.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. normal.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, —
HEARING, Normal.
COORDINATION, Arms, Normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some tremor with nervousness.
PATELLAR REFLEX, 8-9 Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Normal.
Beats strongly
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

A young red-headed man of quit appearance. Talks quite connectedly. Health fair. Some slight dementia apparent.

Personal and Medical History of Gust Olson.

1897

This patient was brought here by Sheriff's deputy P.P. Lundquist, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First symptoms of attack manifested about Dec. 25'96. by delusions, heard voices: Disease appears stationary: Is variable with rational intervals: Derangement now manifested by fears of poisoning & personal injury: No evidence of disposition to injure others: Not suicidal, filthy or destructive: No particulars concerning previous peculiarities: No severe disease or injury to head. Has been confined to his bed for three days: Has been treated with bromides & Trional. No perceptible benefit.

On personal examination is Emaciated: Pulse rapid: Has delusions & headaches at irregular intervals.

On admission put upon B³ E⁶ (Gth. Rpt. Complexion light, hair red, eyes blue: Condition of skin Good: Vaccination scars on both arms. Is clean: Behavior good.)

June 2 Nurses Notes 14 dys records. Paid on ward: Very quiet & well-behaved: Clean in dress & person: Temp. 100⁶. June 27 Quite restless most of time: No delusions noticeable: Does not talk unless spoken to. Temp. 100⁴ June 28 Still continues the same: Sits in washroom looking out of window most of time. Temp. 100. June 30 Laughs a good deal to himself: Works some on ward: Appetite good: Bowels regular:

July 3 No change in behavior or condition. July 9 Condition continues same as on admission: Is quiet & tractable: Appetite good: Bowels regular: Sleeps well.

Summary Notes by Dr Phelps. Oct 31'97 Wt. 143 ᵗᵇ Is rather hypochondriacal & foolish at times laughs to himself: Health does not appear very good: altho there is no special disease - Jan 31'98 Visited by brother. Aug 1'98 Wt. 140 ᵗᵇ Oct 11'98 Patient has been somewhat sickly: Has complained a good deal more during last few months. Jan 31'99 Patient rather melancholy & stays in his room a good deal of time: Was visited on the 23rd by brother: Very hypochondriacal in every way

Feb 1 - July 31'99 - (Dr. Ivanous) Wt. 137 ᵗᵇ Feb. 27. In bed during day. Shows some mental improvement. March 1 Sick in bed. Pain in head & abdomen. Temp. normal. Pulse 80. March 8 Feels better June 3 Sick in bed. no rise of temperature. Complains of being weak & unable to eat. Aug 1. Seems as well as usual. Makes no complaints: Works on ward: Appetite good. Bowels irregular. Aug 1. Jan 31 1900 (Dr. Chapple) Wt. 138. No important change. Has complained a good deal of pain in chest & abdomen. & of bad odors: appears hypochondriacal: also has delusions of being poisoned. Says he is "rotten" etc. Behavior fairly good. Works a good deal about ward. Is at times quite noisy, cursing nurses & others for imaginary abuses.

Feb 1 Wt 140 ᵗᵇ. Pot. July 17. Vaccinated. July 31. no change of importance: Somewhat emaciated

Personal and Medical History of Gust Olson

1900

July 31 — Aug 1 1900 — Jan 31 — Feb 1 — Apl 24 — Nov 1 1900 — Jan 31 — 31/03

and health does not seem good; frequently complains of headache & various pains; also of his kidneys; (probably hypochondriacal & delusional); Complains of bad odors; says "people are trying to poison him"; "hears voices"; occasionally becomes excited & uses abusive language. Habits bad; works on ward. Aug 1. 133 ᵗᵇ Jan 31/1901. Very little change: Physical condition only fair; is quite thin & pale; has hallucinations & numerous delusions: says "people are talking to him, telling lies about him"; "thinks he is being burned & tortured & poisoned in various ways". At times, becomes very profane & uses threatening language; otherwise, well-behaved. Works well on ward. Phys. Wt 132 ᵗᵇ: Apl 24 Is TW. swollen and painful testicle: was put to bed. Hot applications &c: May 7 Up, on ward: local condition much improved May 31. To B² Wt 136 ᵗᵇ. Jan 31/01 - No change) mentally: very delusional: at times very noisy, & pressing delusions. Does a little work on ward, but is mostly inactive. Complains of stomach-trouble and has been on medicine. Appetite not very good: Sleep impaired.

Little apparent change during past year. Has been in rather poor health & somewhat emaciated. Eats rather poorly at times. Has constant delusions of persecution & of poisoned food; At times becomes very noisy & abusive, but is not quarrelsome. Does no work.

Personal and Medical History of Joseph Dappi (or Dappio or Pauppi)

Whole No. 4801

Residence, Unknown.

Date Admission, June ~~July~~ 2nd 1897

Admitted by Dr. H. Herzog hour, 6.45 P.M.

How Sent, G. Willrick J. of P. Ramsey Co.

Sex, male. Age, 39.

Civil Condition, Single.

Children,

Age Youngest Child,

Occupation, Unknown.

Degree Education, None.

Profession, Religion, ?

Habits, Unknown.

Nationality, Finland: (Parents also born there)

Physicians Committing, President of State & Co's J. B. Darling, Talbot Jones.

Correspondents,

No. of Years, 334.

Insane Relatives, Unknown

Cause Exciting, —

Cause Predisposing, Defective

Form, Terminal dementia.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, ?

Date of this Attack, Unknown — Imbecile.

Duration, unknown

No. of Attack, 1

No. of Admission, "

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Exam. by Dr. Herzog 7/3/97 *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Very poor.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull, seems correct.

REASONING POWER, Ordinary Subjects, Much impaired.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation reticent & incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Dappi.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 PRESENT WEIGHT, 133 USUAL WEIGHT, NUTRITION, Fairly good

WOUNDS, Abnormalities and condition of Skin, No lobule of ear

TONGUE, Coatings or Promptness of Movement, Glazed, red, white patches: Fairly prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Right slightly larger: Size normal. Respond to Con.

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Some incoordination Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands. Some of tongue: slight general: None of face.

PATELLAR REFLEX, 6 - Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds somewhat weak.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest type - Fairly good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient quite completely demented, does not know his own name, understands some English & seems to understand Swedish. Has apparently been in a hospital before as his clothing was marked Pauppe, which he gave at once as his name. Is fairly neat & tidy & understands & does what is asked of him.

Personal and Medical History of Joseph Dappi (or Dampe)

1897

This patient was brought here by Sheriffs deputy P.H. Nuccio, in fair physical condition, with the following history:- No knowledge concerning consanguinity, heredity, or intemperance in parents or self, or concerning habits, previous peculiarities severe diseases or injury to head; as patient is a defective & no information can be gotten from him.

On personal examination no facts can be ascertained.

July 2 On admission put upon B[3] E[2] (Q.M.G. Apt. Hair light: eyes blue: Condition of skin good: Scar on right shoulder-blade: Is clean: Behavior good.)

" Summary Nurses Notes. Put on ward: Given bath & put to bed.

3 Patient quiet & well-behaved. Rambles a good deal to himself: Neat & clean in habits & dress. July 4 Rarely speaks to anyone: Bowels regular: On extra diet: Sleeps well.

8 No change since last note. July 15 Patient remains in same condition as on admission. Has evidently been an inmate of some other Hospital as his actions would indicate such to be a fact. No change from day to day.

Oct 27. Summary Notes by Dr. Phelps. Oct 27-97 Found a knife upon him & Evidently one of his own manufacture: Does not sleep: Is stupid & dull in appearance:

Jan 31 99 Intervening notes show no change of special importance: Father stupid Stands about in a dull, quiet way. 7261 to July 31'99 (Dr Mawood) Wt. 144# Stubborn & quarrelsome: Does no work. General condition good: Appetite good.

July 31. Attempted to escape by hiding when out with crowd.

Aug 31 Wt 134#. P 80. Aug 31. Patient sits around mostly: Seldom Speaks: is easily irritated: frequently tries to

Nov 30 Escape. Does a little work on ward. Nov 30. Stands around in one position; is quite maniacal, at times.

1900 April 30 No change noticeable, in mental condition. July 6/1900. Wt 151# P 96. July 31: Condition remains

July 31 about the same. Was recently vaccinated, but unsuccessfully. Aug 30. Dull: confused: inclined to

Nov 1 be pugnacious; frequently attempts to escape, when out. Nov 1. Wt 129. P 120. Works on ward.

1901 Jan 31 Physical condition good: no further note to make. Feby 28 Refuses to talk: occasionally

Feby 28 pugnacious: habits neat & clean. July 31. No change to report, during period. Still

July 31 reticent: Physical condition Seems good. Aug 1. Wt 139#. Jany 31/02. Rather ugly and cross,

1902 July 31 at times. Does slight amount of work: rather dirty in habits. General health good.

July 8. To Annex. Jan. 31-03. Physical health has been quite good during year. Has grown more demented and irrational; behavior contrary; occasionally pugnacious; talks unintelligently; habits have been very untidy. Worked some on the farm during summer.

Personal and Medical History of

Personal and Medical History of Peter Kolles

Whole No. 4807

Residence, St. Paul, Minn.

Date Admission, July 2nd 1897.

Admitted by Dr A.W. Herzog hour, 7:30 P.M.

How Sent, G. Willrich J. of P. Ramsey Co.

Sex, Male Age, 25 yrs.

Civil Condition, Single

Children, None.

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Can read German.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nationality, Germany (parents also born there) Became resident of State 2 Co. 1 year ago.

Physicians Committing, J.J. Bohn & G. Stamm.

Correspondents,

No. of Years, 225

Insane Relatives, Unknown.

Cause Exciting,

Cause Predisposing,

Form, mania potu

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 3 weeks ago.

Duration, 3 wks.

No. of Attack, 1st.

No. of Admission, 1st

Age First Attack, 25 yrs.

Time of Leaving, Nov. 26. 1900

Time in Hospital,

Result, Transferred to Hastings O.K. Phw

EXAMINATION ON ADMISSION BY DR. R. M. Phelps Date of Aug 23/97.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Very uncertain.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects, "

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
None found.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can learn from patient.

Father, - ?

Paternal Relatives,

Mother, - ?

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Kolles.

John Kolles,
215 W. Fairfield av.,
St. Paul, Minn.

Correspondent for Peter Kolles.

PHYSICAL CHARACTERISTICS.

USUAL WEIGHT, — NUTRITION, Normal.

normal.

al.

Equal - Size dilated.

SIGHT, Normal.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, -

HEARING, Good

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Fairly steady.

PATELLAR REFLEX, 8-9. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

ARTERIES,
Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is not able to tell much. Answers are vague & rambling. Health seems good. Young - Seemingly an adolescent in a state tending toward dementia.

Personal and Medical History of Peter Kolles

Whole No. 4807

Residence, St. Paul, Minn.

Date Admission, July 2nd 1897.

Admitted by Dr Hoffmeyer hour, 7:30 P.M.

How Sent, G. Willrich J. of P. Ramsey Co.

Sex, Male Age, 25 yrs.

Civil Condition, Single

Children, None.

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Can read German.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nationality, Germany (parents also born there)
Became resident of State & Co. 1 year ago.

Physicians Committing, J. F. Baker & G. Stamm.

Correspondents,

No. of Years, 335

Insane Relatives, Unknown.

Cause Exciting,

Cause Predisposing,

Form, manic acute

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 3 weeks ago.

Duration, 3 weeks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 25 yrs.

Time of Leaving, Nov. 26. 1900

Time in Hospital,

Result, Transferred to Hastings O.K. Phs

EXAMINATION ON ADMISSION BY DR. A. M. Phelps *Date of* Aug 23/97

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Very uncertain.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects, "

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
None found.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can't learn from patient.

Father, - ?

Paternal Relatives,

Mother, - ?

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Kolles.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8 PRESENT WEIGHT, 160. USUAL WEIGHT, — NUTRITION, Normal.

WOUNDS, Abnormalities and condition of Skin, Now Skin normal.

TONGUE, Coatings or Promptness of Movement, Normal.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size dilated.

SIGHT, Normal.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, -

HEARING, Good

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Fairly steady.

PATELLAR REFLEX, 8-9. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

ARTERIES,
Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is not able to tell much. Answers are vague & rambling. Health seems good. Young - Demmingly an adolescent is a state tending toward dementia.

Personal and Medical History of Peter Kolles.

1897

This patient was brought here by Sheriffs deputy G.B. Winder in fair physical condition, with the following history:- No history of consanguinity: First symptoms of attack manifested 2 weeks ago: Disease appears increasing: Derangement manifested by religious mania: Not disposed to injure others: Not suicidal, filthy or destructive: No previous peculiarities but melancholia: No severe disease or injury to head: Has not been confined or restrained. Has received no treatment. No further particulars noted on personal examination.

July 2 On admission put upon C. E. (5th Ward Apt) Complexion dark: hair brown: eyes brown: Condition of skin good. Is clean: Excited & afraid that he is going to be killed.

2 Summary Nurses Notes Came on C.- Was quite noisy & excited: Was given bath & put to bed. Trans. to Infirmary: July 3 T. 100+ On milk diet: Is quite restless & appears to be in dread of something: July 4 Quite restless during night: Has delusions that he is God- Lies quietly in bed. Skin Par. Temp. 99° to 100+

6 Noisy & restless & out of bed often: Talks irrationally: Seems in constant fear of something: July 8 No change in condition. July 9 Seems to be gaining confidence: Still talks irrationally. July 11 Quiet today: Out with crowd:

13 Up on ward during day: Is quiet & well-behaved: July 15. Temp. normal since 7th: Seems to be gaining slightly in strength: Behavior fairly good. Summary notes by Dr. Phelps. Sept 2 Wt. 159.# Notes show patient to be in fairly good health: Rather sullen, & inclined to be violent: At times tries to run away: Rather dirty in habits; Seems to have distinct loss of memory. Mch 12 '98 Trans. to Annex

May 13 98 Commenced working in dining room: Trans. to C.

Jan 31 '99. Again at Annex: Seems quite dull & aimless.

Feb 1 to July 31 99 (Dr. Wanous) Wt. 140. Restless & noisy at times. Feb 27 Received scalp wound in head 1½ in. long. Struck with mop stick June 13 Commenced to work outside. July 31- Granulosome at times. General condition good.

Aug 1 Wt 140#. Oct 16. Boil on face lanced. Nov 1 Wt. 160.# Feb 1 to 10th Temperature taken twice daily: found to be normal. Physical condition has improved. Mental condition unchanged: Is quite stupid but answers questions sensibly. Behavior good. Habits rather untidy: Assists with work on farm, most of time. Apr. 26 Trans. to Hastings Asylum- No change since last note.

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Personal and Medical History of

Personal and Medical History of Martin Anderson

Whole No. 4803
Residence, Mower Co. Minn.
Date Admission, July 2nd 1897.
Admitted by Dr. R.M. Phelps. hour, 7:30 P.M.
How Sent, A.A. Washburn J.op.P. Mower Co.
Sex, male Age, 23
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Has not been competent to work.
Degree Education, None.
Profession, Religion, Yes. Lutheran.
Habits, Not intemperate
Nationality, Mower Co. Minn (Parents Norway)
Physicians Committing, A. Johnson & A.A. Washburn. Because resident Physician Co. at both
Correspondents,

No. of Years, 23 6
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, Epilepsy.
Form, Undivided
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, Not.
Date of this Attack, Has been growing on him from childhood.
Duration, 4 years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, —
Time of Leaving, Aug. 16. 1897
Time in Hospital, 1 m. 14 d.
Result, Discharged Feb. 9. 1898 Unimproved.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Martin Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Martin Anderson.

1897

This patient was brought here by Sheriffs deputy John Johnson Jr. in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self:- First attack - first symptoms manifested by epilepsy, has been growing on him since childhood. Disease appears increasing: not variable, no rational intervals: Derangement manifested upon all subjects: Is disposed to injure others: not suicidal or filthy in habits but threatens to destroy: Has always been weak-minded: has had epilepsy since 9th year. Has not been confined or restrained, has received no treatment:
On personal examination does not talk & has a vacant look.
Commitment recommended because he has perpetrated acts dangerous to his friends.

July 2 On admission put upon B³E (9th W. Ppt. Complexion light: hair dark: eyes gray: Condition of skin good: Is clean: behavior good.)
2 Nurses Notes Ward: Given bath & put to bed: Temp. 102 P. 140 R. 30.
3 On regular diet: Slept 5 hrs. Quiet & well-behaved: Very silly, when spoken to laughs in a very foolish way: Appetite good - Temp 101⅘ - P. 120 R. 21.
4 Tries to talk but is very incoherent: Is always asking to go home T 101'
5 Slept 8 hrs. No change in patient 101 - July 10 No change noticed either physically or mentally: Is continually asking to go home: Temp. 99⅘
15 Patient continues same from day to day.
16 Behavior very good: Has had no convulsions since coming here: Habits neat & clean: Does some work on ward: Appetite is good. Is restless at night of late.
Aug 1 Wt. 147½ lbs. P. 102. Speaks no English: Laughs foolishly when conversing with anyone. Aug 10 Appetite is failing: Says he is homesick: Aug 16 Allowed to go home

Discharged.

Personal and Medical History of

Personal and Medical History of Jacob Kiers.

Whole No. 4804

Residence, Township. Eyota, Minn.

Date Admission, July 8th 1897.

Admitted by Dr. R. W. Phelps hour, 6 PM.

How Sent, J.A. Leonard J. of P. Olmsted Co.

Sex, male Age, 67.

Civil Condition, married.

Children, Five.

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common School (German)

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nationality, Germany (Parents Germany) (Became resident of State 6 yrs. ago.

Physicians Committing, A. D. Adams & C.F. Granger

Correspondents,

No. of Years, 37.

Insane Relatives, None.

Cause Exciting, Epilepsy.

Cause Predisposing,

Form, Dementia epileptica

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Not.

Date of this Attack, July 1st 1897.

Duration, 5 days.

No. of Attack, Many. - Probably exacerbation only

No. of Admission, 1st

Age First Attack, about 37.

Time of Leaving, June 2. 1898.

Time in Hospital, 1 yrs. 38 d.

Result, Discharged Dec. 17. 1898 Unimproved.

EXAMINATION ON ADMISSION BY DR. R. W. Phelps Date of 8/25/97

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Mental State irritable, garulous & unstable.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, D-

Paternal Relatives,

Mother, D-

Maternal Relatives,

Brothers and Sisters, 1 bro. 5 children

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Rheumatism - Has fits. Don't fall with them sits still - Has pain preceding. In a few hrs is all right except -

HABITS, Drinking and Smoking, Drinks some. not much he claims

HEADACHES, VERTIGO, OR CONVULSIONS, ?

OCCUPATION, Healthy or not, Farmer

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Jacob Kiers.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, Burn on left hand. Skin normal for age

TONGUE, Coatings or Promptness of Movement, Normal

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal rather small. Respond slightly to light

SIGHT, Not good - wears glasses

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight arcus senilis

HEARING, Fair

COORDINATION, Arms, Does not seem impaired Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None of note.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Fair

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Seems normal.

ARTERIES,

Can palpitate radial artery easily with blood current shut off

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Says good.

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Quite senile in appearance. Has had fits a long time. Can't seem to say how long. Talks only German. Says he don't fall with them.

1897 Personal and Medical History of Jacob Kiser.

This patient was brought here by Sheriff Stewart, in fair physical condition with the following history:- No history of Consanguinity: First symptoms of disease manifested 30 years ago, epileptic in form, suffers from Convulsions a week at a time: Present attack manifested July 1st 1897, by Epileptic seizure: Disease is increasing: is variable but with slight Conscious intervals: Derangement manifested by quarrelsome & violent & destructive behavior: Is disposed to injure others: Is filthy & destructive in habits: No previous peculiarities known by family: No history of intemperance in parents or self: No head injury: has epilepsy. Has been confined for two days: Has received no systematic treatment: On personal examination no information worthy of mentioning obtained On admission put upon B³ E (Gen. Rpt. Complexion light: eyes blue: hair gray: Condition of skin good: Large soft bunch on right groin: Several black & blue spots on arms & chest: Is dirty: behavior very stubborn.)

July 5

5 Summary Nurses Notes - Patient reid on ward: Seems quite stupid: Talks no English
6 Very quarrelsome & ugly: Refuses to dress or undress himself when forced to do so struggles, bites & scratches. July 7 Has had no more trouble today - seems calm & behaves well. Temp. 99² P. 65 R. 18. July 8 Has been somewhat restless nights since admission. July 9 Habits fairly tidy, & in neatin appearance.
10 Is more agreable & good natured - Can not tell if he has any delusions or not as he speaks only German. July 18 No change in patient during past week: Appetite good: Sleeps well: behavior good.
Summary Notes Dr Phelps. July 30 97 Extremely noisy last night Of late rather obstinate & incoherent. Sept 13 Visited by wife & daughter. Sept 21 Had slight convulsion in dining room: Oct 1 Taken home by son & relatives - Jan 24 98 Returned. June 2 Went home again. Is an epileptic Rather demented but most of time will behave fairly well.

Discharged.

Personal and Medical History of

Personal and Medical History of Peter Quam

Whole No. 4805
Residence, Town of Hayward.
Date Admission, July 6th 1897.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, Herman Blackmer J. of P. Trufton Co.
Sex, Male. Age, 25.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Can read; not write.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nationality, United States. (Parents Norway)
Physicians Committing, Became resident of State Feb. J. E. Berg H. Nuvsy
Correspondents,

No. of Years, 338.
Insane Relatives, None.
Cause Exciting, It's said that somebody threatened to kill him
Cause Predisposing, Previous attack. Imbecile.
Form, imbecile
Accompanying Bodily Disorder,
Suicidal or not, Not.
Date of this Attack, About 10 days ago.
Duration, About 10 days.
No. of Attack, 2nd (1 examination during minority)
No. of Admission, 1st
Age First Attack, 25
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* July 6'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, sluggish.
MEMORY, Past Events, Poor.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull
REASONING POWER, Ordinary Subjects, Poor
Special Subjects,
Own Mental State, Realizes that he is not "right"
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Slightly systematized - fixed - of persecution.
Conversation very reticent - coherent
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, Has one brother who is regarded as "queer".
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

PEDER QUAM.

May 15th, 1897 was thoroughly frightened by three persons under the influence of liquor, who told him that they were going to kill him. He ran away, believing the story. When came home was feeble minded. Was not found for three days. Had been out of doors night and day, afraid of everything. At the end of three weeks he had recovered somewhat, but fell back again. Later sent here. (July 6th). Had various delusions. The boy has always been rather small minded and childish, sometimes rather foolish in his ways, but a steady boy and a good worker. (From Rev. T. O. Tolo, pastor.)

ARTICULATION, ~~Slurred~~, Hesitating, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Rec sounds mar 1st aortic fusic, 2nd sharp + clicking.
ARTERIES,
Circulation impaired, extremities cold.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is stated by Sheriff to be imbecile + his appearance would so indicate: His facial expression is dull + vacant: Confesses masturbation: breath is foul: some tenderness over Epigastrium. Patient very reticent + dull. Sits quietly staring vacantly into space, is very slow to answer questions. Difficult to get information from him but it seems that boys have been troubling him at home - Threatening to kill him + that in his fright he would run away from home.

Personal and Medical History of Pete

Whole No. 4805
Residence, Town of Hayward.
Date Admission, July 6th 1897.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, Herman Blackmer J. of P. Trueson Co.
Sex, Male. Age, 25.
Civil Condition, Single.
Children,
Age Youngest Child,
Occupation, Farmer.
Degree Education, Can read, not write.
Profession, Religion, Lutheran.
Habits, Not int emperate.
Nationality, United States. (Parents Norway)
Physicians Committing, Because Resident of State Pls. J. C. Berg H. Nuvsny
Correspondents,

No. of Years, 2
Insane Relatives, No
Cause Exciting, Sis said he
Cause Predisposing, Previous
Form, mixed
Accompanying Bodily Disorder, —
Suicidal or not, Not,
Date of this Attack, About 10 days ag
Duration, About 10 days.
No. of Attack, 2nd (1 exacerbation during winter)
No. of Admission, 1st
Age First Attack, 25
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* July 6'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, sluggish.
MEMORY, Past Events, Poor.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull
REASONING POWER, Ordinary Subjects, poor
Special Subjects,
Own Mental State, Realizes that he is not "right"
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Slightly systematized - fixed - of persecution.
Conversation very reticent - coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, Has one brother who is regarded as "queer."
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

...al and Medical History of Peter Olsen.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Somewhat impaired
WOUNDS, Abnormalities and condition of Skin, Helix of ear large above, deficient below, p date low, asymmetrical: forehead narrow.
TONGUE, Coatings or Promptness of Movement, Slow, white coat on dorsum.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal, size normal. Response to light & accom. sluggish
Skin greasy, with foul smelling perspiration.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, has squint of left eye, divergent & upward.
HEARING,
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue & hands None of face or general.
PATELLAR REFLEX,] equal. Other Reflexes,
ARTICULATION, ~~Slurred~~, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Apex sounds mar 1st aortic prose, 2nd sharp & clicking.
ARTERIES,
Circulation impaired, extremities cold.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is stated by Sheriff to be imbecile & his appearance would so indicate: His facial expression is dull & vacant: Confesses masturbation: breath is foul: some tenderness over epigastrium. Patient very reticent & dull. Sits quietly staring vacantly into space, is very slow to answer questions. Difficult to get information from him but it seems that boys have been troubling him at home - threatening to kill him & that in his fright he would run away from home.

Personal and Medical History of Peter Quam.

1897

This patient was brought here by Sheriff E.H. Ellickson attended by Rev. I.O. Tolo, in fair physical condition with the following history: No history of consanguinity, heredity, father drank some: Had an attack six weeks ago, duration 2 weeks: First symptoms of present attack manifested about 10 days ago. Would stand still for hours staring into space, not answering questions: Wanted to leave home: Thought somebody would kill him: Set fire to house: Did no work for a week: Disease appears decreasing: Is variable: Will occasionally answer questions rationally: Derangement now manifested as stated above. Patient not disposed to injure others; not suicidal, filthy or destructive: No previous peculiarities noted: No severe disease or injury to head: Has had to be watched + has been given sedatives: On personal examination Stares into space: reacts very slowly: will not answer, except occasionally: Says he is sick all over

July 6 Pulse 56. On admission put upon B3 E (Gen'l Rpt. Complexion light: hair light: eyes blue: Condition of skin good: Is clean: behavior good: Very stupid + will not talk)

Summary Nurses Notes 14 Day Record. July 7 Very quiet + stupid: Has to be spoken to several times before he comprehends. July 8 Appetite fair: Bowels regular: Temp. 98° P 45 R 15. Slept 4 hrs. July 9 Slept 6 hrs. Appetite quite poor; does not talk with nurses or patients. Still very stupid: July 10 Slept 6 hrs: Appetite still poor:

July 11 Slept 6 hrs. No change in patient. July 12 + 13 No change. Has been on medicine ever since admission. July 14 Slept 8 hrs. Continues very stupid: Has nothing to say: will not speak when spoken to: July 15 Slept 9 hrs. Appetite very poor: does not want to go to meals at all. July 20 No change either mentally or physically: Still remains as stupid as ever.

Aug 19 Summary Notes by Dr Phelps. Patient stupid: Talks some: Fairly quiet: does no work.

Oct 9 '97 Patient transferred to Infirmary: Seems quite weak: Temp. as high as 101°

Oct 16 Patient seems practically normal since third day after commigon Infirmary: No special symptoms: Nov. 9 Trans to B3. Has been quite dull + listless on Infirmary. Temperature practically normal. Jan 31 '99 Intervening notes show no change in behavior: Drifts along in a quiet, dull way: Has done some little work: Is seemingly in fair

1899 health. 261- July 31 99 Dr Wanous. Wt. 148#. Well behaved: Works on ward: No change in

July 31 General condition. Aug 1 Wt. 142# P 80. Aug 31. Quiet + well-behaved. Talks very little: Habits are

Aug 1/30 neat + clean. Works in Centre Dining-room. Condition rather demented. Nov 30. Condition shows no change.

Nov 30 1900 Patient still works in Dining-room. Feb 6/1900. Wt. 146# - Pr. Apl 30. about the same. Continues to work

Feby 6 as before. May 8/1900. Transferred to B3. July 1. Wt 134# - July 17. Vaccinated, successfully. —

May 8 Mental + physical condition as before mentioned. Patient works regularly in Centre Dining-room -

July 31 Wt 131#. Jany 31/1901. Works regularly in Centre Dining-room. Is Demented + rather

Aug 1

Personal and Medical History of Peter Quam.

1901 cont'd

Jany 31 silly in manner: Habits quite neat: always well-behaved: talks irrationally. Very little change.

July 1 Wt 139#. May 1. Wt 133#. May 14. Transferred to A1. July 31. No change. Is demented.

July 31 very silly + incoherent: works in "CDR". Aug 1. Wt 138#. Jany 31 '01. Usually rather dull.

Jany 31 1902 Has worked in "CDR" + is in fairly good health. Talks to self some. Usually clean. —

Jany 31 '03 Jan. 31 Patient has changed none. Talks and laughs to himself. Health is good; very incoherent; fairly well behaved; works in CDR regularly.

Personal and Medical History of John Savage

Whole No. 4810

Residence, Shildsville, Minn.

Date Admission, July 13th 1897.

Admitted by Dr. R.M. Phelps hour, 4 P.M.

How Sent, R. A. Mott, Jos. P. Rice Co.

Sex, Male Age, 38.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Very Common.

Profession, Religion, Yes, Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Minnesota. Parents Ireland.

Physicians Committing, F.E. Gleason + D.M. Cook.

Correspondents,

No. of Years, 3 + 3.

Insane Relatives, Aunt + cousin.

Cause Exciting, Abscess, Sunstroke, for 2 yrs. Complained of heat + headache.

Cause Predisposing, Heredity.

Form, paranoia

Accompanying Bodily Disorder, Insomnia, Poor appetite.

Suicidal or not, Not.

Date of this Attack, Quite since Dec. 1895.

Duration, about 18 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 37

Time of Leaving, May 31. 1900

Time in Hospital, 2 yr. 10 m. 18 d.

Result, Died bronchitis + oedema of lungs.

EXAMINATION ON ADMISSION BY DR. H.H. Kenyon *Date of* July 13'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear + Quick.

MEMORY, Past Events, Fairly good

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull. Correct.

REASONING POWER, Ordinary Subjects, Fairly accurate - slow.

Special Subjects,

Own Mental State, Reasons fairly well.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
About normal.

DELUSIONS, Systematized, ~~Transitory~~ Somewhat Fixed, Special Subjects, of persecution
Conversation Coherent - quite voluble.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, died - phthisis

Paternal Relatives,

Mother, living, has been in poor health, now much better

Maternal Relatives, One aunt, Mrs. Kate Mahaney + one cousin Anthony Manley have been here.

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had attack of vertigo 10 yrs. ago on an extremely hot day. Since that time heat affects him readily.

HABITS, Drinking and Smoking, formerly drank - not for last six yrs

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John Savage.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Somewhat impaired

WOUNDS, Abnormalities and condition of Skin, Wart Chin - high arched palate. Scar lipoma under left axilla, about 2 in. in diam - some bruises on body + wrists marked by handcuffs.

TONGUE, Coatings or Promptness of Movement, prompt - Light whitish coat.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light + accomodation.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good

COORDINATION, Arms, Fair Legs, Fair. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Quite marked of tongue - None of face or general.

PATELLAR REFLEX, 8 - 9 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted. Sounds fairly good. Somewhat irreg.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Left shoulder somewhat higher. Expansion lessened. R. Sounds - right apex slightly duller than left.

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is somewhat run down in health - shows no distinct lesion. Lungs not first rate. Some epigastric tenderness. Is very slightly feeble-minded, shows simplicity. Thinks the neighbors were watching him. Wherever he went thinks they rang a bell with some vague idea of harming him. Had made threats against them. Resisted violently being brought into Court. Form most nearly resembles paranoia.

Personal and Medical History of John Savage.

1897

This patient was brought here by Sheriffs deputy J.B. Thompson attended by Roy Mosier, in fair physical condition, with the following history:- No history of consanguinity. Patient has been "queer" since December 1895, has hallucinations thinks some one was trying to get their land away: Disease appears increasing. Derangement now manifested by fear that someone is after him: Gets up & walks around nights: Threatens to injure others: Not suicidal, filthy or destructive in habits: Aunt & cousin have been insane: No previous peculiarities shown. No history of intemperance in parents or self. No severe disease or injury to head: Has not been confined or restrained: Has received no treatment. On personal examination in addition to above, has lost flesh, appetite variable, has insomnia. Is ill-tempered, more than usually reticent & believed to be dangerous.

July 13 On admission put upon B[3] C. (G.S.H. Kpt. Complexion dark: Hair dark red: Eyes blue: Condition of skin good: Vaccination mark on left fore arm: Scar on left foot & on left fore arm: a bunch under left arm & several small scratches on left arm: Is dirty: Behavior good.) Talks quite rationally: No delusions noted.

14 Patient remains about same - Is quiet & well-behaved: Assists with work: Neat & clean in dress & habits: Slept 8 hrs. July 15 Temp. 99[6] P. 84 Resp. 20. No change in patient July 16 No change Slept 7 hrs. July 17 Patient sleeps a great deal in daytime: Still continues quiet & well-behaved.

July 25 Patient remains same from day to day. Is quiet & well-behaved: Does not talk very much: Does some work.

Summary Notes by Dr Phelps Sept 4 Trans. to Infirmary: Is refusing to eat: Has been rather melancholy & quiet most of time since coming here: Does not talk very much nor talk about delusions: Sept 11 Remains upon Infirmary: Temp. slightly elevated at times: Is usually quiet & cullen: At times refuses to eat. Oct 4 Visited by brother Wt. 105[#] Nov 1 Wt. 103[#]

Nov 3 up on ward. Seems to show considerably more dementia than at time of coming. Jan 31/99 Sits in a dull, demented, melancholy way. At times seems to be crying. During intervening time has drifted along in a quiet, stupid, listless way. Feb 1 - July 31/900. Dr Parsons. Wt. 127[#]

1899 Feby 1 to July 31 Sep 30 Oct 1 1900 Jan 1 May 3/18 31

Appears frightened: Has delusions of persecution. Appetite very poor at times frequently refuses two or three successive meals. July 13 Head cut by Mr. McGroarty. Wound dressed - Sep 30. Above notes, in general, hold good, at this date. — Wt 134[#] - Appetite quite good: bowels regular: Habits untidy: is stubborn and disagreeable. Nov 30. Is about as usual. Jan 1/900 Wt 130[#]. Insists on sitting on floor. Feby 4 - 26. Frequently refuses to take food. May 3 Patient transferred to T.W. - put to bed. Is badly demented & stubborn - May 18. Patient becoming more emaciated & weaker. Continues to fail. May 31. Continued to fail gradually until this Date - Died at 6 P.M.

— Died —

Personal and Medical History of

Autopsy held June 1[st] 1900. 11 A.M. Patient fairly well nourished: Skin clear: some post mortem sidulation on dorsal surface: slight discoloration over right eye noted as post mortem change in old scar. Brain shows marked atrophy - Is soggy & convolutions along the fissure surface are very much absorbed. Considerable fluid beneath pia mater with several old adhesions along the longitudinal fissure which destroyed brain substance as the membrane was removed. Dura much thickened. Considerable fluid about cerebellum & also in the cord channel. Ventricles normal. Fluid normal - Both lungs showed strong adhesions also around apex of right lung extending about half way down lung. Left side showed marked adhesions on the dorsal surface. (Pleural spaces dry) Lung tissues showed several areas of degeneration very oedematous. Heart small - Vessels flabby - no valvular lesions noted. Spleen normal. Liver congested - friable Gall bladder very large - filled with very thick bile - No stones present. Condition of both kidneys fairly good. Stomach empty - distended with gas. Cause of death not definitely determined - marked oedematous condition of lungs especially noted which perhaps was brought on by micturition -

Personal and Medical History of Anthony Needham.

Whole No. 4811
Residence, St. Paul, Minn.
Date Admission, July 14th 1897.
Admitted by Dr. H. Strong. hour, 6:45 PM.
How Sent, G. Willrich J. Off? Ramsey Co.
Sex, male. Age, 35.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Painter.
Degree Education, Common school.
Profession, Religion, Yes Catholic.
Habits, Very intemperate.
Nationality, ~~Nativity~~ St. Paul Minn. - Parents Ireland.
Became resident of State 1862.
Physicians Committing, H. Heselgrave & Park Ritchie.
Correspondents,

No. of Years, 34.
Insane Relatives, None.
Cause Exciting, Drink
Cause Predisposing, Epilepsy.
Form, Somnatic epileptic
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, Not.
Date of this Attack, 5m
Duration, —
No. of Attack, Not 1st 1st 5 yrs ago.
No. of Admission, ~~2nd~~ 1st as insane
Age First Attack, 30 yrs
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Eby Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - inclined to be sluggish.
MEMORY, Past Events, Fair
Recent Events, " Special Subjects, Poor after Convulsions
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Fair
Own Mental State, Fair.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
About normal.
DELUSIONS, ~~Systematized~~ None, Transitory, Special Subjects,
None
HALLUCINATIONS, None.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.
LENGTH INVASION, Probably long.
ONSET, Gradual or Sudden, Patient says suddenly.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Living, healthy, 85 yrs old.
Paternal Relatives,
Mother, Dead.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Hard drinker
HEADACHES, VERTIGO, OR CONVULSIONS, Has severe headaches
OCCUPATION, Healthy or not, Furniture finisher
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Anthony Needham.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Large - coated Prompt movement.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Fingers to nose - Some ~~Legs,~~ incoordination Standing ~~Grasp,~~ Eyes shut - Romb some.
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands - Fine of tongue.
PATELLAR REFLEX, Equal - 6 Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fairly good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal -
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Sounds good - Size Normal - Regular.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion fair.
B. Sounds Normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in good physical health. Says Epilepsy came on about 7 yrs. ago. Had first convulsion while playing ball.

Personal and Medical History of Anthony Needham.

1897

This patient was brought here by Sheriffs deputy P. J. Mieen, in fair physical condition, with the following history:- No history of consanguinity or heredity: Patient was confined in this hospital on an inebriate warrant, from September 4th 96 to July 13th 1897.[x] First symptoms of attack manifested by epileptic seizures. Disease appears increasing: Is variable with rational intervals during day: Derangement was manifested by Epilepsy: Is disposed to injure others: Not suicidal, filthy or destructive: Previous pecuniary dipsomania: Is an epileptic Has been confined, as above stated, for past three years.

July 14 On personal examination is a case of recurring Epilepsy.

[x] Note for further information see Vol. 122. Fol. 213 No. 3844.

July 14 On admission put upon 6 2 E (No 2 Ward. Rpt made.) Came on ward about 8 P.M. Physical condition apparently good: Talks incoherently. Convulsion at 12.45

15 Very much excited during day - making gestures & talking loudly at times Says that he is in heaven. July 16 Very talkative until noon when he became more quiet. 3 convulsions during day. July 17 Very quiet & good-natured - goes out walking daily. Three convulsions today: July 18 Apparently no change in patient. July 21 Averages about 3 convulsions daily: Sleeps well. Is very goodnatured usually. Summary note by Dr. Phelps Aug 1897 Has rather frequent convulsions: Is silly in talk; At times incoherent: Is rather feebleminded. Wt. 170# Jan 1898 Patient has convulsions, with rare exceptions, every day & as high as 4 a day. Apr. 14 98 Burned right hand on steam pipe during night. Jan 31 1899 Patient has frequent convulsions still. In November 67; In December 71 & 68 during January No special change in mental state. Feb 1 - July 31 99. (Dr Wanous) Wt. 182. Patient subject to convulsions: In Feb 32 had several. During April had 58 convulsions: Frequently gets into trouble with other patients.

Aug 1900 to Jany 31 Jan 31 1900 (Dr. Chapple.) No change mentally during period. Has had frequent epileptic convulsions. Behavior usually good: Is quite demented & rather silly in manner. Oct. 25 During convulsion burned palm of right hand on steam pipe - very severely. Wound dressed daily for some time.

(Nov. 25) Hand about healed. Considerable contraction & scar causing stiffness.

Feby Phelps July 17/1 Health fairly good during period. Feby 1900. Wt 183#. Pop. July 17. Vaccinated: result negative. July 31. No change: health quite good, except for occasional Convulsion. Is quite fleshy: behavior fairly quiet. Talks a good deal: is rather childish & silly. Talks quite sensibly about his own history. Works some on ward & takes part in games. Right hand is crippled from burn. Augt 195#. Jany 31 1901. Physical condition very good, except for occasional Convulsion: Habits quite cleanly: usually well-behaved: Sometimes rather irritable: Quite silly in manner, but answers questions rationally: works on ward: appears Contented.

Aug 1 1900 Jany 31

Feby Phelps 1900 Jany 31 Wt 195#: May 1. Wt 193½#: Augt 1. Wt 195#: Nov 1. Wt 196#: Jany 31/01. Patient remains the same. Has occasional Epileptic Convulsion, otherwise health quite good.

Personal and Medical History of Anthony Needham

1900 Jany 31 Is quite childish & silly in manner. Seldom causes any trouble, but is quick-tempered and fights on slight provocation. Very inactive.

• 31/03 Has been in quite good physical health, except for epileptic seizures which occurs occasionally; habits fairly neat; behavior good. Talks rationally but somewhat childish in manner. Does no work, but spends time playing cards, reading etc.

Personal and Medical History of Henry A. Alston

Whole No. 4812

Residence, St. Paul, Minn.

Date Admission, July 14th 1897

Admitted by Dr. H. H. Herzog. hour, 6.45 P.M.

How Sent, J. Willrich Dep't. Ramsey Co.

Sex, male Age, 48.

Civil Condition, Single.

Children, —

Age Youngest Child, -

Occupation, Physician.

Degree Education, College.

Profession, Religion, Not a church member.

Habits, Very intemperate.

Nationality, Sweden. Parents also born there. Native

Physicians Committing, President of state + Co since 1874 A. W. Dunning + Olof Solberg.

Correspondents,

No. of Years, 345.

Insane Relatives, Not known. (Former hist. Mother)

Cause Exciting, Alcoholism

Cause Predisposing, (Heredity)

Form, Dementia alcoholic chronic

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 7 yrs. ago.

Duration, 7 yrs.

No. of Attack, 1st

No. of Admission, 2nd 1st as insane

Age First Attack, 41.

Time of Leaving, Aug. 26. 1900

Time in Hospital,

Result, Transferred to Hastings. Okfm

EXAMINATION ON ADMISSION BY DR. Eby *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, Poor. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive, Dull but correct.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects, Poor

Own Mental State, Poor.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted with dementia.

DELUSIONS, Not Systematized, Probably Transitory, Special Subjects,

HALLUCINATIONS, None

ILLUSIONS, "

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Will give no information on this subject.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Intemperate.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Physician

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Henry A. Alston.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, Has hernia Skin good condition

TONGUE, Coatings or Promptness of Movement, Some coating - prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light + accom.

SIGHT, Fair.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good

COORDINATION, Arms, Finger to nose, eyes shut - Fair Legs, Standing on one foot Fair - ~~Grasp~~, Standing eyes shut good.

TREMORS, Hands, Tongue, Facial Muscles, General, Of hands - Tongue + face - none general.

PATELLAR REFLEX, Equal - 5 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, Good.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Strength Sounds fair

Mitral Regurgitant - Regular -

ARTERIES,

Slight atheroma -

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Symmetry good.

Expans. good.

Breath Sounds normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Is very silly in manner + talk.

Good physical condition. Mental state one of dementia.

Personal and Medical History of Henry A. Olston.

1899

This patient was brought here by Sheriff's Deputy S. Marks, in fair physical condition with the following history:- No history of consanguinity: First symptoms of disease manifested about 7 years ago by excessive drinking. Was brought to this (Rochester) Hospital on an inebriate warrant December 4th 1890 & remained until July 15th 1897.× Disease appears increasing. not variable: No rational intervals. Derangement now manifested by loss of memory: Patient not disposed to injure others, is filthy & destructive in habits: Previous peculiarities:- very nervous & impulsive: No severe disease or injury to head: Has been confined at Rochester State Hospital, as above stated. No further particulars noted on personal examination.

×Note - for further particulars see Vol. 15 Fol. 57 No. 2553.

July 15 On admission put upon ½ E. Is irational & silly: Has a rupture on right side- otherwise physical condition good: July 15 Appetite good: Bowels regular: Behavior fair: July 16 Patient works on ward & goes walking daily:
17 No change - July 18 Becomes very angry if spoken to but if left to himself is very quiet July 26 Has been ill-natured & somewhat noisy today No change in general condition: Bowels regular: Appetite good.
Summary notes by Dr Phelps. Aug. Patient has been here for many years but but has only recently been recommitted as insane: Talks to himself incoherently & is silly in manner: Is quiet & well behaved for the most part. 9/20/99 Operated upon for hernia, radical cure. Oct 20 Patient has entirely recovered. No notable happening during time in bed:
Jan 31 '99. Wt. 173#. Has changed practically none: Memory poor: Slouchy in appearance. Feb. 1 - July 31 '99 (Dr Manous.) Wt. 174. Frequently bothers other patients.
March 10 Visited by friends: No special change in general condition
Aug-to-1900 Jan 31 1900 (Dr. Chapple) Wt. 185#. Pulse 80. No change or improvement during period
Jan 31 usually quiet & likes to tease other patients. Conversation incoherent
Apr 1/00 Habits rather dirty. Physical condition good: Does no work except clean cuspedors. Apr. 1 - No change - Apr. 26 1900. Trans. to Hastings Asylum -
(Feby. Wt 170#. P 82). No change noted. Health fairly good: Is quiet & well-behaved. Answers questions quite intelligently, but otherwise does not talk. Somewhat demented & feeble: quite tidy in habits: Works a little on ward. ——

" 26 Was, today, Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of John F. Henke

Whole No. 4814
Residence, St. Paul, Minn.
Date Admission, July 15th 1897.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, J. Willrich & of A. Ramsey Co.
Sex, Male Age, 58 yrs.
Civil Condition, Married.
Children, — 5 —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Fair.
Profession, Religion, Yes Lutheran or Methodist.
Habits, Not intemperate.
~~Nationality~~ Nativity, Russia. Parents also born there.
Became resident of state in 1868.
Physicians Committing, D. Stanne & C. D. Borchardt.
Correspondents,

No. of Years, 347
Insane Relatives, Unknown.
Cause Exciting, Epilepsy.
Cause Predisposing,
Form, Demented senile.
Accompanying Bodily Disorder, —
Suicidal or not, Never attempted. Propensity active.
Date of this Attack, Fall of 1892.
Duration, about 5 yrs.
No. of Attack, 1st.
No. of Admission, 1st
Age First Attack, 53.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of July 16 '97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish.
MEMORY, Past Events, Fairly good
Recent Events, Somewhat imp. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert & correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation fairly voluble & coherent
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Fell 30 feet when 20 years of age. Typhoid fever 12 yrs ago at which time he lost his hearing. Says he had "grippe" every year for several years past.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Has had occasional convulsions for five years past.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of John F. Henke

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6¼ PRESENT WEIGHT, 123 lbs USUAL WEIGHT, — NUTRITION, Considerably impaired.
WOUNDS, Abnormalities and condition of Skin, High arched palate. Right testicle small & not completely descended.
TONGUE, Coatings or Promptness of Movement, Whitish coat on dorsum. Slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size contracted. Respond to light & accomodation.
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Considerably impaired.
COORDINATION, Arms, Fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands. Quite marked of tongue - none of face - Some general.
PATELLAR REFLEX, 9- equal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Sounds sharp. Impulse forcible. Apex beat displaced downward to left.
ARTERIES,
All arteries quite markedly atheromatous
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion reduced - Both apices retracted & slightly dull.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patients physical health is considerably impaired, vision dullness is decreased. Veins of abdomen enlarged & tortuous. Veins of lower extremities Varicose. Says he has suffered from what he calls "cramps" for past five years. Appears from description to be epileptiform. Depressed & hypochondriacal. Has partial prolapsus ani. Says bleeds severely at times. Is very emotional- cries readily. Some slight dementia - Denies having considered suicide. Speaks no English. Has not been able to do any work for past 4 or 5 years. Changes seem mostly senile.

Personal and Medical History of John F. Henke.

1897

This patient was brought here by sheriffs deputy, P.J. Mieun, in fair physical condition, with the following history: No information concerning consanguinity or heredity. First attack in 1896. Became melancholic: Disease increasing: Not variable, no regular rational intervals. Derangement now manifested by loss of memory. Jealous of his wife. Has attacks of mania at times: Not suicidal, filthy or destructive: No previous peculiarities noted: Has epilepsy. Has not been confined or restrained: No information concerning treatment. On personal examination shows indifference about himself and his surroundings.

July 15 On admission put upon B³E (G.S.U.Rpt. Complexion light. Hair brown: eyes blue: Condition of skin good: Coarse veins on right leg: Scar on left thigh & bunches on both thighs. Is clean. Third & little finger on right hand & little finger on left hand permanently flexed & large scar in the right. Behavior good.)

July 15 Is quiet & well-behaved - no delusions noted: Suffers from Haemorrhoids -

16 Given licorice powder at bed-time: No change mentally. July 17 T 99⁴ P 78 R 21. Slept 7 hrs. Haemorrhoids replaced & annointed daily. July 18 Is good natured & agreable. July 19 T. 99⁶ P. 84 R 20. No change in conditions: Works a good deal on ward. Slept 6 hrs. July 24 There has been no change in patient either mentally or physically for past week: Haemorrhoids replaced daily. Continues good natured - no delusions noticed. Appetite good. Sleeps well. Summary by Dr. Phelps. Patient quite well-behaved & agreeable in manner: Works some: Is troubled with haemorrhoids; otherwise in fair health. Aug 21 Trans to A².

Jan 31/99 Has been rather melancholy of late: Seems to think that his wife is dead. Has spells of crying. Oct 31 Went home. Has been recently on A^IV & doing quite well. Has lost all the prominent delusions that he had & seems to be fairly well recovered.

1899 Res - July 31 99 (Dr Wanous) May 1: Wt. 127#. Patient quiet & well-behaved: Works on ward.

Aug 1/31 No change mentally or physically during period. Aug 1 Wt 132. P 80. Aug 31. Has

Oct 31 been quiet & well-behaved. Otherwise no change noticable: Oct 31. Continues about same: Speaks poor English.

Nov 30 but Conversation is understood. Appears quite rational: physical health poor. Nov 30. Pat complains of hemor-

1900 -rhoids and puts on treatment. Jany 2/900 Coughs a great deal & complains of asthma. May 30. No special

Jan 2 change. July 2. Wt 132#. P 84. July 20. Vaccinated unsuccessfully. Aug 31. Is troubled with asthma

May 30 and rheumatism. Nov 1 Wt 131#. Jany 31/1901. No apparent change from previous notes. -

Nov 1 Still troubled with his asthma. Feby 1. Wt 128#. P 88. May 31. Is quiet: remains

1901 in his room, most of time. July 31. General physical condition good. Eats & sleeps

May 31 well. No change mentally. Aug 1 Wt 129#. Nov 30. No special notes. Jany 31/02. Quiet;

July 31 well-behaved: answers quite clearly, although feeble-minded: Works some: Slightly

1902 melancholy in manner.

Jany 31

Personal and Medical History of John F. Henke.

53
Jan. 31 Patients general condition unchanged during period; Rather feeble-minded; well behaved; easily excited & is irratible Talks little.

Personal and Medical History of William Holland

Whole No. 4816

Residence, Winona Co. Minn.

Date Admission, July 16th 1897.

Admitted by Dr. A. F. Kilbourne hour, 4 P.M.

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

Sex, Male. Age, 29.

Civil Condition, Single.

Children, None.

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Yes Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Minn. Parents to England.

Physicians Committing, Thos. A. Peirce & L.A. Kelly.
Became resident of State &c. –

Correspondents,

No. of Years, 349

Insane Relatives, Brother. – Father & mother both affected

Cause Exciting, Unknown,

Cause Predisposing, Previous attack - heredity

Form, Mania potu

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, July 9th 1897.

Duration, one week.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 26.

Time of Leaving, Oct. 9. 1897

Time in Hospital, 2 mo. 3 d.

Result, Discharged Dec. 9. 1898.
Much Improved

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. *Date of* July 17.97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused & Quick.

MEMORY, Past Events, Poor

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert - Illusions.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted.

DELUSIONS, not Systematized, Transitory, Special Subjects,

Conversation - voluble - incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Wm. Holland.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Somewhat impaired

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Slow - whitish coat.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Dilated Respond to light & accomodations.

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Somewhat Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Of hands & tongue None of face or general

PATELLAR REFLEX, & Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Examination unsatisfactory on account of restlessness of patient.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Physical examination unsatisfactory on account of patients restlessness. Tongue is coated, pulse slightly rapid - Temperature normal. He is in a condition of acute Mania - much as on his previous admission - restless noisy & incoherent.

Personal and Medical History of William Holland.

1897

This patient was brought here by Sheriff's ~~Deputy~~ A.W. Fuhrmann, in good physical appearance, with the following history:- No information concerning consanguinity. First attack occurred in October 96 & patient was confined in this hospital from Oct. 17 '96 to Feb. 22 '97 (for further particulars see Vol. 29 Fol. 73 No. 3875) & was discharged improved. First symptoms of present attack manifested July 9th 1897 when he became violent & incoherent: Disease appears increasing: not variable, no rational intervals: Derangement now manifested on all subjects: Not disposed to injure others: No filthy or destructive habits: No previous peculiarities: No severe disease or injury to head: Has been confined & received treatment in hospital, as above stated.

On personal examination eyes dull - quiet & listless - tendency to sleep.

July 16 On admission put upon Infirmary Ward (Gen. Rpt. Complexion sandy: Eyes gray: hair brown: Condition of skin good: Varicose veins on right leg: 5 scars on left hip: two on right & four on back: hernia on left side: Is clean: behavior good. Reed on ward - given bath & put to bed - quite restless & excited - Lies fairly quiet in bed - Talks incoherently - On liquid diet.

17 Very noisy & talkative all day. Given bath 105° for 15 minutes at 12 M.

18 Rested well last night. Quiet this morning. Very noisy during afternoon.

19 Very noisy when not asleep during night: Changes from exalted state to one of depression - Still upon liquid diet. Hot baths given daily.

20 Drank four quarts of eggnog during day. Temp. 98. P 70 R. 20. Very talkative behavior foolish: habits quite clean: July 21 Noisy this AM. Shows marked incoherence of speech & manner foolish. July 22 Rested well during night: restless & noisy this AM. Out of bed most of time. July 23 Taken out for long walk by two nurses. after which he was much more quiet & habits untidy. July 25 Up on ward - Seems to feel better: Is quiet & fairly well behaved. Still upon liquid diet. July 28 Has been quite noisy for last two days. Out with crowd today - Talks a great deal.

July 30 Amuses himself by bothering other patients: Noisy most of time.

Aug 1 Wt. 154 Pulse 80. Eats well: Bowels regular: Sleeps fairly well: Indifferent about his appearance: Converses freely but incoherently: Talks to himself most of time & is at times very noisy. Aug 22 Much quieter today - Visited by brother. Sept 1 Wt. 161½ lbs. Pulse 80. Very noisy & profane today. Sept 2 No change. Trans. to B'. Sept 13 Much better, is working in dining room: Still continues improving: Is sleeping in dormitory: Sept. 28 Visited by relatives: Appetite good: Bowels regular: Is of good disposition & gets along well with patients - Is a good worker: Oct. 9 Behavior very good: Appetite good: Talks freely & rationally - Works in dining room - Taken home today by brother

Discharged.

Personal and Medical History of

Personal and Medical History of Thomas Cleary.

Whole No. 4817
Residence, Hennepin Co. Minn
Date Admission, July 19th 1897.
Admitted by Dr. A. F. Kilbourne hour, 11 A.M.
How Sent, J. A. Leonard J. of P. Olmsted Co.
Sex, Male Age, Probably 35
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, R.R. Employee
Degree Education, Common school.
Profession, Religion, Yes. Roman Catholic.
Habits, Very intemperate
Nativity, Nationality, Ireland - Parents also born there.
Physicians Committing, C.F. Granger & C. Graham.
Correspondents, Became resident of State 4 yrs Ago - Resident of Co. about 7 yrs ago.

No. of Years, 350.
Insane Relatives, Unknown
Cause Exciting, Intemperance.
Cause Predisposing, "
Form, Dementia alcoholic chronic
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About 4 yrs ago.
Duration, About 4 years.
No. of Attack, 1st
No. of Admission, 2nd 1st to this insane
Age First Attack, about 30
Time of Leaving, Apr. 26 1900
Time in Hospital,
Result, Transferred to Hastings. Okpm

EXAMINATION ON ADMISSION BY DR. C. B. Elsey. *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & Sluggish
MEMORY, Past Events, Fair
Recent Events, Poor Special Subjects, Poor.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - probably correct.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects, Poor
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent
DELUSIONS, Systematized, Transitory, Special Subjects,
None determined.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Inebriate.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Yes.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Good

Personal and Medical History of Thomas Cleary.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9 in. PRESENT WEIGHT, 161 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Skin good condition.
TONGUE, Coatings or Promptness of Movement, Coated at base - Prompt movement.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size dilated - Responds to light & accom.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, No incoordination Legs, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands - Coarse of tongue - None of face or general.
PATELLAR REFLEX, Equal 7. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Sounds good. Size normal. Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Breath sounds normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Good physical condition - Mental state is one of dementia due to excessive use of alcohol.

Personal and Medical History of Thomas Cleary

1897

This patient was brought here by Sheriff C.N. Stewart, in fair physical condition with the following history:- No history of consanguinity: First symptoms manifested about 4 years ago - Gradual degeneration. Patient confined in the Rochester Hospital from Mar 4'98 to July 13'97 on an Inebriate Warrant (for further information see Vol. 22 Fol. 47 No. 3285) Disease appears stationary: not variable: No rational intervals: Derangement now manifested by stupidity: Does not take care of himself. Has shown disposition to injure others & to filthy & destructive habits: No previous peculiarities noted: No severe disease or injury to head. Has been confined & has received general hygienic treatment at this hospital, as above stated. On personal examination shows dementia.

July 19 On admission put upon N.E. (Gstn. Rpt. Complexion dark: hair dark: eyes blue: Vaccination mark on left arm.) Patient very good-natured: makes no complaints: Answers all questions rationally but when alone talks to himself.
20 Works on ward & goes out walking daily. Slept 8 hrs. July 21 No change
T. 98° P. 76 - R. 18. July 22 Makes no complaints: Appetite good: Bowels regular:
23 Pulse 72. Appetite good. Bowels regular. July 24 Talks to himself when out:
Is often very profane: Aug 1 No change either mentally or physically during past week.- Summary notes by Dr Phelps. Patient has been here before as an inebriate: Behavior unchanged: Can answer a good many questions in an intelligent way but is usually incoherent & quite demented. Jan 31'99 Still drifting along in the same quiet, rather demented way: Talks to himself: Very restless in behavior.

Feb 1 to July 31'99 (Dr. Warnock) Wt. 183# Well-behaved & quiet, has some delusions: Is rather
1900 slouchy in appearance & habits - Apr 5 No change Apr. 16 Trans. to Hastings. -
Feb 1 Wt 195#. Bgo. Apl 16. No change: very quiet & well-behaved: talks fairly intelligently but seems to have
Apl 26 but little ambition. Says he does not feel able to go out & take care of himself: Is a good worker on ward: tidy in habits: health good. Kept for occasional complaint of pains of rheumatic kind.

Was today, Sent to Hastings Hospital

Personal and Medical History of

Personal and Medical History of Burton C. Newport
(C. Herbert Co.)

Whole No. 4818

Residence, Luzerne Rock Co. Minn.

Date Admission, July 19th 1897.

Admitted by Dr. A. F. Kilbourne hour, 11 A.M.

How Sent, J. A. Leonard. Supt. Olmsted Co.

Sex, male Age, 57

Civil Condition, married.

Children, 3

Age Youngest Child, —

Occupation, Attorney

Degree Education, College

Profession, Religion, Not a church member.

Habits, Very intemperate.

Nationality, Putnam Co. Ill. (Father Kentucky Mother Ill.)
Became resident of State in 1892 - of Rice Co. - 1890.

Physicians Committing, C. N. Granger. Christopher Graham.

Correspondents, —

No. of Years,

Insane Relatives, None

Cause Exciting, Intemperance.

Cause Predisposing,

Form, dementia alcoholic chronic

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not

Date of this Attack, 1890 - alcoholic dementia.

Duration, 7 yrs.

No. of Attack, 1st

No. of Admission, ~~2nd~~ 1st as insane

Age First Attack, 45.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Eby. Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Seems clear but rather sluggish.

MEMORY, Past Events, Good

Recent Events, Fair. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert & Correct.

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects, Fair.

Own Mental State, Fair.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed & some dementia.

DELUSIONS, Systematized, Transitory, Special Subjects,
Has none.

HALLUCINATIONS, None.

ILLUSIONS, "

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, living - is peculiar

Paternal Relatives,

Mother, living - healthy.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Hard drinker

HEADACHES, VERTIGO, OR CONVULSIONS, Has had headaches

OCCUPATION, Healthy or not, Healthy - Lawyer.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Burton C. Newport.
(or Herbert C. Newport)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ in. PRESENT WEIGHT, 205 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Large, Coated, prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - respond to light & accomodation

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Finger to nose, fair Legs, Standing on one foot Good ~~Grasp.~~ Standing eyes shut. Sways some

TREMORS, Hands, Tongue, Facial Muscles, General, Hands-slight - Tongue - coarse.

PATELLAR REFLEX, 9 - Equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good -

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, Normal.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No Murmur

Sounds mat. - size normal - Regular

ARTERIES, slight atheroma. frequent

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical.
Expansion Good
Breath Sounds Normal.

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

In in good physical condition - Does not show any delusions but there is considerable dementia.

Personal and Medical History of Burton C. Newport.

1897

This patient was brought here by Sheriff B.N. Stewart in good physical condition, with the following history:- No history of consanguinity or heredity. First symptoms of attack manifested in 1890 by alcoholic dementia. Patient was confined in this (Rochester) hospital from Dec 10 1890 to July 13 1897 on an Inebriate warrant. Disease appears stationary. Not variable. Derangement now manifested by symmetrical degenerations. Patient not disposed to injure others: Not suicidal, filthy or destructive. No information concerning previous peculiarities. No severe disease or injury to head. Patient has been confined in Rochester hospital, as above stated. On personal examination:- Aimless & excited conversation & ideas of persecution.

July 19 On Admission put upon 6th E (Gtn Rpt. Complexion light: eyes blue: hair gray: Scar on left knee: left arm crooked, caused by a fracture. Very much excited at having been sent back here. Jalpse Talks much about his commitment: Works on ward: Out walking today. Habits clean.
21 Patient quiet today: Behavior good: Out with crowd: Sleeps well:
22 No change to note. July 23 Quiet & good-natured: Appetite good: Bowels regular. Aug 1 No change from day to day either mentally or physically. Summary Note by Dr. Phelps Oct 30 '97. Works some on ward: Wt. 198. Behavior unchanged in last few years: Can answer questions quite intelligently but is full of delusions. Jany 7 '98 Visited by son. Jan 31 '99 Interval notes show no change of importance during period. Feb 1 - July 31 1899 (Dr. Wamoni) Wt. 189# Neat & clean: Talks freely: bowels regular: appetite good: Always ready to assist with work. Mch 31 Complains of rheumatic pains in limbs Apr. 30. Is not so well - Complains of rheumatism & is gradually failing - Frequently complains of noise made by other patients.
Aug 1 No change in mental state from day to day. Aug 1 - Jan 31 1900 (Dr. Chapple) Wt. 176# Mental condition about stationary - Well behaved & quiet & does some work on ward. At times talks very irrationally; ex-
to - presses delusions: makes peculiar motions - which he says
1900 Jan 31 are for gaining strength. Habits rather careless: Very seldom
Apl 30 speaks unless addressed: Very listless & indolent. Apl 30. No change noted.
May 1 Wt 181#. Pyr. July 7. Vaccinated: result negative: July 31. There has been very little change
July 7 during the period: Quiet & well-behaved: Habits cleanly: Talk quite rationally, but has queer ideas
- 31 about his work: Works very hard on ward, in form of violent exertions, which produce profuse perspiration: says "it is good for the health". Is rather careless about his personal appearance.
Aug 1 Is somewhat irritable & occasionally gets angry. Aug. 1 67# - Jany 31 1901. Becoming
1900 more deluded & peculiar in habits: works very vigorously on ward, so that his clothing is
Jany 31 thoroughly wet with perspiration. Goes through very violent movements. Is very irritable but rarely has any trouble. Talks quite pleasantly. Feby. Wt 178#: May Wt 176# Aug 1. 169#
Feby 1 Nov 1 Wt 175#. Jany 31/a Mentally unchanged. Very delusional and queer in manner: Exercising

Personal and Medical History of Burton C. Newport.

1900 cont'd

Jany 31 violently, when at work, mornings, till he is drenched with perspiration. Says "it is good for the health". Keeps out of trouble as a rule, but is very quick tempered: very slouchy in his dress.

Jan 31/01 Has been in fair physical condition, tho' rather thin. Works well on ward & takes very violent exercise; peculiar in habits. Converses incoherently; but has little to say; in appearance slovenly; mental condition is failing slowly.

Personal and Medical History of Oscar D'Absolmont.

Whole No. 4819
Residence, Hennepin Co. Minn.
Date Admission, July 19th 1897.
Admitted by Dr. A. F. Kilbourne hour, 11 A.M.
How Sent, J.A. Leonard J. of P. Olmsted Co.
Sex, male Age, 48
Civil Condition, Divorced.
Children, none
Age Youngest Child, —
Occupation, Veterinary Surgeon
Degree Education, University
Profession, Religion, Not a church member.
Habits, Very intemperate also addicted to Morphine & Cocaine.
~~Nationality~~ Nativity, France. Came to France.
Physicians Committing, Chas. T. Granger & C. Graham.
Correspondents,

No. of Years, 352
Insane Relatives, None.
Cause Exciting, Drug habit.
Cause Predisposing,
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes. attempted by hanging.
Date of this Attack, About 8 months ago.
Duration, 8 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 47.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... Date of .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear & quick.
MEMORY, Past Events, Good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert & fairly correct.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
Disposition Variable
DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks he is being hypnotized.

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Commenced taking morphine 5 yrs. ago. disease has developed since then.
ONSET, Gradual or Sudden, probably gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No history obtained.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Has been a hard drinker & smoker. Also morphine & cocaine fiend.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Commission dealer.
Detail Date, Duration, and Character of Previous Attack, if any,
Was committed as an inebriate in Sept '96 here until July 97
Sleep, Appetite, and Bowels,

Personal and Medical History of Oscar D'Absolmont.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Bullet wound scar under right nipple - Hypo. scars on arms. Scar on bridge of nose.
TONGUE, Coatings or Promptness of Movement, Tongue slightly coated.
All gone excepting R & L lower jaw - central & lateral incisors - 2 canine & 2 first bicuspids.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, N.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, N.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Fine tremor of hands out stretched.
PATELLAR REFLEX, Slightly exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Quick & distinct.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
N.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest full & well developed. Expansion normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Fair.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in very good physical condition Talks very well & rationally until he gets excited, when he shows his delusions. Is very excitable by nature. Believes that he is constantly being hypnotized by doctors & nurses

Personal and Medical History of Oscar D'Abrolmont.

1897

This patient was brought here by Sheriff L.N. Stewart, in fair physical condition, with the following history - No history of consanguinity or heredity: First symptoms of disease were manifested about 8 months ago by delusions of persecution. Patient was confined in this (Rochester) hospital from Sept. 21 '96 to July 13 '97. (For further information see Vol. 32 Fol. 205 No. 4534) on an inbrate warrant: Disease appears stationary, is variable, no rational intervals: Derangment now manifested by the delusion that he is being poisoned: Patient not disposed to injure others: No filthy or destructive habits: Has been addicted to intemperance, morphine & cocoaine: No knowledge concerning severe diseases or injury to head: Has been confined at this hospital, as above stated: Has received course of strych. treatment, withdrawal of morphine.

On personal examination is quiet at present - no further particulars noted.

July 19 On admission put upon Bd. Is very despondent. Talks very irrationally. Thinks Dr. Kilbourne has a grudge against him - as reason for his recommitment. July 20 Remained in bed this A.M. Complains of pains (rheumatic) & dry, parched mouth. July 21 Abscess on hip dressed every 48 hrs. still discharges considerable pus. July 22 Has delusions of hypnotic influences practiced on him to make him insane. Sleeps quite well.

23 Quite irrational at times: Lies on bed most of time - July 26 Has eruption, eczema marginalis on thigh - washed with solution.

Aug. 1 No change in patient. Still remains very irritable at times - Hip dressed today. Wt. 162#. Aug 30 '97 Patient today talking very rationally: Says that people hypnotized him - Sept 7 Is rather stupid & sleepy since last attack. 13 Another attack of excitable behavior: Nov 1 Patient constantly complaining: Has delusions of persecution: Says everything is done by hypnotism: Dec 16 Transferred to Infirmary - 17 Temp. slightly elevated: Some trouble with throat.

Dec 16 Trans. to B'. July 26 Extremely noisy today: Kicking doors: Troublesome & had to be held. Has recently talked about seeing different persons at night.

Oct 26 '98. Behavior noted as better this month, made fewer complaints: Has complained quite steadily during past year of being "lined up" with other patients - Exactly what is meant is not known. Nov 3 '98 Today denies that he still has delusions of being "lined up" with patients. Much better behaved: Nov 5 Trans. to A'. - Jan. 2 '99 Noisy & abusive at times: Says he is being hypnotized. Jan 30 '99 Still noted as being noisy at times during day - Feb 1 - July 31 '99 (Dr Wasmond) Patient noisy & abusive to nurses. Says he is being hypnotized by Dr Kilbourne. Generally neat & tidy in appearance. March 5. Became very noisy & excited. These spells come on frequently March 17 Went into room to lie down; complained of pain in abdomen put on treatment, improved. July 10 Had trouble with another patient, struck on head, but no resulting bruises. No change in

Personal and Medical History of O'D'Abrolmont.

1900

Jan 31 mental condition Aug 1 - Jan 31 1900 - Wt. 185# Mental condition about stationary: Stays in room most of time, becomes very much excited if asked to go outside is noisy & abusive. Has delusions of persecution. Thinks he is being mesmerized; poisoned etc. Has had several attacks of jaundice evidently preceded by hepatic colic? Infirmary under treatment for same time. Quite pugnacious at times: Health good aside from jaundice. Does no work. Delyr. Wt 184#. Pgr. July 20. vaccinated. — July 31. No change of importance: Has been in fairly good health, but has had attacks of slight Jaundice, with pain in region of gall-bladder. Is much constipated & requires repeated cathartics. Quite lazy in habits: stays in room most of time: does no work: On ordinary subjects, talks very rationally & intelligently. At times, becomes very much excited, noisy, abusive & using threatening language, especially toward Physicians. Also think that he is hypnotized & used as a "Medium" - Frequently gets in a rage, over his retention here & threatens bodily harm to Doctors & nurses. —

Aug 1 1900 to Jan 31 Wt 194# — Jany 31 1901 Can be very little Change, from day to day: Has delusions of persecution: talks a great deal to himself & is very profane & abusive in language, especially to physicians. At times, is very pleasant in manner & conversation. Plays games & reads the papers. — Complains of bodily ills frequently, especially of urinary troubles. Physical health appears very good

July 1 1900 to Jan 31 Wt 203#: May 1. Wt 198#: Aug 1. Wt 193#: Nov 1. Wt 197#: Jany 31 1901. Has been in apparently good health, during year. Spends a good deal of time in bed. Complains of constipation and trouble with urine &c, but says that he cannot urinate when patients are "letting at him". Does not associate with other patients. Has an irascible temper. At times, very abusive, cursing at Physicians and Attendants, showing "prominent delusions of persecution".

Jan 31 '03 (Dr. Chapple) No special incident has occurred during the year; has done no work; stays in room by himself, almost constantly; quite cleanly and neat in appearance. Has delusion of persecution & occasionally breaks out in violent harangues & threats; again however will talk quite sensibly of common matters.

Personal and Medical History of Thomas J. Hayden

Whole No. 4820

Residence, Hennepin Co. Minn.

Date Admission, July 19th 1897

Admitted by Dr. A.F. Kilbourne hour, 11 A.M.

How Sent, J.A. Leonard, J. of P. Olmsted Co.

Sex, Male. Age, 39

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Yes Roman Catholic

Habits, Intemperate.

Nativity, Ireland. (Parents also born there.)
~~Nationality.~~

Physicians Committing, Dr. Graham & Dr. Granger.
President of State Bd. for Insps.

Correspondents,

No. of Years, 353

Insane Relatives, None.

Cause Exciting, Intemperance.

Cause Predisposing,

Form, Melancholia Chronic

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Yes. attempted by hanging.

Date of this Attack, About 9 months ago.

Duration, 9 mo.

No. of Attack, Has had several. 1st 5 yrs ago.

No. of Admission, ~~2nd~~ 1 as insane

Age First Attack, 34

Time of Leaving, June 20 - 1901.

Time in Hospital, 3 yrs, 11 mths, 1 day.

Result, Recovered: Discharged June 20/1901 —

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas J. Hayden.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Thomas J. Hayden

1897

This patient was brought here by Sheriff Ed. Stewart, in fair physical condition, with the following history:- No history of consanguinity or heredity. First symptoms of present attack manifested about 9 months ago by melancholia & depression. Disease appears stationary. Is variable, no rational intervals: Derangement now manifested by melancholia: thinks he cannot recover. Not disposed to injure others: Not filthy or destructive in habits: No previous peculiarities noted: Has had syphilis. Has been confined in Rochester State Hospital from Dec. 1'96 to July 13'97. on an Inebriate warrant: Has received course of Strych. & injunctions On personal examination appears depressed.

x Note for further particulars see Vol. 32 Fol 269 No. 4597.

July 19 On admission put upon Ung. E. Very despondent on arrival here: thinks he is wasting away from syphilis. July 20 Talks a great deal about killing himself. Is restless nights. July 21 Is on blue ointment treatment.

" 22 Still remains very restless & uneasy: Plays cards & reads most of time: Talks frequently of committing suicide: Groans a great deal in this sleep tho' sleeps fairly well. July 26 Talks gloomy: Bowels very constipated most of time: Aug. 1 No change in patient either mentally or physically: Sleeps well: Appetite good: Bowels constipated.

Summary notes by Dr. Phelps. Oct 7 Wt 176# Has lost a good deal of his former extreme despondency & talks in a rational way. During latter part of August was salivated, having been receiving quite a severe course of mercury, & was for a while on the Infirmary. Jan 31/99 During most of past year patient has been fairly intelligent & reasonable in every way & shows only slight melancholia.

1899
Feb 1 - July 31/99 (Dr. Wanous.) Feb 1. Wt. 203#. In good mental & physical condition. Is easily excited. Feb 25 Treated for a cold. Mch 1 Complained of pain in side of head: again received treatment. Mch 2. Had a discharge of blood & pus from ear: Seems very much disturbed: Walking floor: Mch 31 Much better. Apr 28 Applied for a position in fire house. June 4 Vomited several times. Stomach seems badly disturbed. June 8 Complained of pain in stomach. Dep. on treatment. June 10 Visited by friends. June 28 Has discontinued tobacco & stomach is much better. July 10 Went to camp at Oronoco

Aug 1. Out Camping at Oronoco. Sept 4. Returned: is well: physical condition good: Left ward. Oct. 1. Wt 196#
Oct 1/99 to Jany 31 1900 of rather irritable disposition: frequently gets in arguments & becomes excited. Oct 30/1899 No change noticeable in any way. Jany 31. Keeps about same, all the time: reads a great deal; plays cards checkers &c. May 30 May 30. About as usual. Works some; has parole. Goes & town quite often.
July 1 No noticeable change in condition. Aug 30 Patient is easily irritated: has parole: works at
Aug 30 1900 Fire-Hall, taking care of Employees' rooms &c; Dec. 190# — Jany 31/1901. No Change to note.
Jany 31 Has parole: Plays games, Cards &c, & attends amusements &c. Goes to town to Library frequently, reads a great deal. Habits neat & clean. Still takes care of Fire Hall & employés rooms &c

Personal and Medical History of Thomas J. Hayden

1901

Jany 31 Wt 195#. March 30. Is quiet, but very easily irritated. Has a parole. Habits neat & clean.
March 31 Is a great reader of the newspapers, also of the Library books. Seems contented to be here —
May 31 Spends a good deal of his time playing cards & checkers. May 31. Nothing special to report.
June 20 Was sent from the Institution, today.

Dickroyd

Personal and Medical History of Jacob Vetters

Whole No. 4821

Residence, Brownsville, Minn.

Date Admission, July 20th 1897.

Admitted by Dr. D. L. Phelps hour, 4 P.M.

How Sent, Thos. Ryan, J. of P. Houston Co.

Sex, Male. Age, 22.

Civil Condition, Single.

Children, -

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Nationality, Germany - Parents also born there. Came resident of State 15 C. 15 yrs. ago.

Physicians Committing, Dr. R. G. Ferguson & Wm. Freeman.

Correspondents, -

No. of Years, Now 35 L.

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing, Unknown.

Form, Imbecile

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 Admission, 1st

Age First Attack, 22

Time of Leaving, Sept. 15. 1898.

Time in Hospital, 1 yr. 1 mo. 25 d.

Result, Discharged. Feb. 8. 1899 Improved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 8/25/97.

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

Can't get historical or other information from him.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Jacob Vetters.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6½ in. PRESENT WEIGHT, 149 USUAL WEIGHT, NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, Skin bluish from sluggish standing about.

TONGUE, Coatings or Promptness of Movement, Clear - slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Responds to light

SIGHT, Normal.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, ?

COORDINATION, Arms, Normal Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Normal.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Will say nothing except in whisper.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal

ARTERIES,

Normal

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Young man dull - half stupid. Probably made so by delusions - Resisted some at first, quit lately. Health seems naturally fair. Hands show hard work before coming.

Personal and Medical History of Jacob Vetters.

1897

This patient was brought here by Sheriff Geo. N. Blexrud, attended by N. Hill, in good physical condition, with the following history:- No history of consanguinity or heredity: First symptoms manifested about 3 weeks ago. gets up in night & goes out in yard - sings & kicks his brothers. Disease appears increasing, not variable: Drrangement now manifested by singing - no particular subject. Not disposed to injure others seriously. Not suicidal, filthy or destructive. Has always been high tempered & provoked easily to anger. No history of intemperance in parents or self: No severe disease or injury to head. Last two nights had two men to take care of him. Has received no treatment. On personal examination has a stupid appearance with a downcast expression. Is probably a masturbator. Commitment recommended because he is incapable of caring for himself & requires restraint.

July 25 On admission put upon B[3] E. (Oct. 1 Pt. Complexion dark: hair brown: eyes blue: Condition of skin good: Small scratch on left leg. Scar on inside of left knee) Is dirty: Very stupid)

" " Summary Nurses notes. Reid on ward: Is very troublesome: running & down hall, kicking up rugs, tearing down curtains, messing up beds Etc. " " will not keep his coat & vest on. When compelled to keep them on gets very angry. Slept 0 hrs. Tries to strike & kick nurses: At other times talks & laughs foolishly to himself: Slept 5 hrs. July 23 Is very quarrelsome & ugly. resists temperature being taken: Trans to B'. 24 Appetite good. Goes out with crowd: Restless & stubborn: Loss of memory plainly marked. July 25 Will not answer when spoken to. but knows what is wanted of him: Habits dirty: Slept 5 hrs. July 26 Very restless while out with crowd: S. 3 hrs. 27 Constantly muttering to himself: Restless during nights.

Augt No change in patient from day to day: Appetite very good: Bowels regular: Still refuses to talk: Rather restless at night: Shows very little inclination to work: Seems contented here.

Summary Notes by Dr Phelps. Oct 20 Wt. 178. Oct 17 Trans. to C[2]. Mutters to himself: Is rather demented in behavior. Talks very little. Apr 30'98 Patient Changes very little in any respect. Sept 15'98 Patient has recently been working in kitchen; This morning went home on trial Had improved very considerably during last few months

Discharged.

Personal and Medical History of

Personal and Medical History of Walter Burk.

Whole No. 4827
Residence, Albert Lea, Minn.
Date Admission, July 21st 1897.
Admitted by Dr. R. M. Phelps hour, 6 45 AM.
How Sent, Herman Blackmer J. of P. Freeborn Co.
Sex, male Age, 76.
Civil Condition, married
Children, - 4 -
Age Youngest Child, -
Occupation, Railroad man.
Degree Education, none.
Profession, Religion, yes, Catholic.
Habits, Intemperate
~~Nationality~~ Nativity, Ireland. (Parents also born there.
Physicians Committing, A.C. Wedge + F.A. Blackmer.
Correspondents,

No. of Years, 355
Insane Relatives, One aunt reported to have been insane.
Cause Exciting, Intemperance + possibly injury of head + heat stroke.
Cause Predisposing,
Form, dementia senilis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened suicide.
Date of this Attack, began to be childish 14 yrs ago.
Duration, About 14 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 62.
Time of Leaving, 9th August 1901.
Time in Hospital, 4 yrs - mos 19 ds
Result, Recovered: Discharged Nov 30/1901

EXAMINATION ON ADMISSION BY DR. H.N. Herzog Date of July 23 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick, confused.
MEMORY, Past Events, Fairly good
Recent Events, Slight impairment Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert + in main correct.
REASONING POWER, Ordinary Subjects, Fair considering his
Special Subjects, lack of education
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, ~~Systematized~~ Just, Transitory, Special Subjects, of grandeur
Conversation voluble + slightly incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, —
ONSET, Gradual or Sudden, —
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), —
HABITS, Drinking and Smoking, —
HEADACHES, VERTIGO, OR CONVULSIONS, —
OCCUPATION, Healthy or not, —
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Walter Burk.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9 in PRESENT WEIGHT, 140 lbs. USUAL WEIGHT, NUTRITION, Some impairment
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Whitish coat on dorsum, prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, left slightly larger - Left about normal size. Both somewhat irregular in outline - Respond to light + accommodation.
SIGHT, Arcus senilis Impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Arcus senilis.
HEARING, Impaired.
COORDINATION, Arms, Some impairment Legs, Some impairment. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands + tongue - None of facial muscles + general.
PATELLAR REFLEX, 8-9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs Irregular + intermittant
ARTERIES,
Markedly atheromatous.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest sunken. Sounds somewhat asthmatic.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is quite markedly senile. He is somewhat demented + exalted with unsystematized delusion ideas of his own greatness. In this state he is easily imposed upon by the boys of his town who show him what purport to be orders from Gould + Vanderbilt to him to buy carloads of horses etc. In this way he had probably become a nuisance to the bankers, lawyers + others - His memory for recent events is rather better than we would expect. His circulation is poor + his heart weak.

Personal and Medical History of Walter Burk.

1897

This patient was brought here by Sheriff's deputy W.C. Mitchell attended by D. Chamberlin. in fair physical condition with the following history:- No history of consanguinity Brief symptoms of disease manifested about 14 years ago. began to be childish: had been a hard drinker for about 25 years. Had been struck on the head several times & had suffered from a "heatstroke". Disease appears increasing: Not variable: No rational intervals. Derangement now manifested by delusions: is foolish & easily imposed upon. Patient has tried to injure members of his family, & has threatened but never attempted suicide: No destruction of clothing: One aunt reported to have been insane: Before accession of disease patient was intemperate & had a violent temper: Has received head injury & had a "heat stroke". Has not been confined or restrained.

On personal examination no further information obtained.

On admission put upon B³ E (5th Ward Apt.) Complexion dark: hair gray; eyes brown: Condition of skin good: Varicose veins on both legs third & fourth fingers on both hands crooked. Says he has a broken shoulder but it (is not visible.)

Summary Nurses Notes by Dr Phelps - 14 day. record missing but no notable happening remembered & following notes show behavior & condition as it was on admission: Aug 12 Visited by friends: Still mildly demented & quiet Jan 1'98 Wt. 153.# Still exactly the same in behavior, Quiet & feeble-minded. July 6'98 Trans. to Infirmary: - Has been complaining some of late.

Jan 1/99 to July 31 Aug 1/99 Patient drifting along in about the same condition & behavior: Seems fairly quiet & contented. Feb 1 - July 31/99 Wt. 146. No change in patient: Mental condition, Is inclined to bring things onto face & hide them: Is very childish in manner. Goes about with pictures etc fastened to his vest. Is very good natured & pleasant. Aug 1. Wt 147.# P68. Aug 31. Has mixed delusions. Says "he is the prettiest man in the Country and is going to be president of a R.R". Adorns himself with gaudy things. Physical Condition good. Does no work. Oct 28. Transferred to A² Is content with crowd; occasionally refuses saying he cannot walk. Nov 16. remains in bed: has mixed bronchitis. Nov 29. visited by friends: Jan 1/1900. Complained of pain in stomach; refused breakfast: was put on treatment & improved. Jany 6. Up & around; feeling well: May 30. No change noticeable. Is up & around daily. Pleasant & agreeable. Habits cleanly - Vaccinated successfully. Aug 2 - Remains in bed: complaint of headache & pain in body - (Due to vaccination): Transferred to T.W. Dec 1. Complains of lungs: has cold: Dec 27. Patient is improved: Gwin dress. Jany 31/1901. Sits about on A³, most of time: Condition shows no special change. Health seems quite good. Feby 1. Wt 137.# - Feb 28. Is very childish: has "Grandeur" ideas. March 7. Is still troubled with incontinence of urine: put on treatment - and improved. June 1. Has "dizzy spell": fell to the floor: put on treatment & improved. July 31 - Has parole: Goes outside, a while, every day: Condition about the same. Very Childish -

Personal and Medical History of

Personal and Medical History of Joseph Lepschi

Whole No. 4824

Residence, St. Paul, Minn.

Date Admission, July 23rd 1897.

Admitted by Dr. H.H. Herzog hour, 6:45 P.M.

How Sent, G. Willrich & P.P. Ramsey Co.

Sex, male. Age, 37 yrs.

Civil Condition, Married.

Children, Three.

Age Youngest Child, —

Occupation, Butcher

Degree Education, Common School.

Profession, Religion, Yes. Catholic.

Habits, Not intemperate.

~~Nationality.~~ Nativity. Austria Parents also born there.

President of State Pris. 1st time 1888 to 1894. Last time 3 mos. ago.

Physicians Committing, Arthur Sweeney & P.E. Paxton.

Correspondents,

No. of Years, 357.

Insane Relatives, 2 sisters (one died, the other has recovered)

Cause Exciting,

Cause Predisposing, Heredity & previous attacks

Form, Melancholia chronic

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, a few weeks ago.

Duration, a few weeks.

No. of Attack, ~~2nd~~. Evidence that was not correct

No. of Admission, 1st here. (Once in Cala.)

Age First Attack, 34

Time of Leaving, July 1. 1899

Time in Hospital, 11 m. 4 d.

Result, Discharged Dec. 27. 1899.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. Date of July 24 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat Confused & sluggish

MEMORY, Past Events, Fairly good

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dulled but correct.

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State, Realizes condition

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed

DELUSIONS, Systematized, ~~Transitory~~ Fixed, Special Subjects, of persecution

Conversation fairly voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, was an illegitimate child. Patient thinks was not very bright.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, Had only 2 sisters - both insane.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Drinks a little beer.

HEADACHES, VERTIGO, OR CONVULSIONS, Subject to severe headaches

OCCUPATION, Healthy or not, butcher

Detail Date, Duration, and Character of Previous Attack, if any,
Was ill for about 18 mos. in Cala. In asylum there 1½ yrs leaving May 97

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Lepschi.

NOTIFY THE COURT.

Pioneer Press — July 27/1899

Joseph Lepschi Will Give Notice If He Feels Like Going Insane.

Joseph Lepschi was arrested and brought before Court Commissioner Gallick in the probate court yesterday on information of insanity sworn to by his wife. The examining physicians decided that Lepschi was not insane, but they suggested that his mind was in such a condition that insanity might be expected at any time. Lepschi has been in an asylum twice, in this state and once in California.

Lepschi told the board that he knew he was liable to go insane at any time, but would report to the probate court as soon as he felt the symptoms coming on.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 159 USUAL WEIGHT, 180 NUTRITION, Considerably impaired little included.

and condition of Skin, Low, broad palate.

romptness of Movement, White coat, anaemic, fairly prompt.

Response to Light, and Accommodation, Equal. Size normal. Respond to light & accomodation.

ut, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fairly good. Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue. None of facial muscles or general.

PATELLAR REFLEX, 8-9 Equal. Other Reflexes, Abdominal reflex exaggerated.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted. Sounds quite weak.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Expansion 1 in. 37.

Sounds. Has habit of taking very short breaths with a catching in throat on expiration but is able to breathe naturally & sounds are good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a state of chronic melancholia. He has the idea that someone is after him to kill him. Has no definite idea as to who is to kill him but has the vague fear that he is to be killed. Realizes that his mind is deranged on this point. Has contemplated suicide. He had been in California nearly three years, only leaving the asylum there in May 97 & coming direct to Minnesota.

Personal and Medical History of Joseph Lepschir

Whole No. 4824

Residence, St. Paul, Minn.

Date Admission, July 23rd 1897.

Admitted by Dr. H.H. Herzog hour, 6:45 PM.

How Sent, G. Wilbrich Supt. Ramsey Co.

Sex, male. Age, 37 yrs.

Civil Condition, married.

Children, Three.

Age Youngest Child, –

Occupation, Butcher

Degree Education, Common School.

Profession, Religion, yrs. Catholic.

Habits, Not intemperate.

Nationality, Austria Parents also born there.

Physicians Committing, Arthur Denney + B.E. Paxton.

Correspondents,

No. of Years, 357.

Insane Relatives, 2 sisters (a)

Cause Exciting,

Cause Predisposing, Hereditary

Form, melancholia

Accompanying Bodily Disorder, None

Suicidal or not, not.

Date of this Attack, a few weeks ago.

Duration, a few weeks.

No. of Attack, 2 ~~2nd~~ Evidence that was not correct

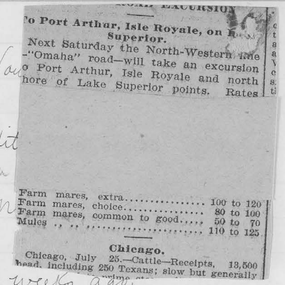
No. of Admission, 1st here. (Once in Cala.)

Age First Attack, 34

Time of Leaving, July 1. 1899

Time in Hospital, 11 m. 4 d.

Result, Discharged Dec. 27. 1899.



EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* July 24 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat Confused + sluggish

MEMORY, Past Events, Fairly good

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dulled but correct.

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State, Realizes condition

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed

DELUSIONS, Systematized, ~~Transitory~~ Fixed, Special Subjects, of persecution

Conversation fairly voluble + coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, was an illegitimate child. Patient thinks was not very bright.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, Had only 2 sisters - both insane.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Drinks a little beer.

HEADACHES, VERTIGO, OR CONVULSIONS, Subject to severe headaches

OCCUPATION, Healthy or not, butcher

Detail Date, Duration, and Character of Previous Attack, if any,

Was ill for about 18 mos. in Cala. In asylum there 1½ yrs leaving May 97

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Lepschir.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7¾ PRESENT WEIGHT, 159 USUAL WEIGHT, 180 NUTRITION, Considerably impaired will recuperate.

WOUNDS, Abnormalities and condition of Skin, Low, broad palate

TONGUE, Coatings or Promptness of Movement, White coat, anaemic, fairly prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light + accomodation.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fairly good. Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands + tongue. None of facial muscles or general.

PATELLAR REFLEX, 8-9 Equal. Other Reflexes, Abdominal reflex exaggerated.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted. Sounds quite weak.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Expansion 1 in. 37.

Sounds has habit of taking very short breath with a catching groan on expiration but is able to breathe naturally + sounds are good.

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a state of chronic melancholia. He has the idea that someone is after him to kill him. Has no definite idea as to who is to kill him but has the vague fear that he is to be killed. Realizes that his mind is deranged on this point. Has contemplated suicide. He had been in California nearly three years, only leaving the asylum there in May 97 + coming direct to Minnesota.

Personal and Medical History of Joseph Lepschie

1897

This patient was brought here by Sheriffs deputy P. J. Mieau, in fair physical condition with the following history:- No history of consanguinity: First attack occurred 3 years ago: was in hospital at San Bernardino, Cal. for 3 years. First symptoms of present attack manifested a few wks. ago, began to have delusions of personal violence: Disease appears increasing: Is not variable: no rational intervals: Derangement now manifested by belief that he is to be injured by enemies & is in constant fear, hiding in house for days at a time. Not disposed to injure others: Not suicidal, filthy or destructive: No knowledge concerning previous peculiarities, severe diseases or injury to head. Has been confined & received treatment at Hospital, as above stated.

On personal examination talks in a hesitating way of fear of shooting & other means of destruction - Cries easily.

July 23 On admission put upon 3rd E Q.H.N. Rpt. Complexion light: hair black: eyes brown: condition of skin good: Scar on left wrist & several small scratches on both hands. Is clean, behavior good.

Rec'd on ward: very much frightened - thought someone was going to kill him.

24 Temp. 99° P. 60 R. 20. Put upon Peptonoids. Slept 6 hrs. last night. July 25 Temp. 98° Pr. Resp. 18. Is more quiet: Eats well: Behavior good: Neat & clean in dress & habits:

26 Bowels constipated: Given dose salts: Remains quiet & well-behaved. Slept 7 hrs.

27 No change: Talks rationally: No delusions noticeable now: Slept 4 hrs.

28 No change: Sleeps well: Works on ward. Aug 2 There has been no change in patient either mentally or physically during past week: Sleeps & eats well. Behavior good: Bowels regular: Works in L.D.R.

Summary Notes by Dr Phelps. Wt. 157# Rather depressed in manner: cries a good deal: Thinks he is about to be killed at times; changes very little.

Oct 4 Seems slightly better physically: Still rather depressed: Works in dining room. Jan 31'98 Still rather despondent altho in a quiet unobtrusive way. July 31'98 Patient quiet & well-behaved: Still inclined to be rather despondent altho does not talk about it much unless asked.

Aug 1'98 Seems to be losing his despondency: Seems more cheerful; looks brighter & goes out doors. Jan 31'99 Helps with work. Is however much more cheerful. Wt. 174# Rather anxious to go home.

Feb 1- July 1'99. (Dr Warnock) Feb 6. Wt. 179. Works in dining room. May 31 Trans. to A, June 1st. Allowed to go to town with expressman Anderson. Appears anxious to go home - Sent out on trial on July 1st.

Discharged

Personal and Medical History of

Personal and Medical History of Joseph Watson

Whole No. 4825
Residence, St. Paul, Minn.
Date Admission, July 23rd 1897.
Admitted by Dr. H.H. Herzog hour, 6:45 PM.
How Sent, P. Willrich J. of P. Ramsey Co.
Sex, Male. Age, 36.
Civil Condition, Single.
Children, none.
Age Youngest Child, —
Occupation, Printer by trade
Degree Education, Common school.
Profession, Religion, Presbyterian
Habits, Not intemperate.
~~Nationality~~ Nativity, North Ireland - Came to also from there. Became resident of State & Co. about 6 yrs. ago.
Physicians Committing, Dr. G.F. Bonney + Waldor Owen.
Correspondents, —

No. of Years, 358.
Insane Relatives, None.
Cause Exciting, not stated
Cause Predisposing, "
Form, dementia paretica
Accompanying Bodily Disorder, None mentioned
Suicidal or not, not attempted. Threatens it.
Date of this Attack, 8 mo. ago.
Duration, about 8 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 36.
Time of Leaving, July 27 — 1901
Time in Hospital, 4 Yrs — mo 4 Ds
Result, Died: Insolation

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. Date of July 24 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused + sluggish.
MEMORY, Past Events, Impaired
Recent Events, Much impaired Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Seems correct.
REASONING POWER, Ordinary Subjects, Poor
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - Slightly Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation, somewhat reticent + incoherent
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Says had Syphilis 3 yrs. ago - Gives a fairly good history of initial sclerosis + secondary eruption.
HABITS, Drinking and Smoking, At one time drank & excess but not for past two months.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

In taking up the fourth lecture of our course we enter upon a subject which is practically as important to every one of us as almost any that we consider.

Handwriting of Joseph Watson July 24/97. No words are omitted except the word "shall" between the two last words

Joseph Watson

HARACTERISTICS.

USUAL WEIGHT, NUTRITION, Fairly good.
deformed from scar of a burn. Lower jaw small - teeth crowded.
irly prompt.
ft slightly smaller - Size contracted. Respond to light + accom
do. Stands on one foot with difficulty ~~Grasp~~, turning quickly some impairment - unsteadiness when attempting to touch nose. That of Lego most noticed on turning. Fine of tongue - slight about mouth - none general.
Other Reflexes, All deep reflexes exaggerated.
xcitating.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient's appearance suggests General paresis. The face is cut in several places where he tried to shave himself - Is untidy about clothing. His articulation + gait are very suggestive. The handwriting does not show much impairment as yet. The inequality of pupils is very slight. The exalted feeling is shown in mild boasting as to his brightness in school, excellence at his trade, schemes of going into business. On the other hand he realizes his confusion of mind + is somewhat depressed by it. He has done no work for a year.

Personal and Medical H

Whole No. 4825

Residence, St. Paul, Minn

Date Admission, July 23rd 1

Admitted by Dr. H.H. Herzog

How Sent, G. Willrich J. of P. C

Sex, Male. Age, 36.

Civil Condition, Single.

Children, none.

Age Youngest Child, —

Occupation, Printer by trade

Degree Education, Common school.

Profession, Religion, Presbyterian

Habits, Not intemperate.

~~Nationality~~ Nativity, North Ireland - Parents also born there. Became resident of State & Co. about 6 yrs. ago.

Physicians Committing, Dr. C. F. Bonney & Waldor Bros.

Correspondents, —

Paretic

...lying Bodily Disorder, None mentioned.

Suicidal or not, Not attempted. Threatens it.

Date of this Attack, 8 mo. ago.

Duration, About 8 mo.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 36.

Time of Leaving, July 27 — 1901

Time in Hospital, 4 Yrs — mos 4 Ds

Result, Died: Insolation

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. *Date of* July 24 '01.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Impaired

Recent Events, Much impaired Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Seems correct.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - Slightly Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation somewhat reticent & incoherent

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Says had Syphilis 3 yrs. ago - Gives a fairly good history of initial sclerosis & secondary eruption.

HABITS, Drinking and Smoking, At one time drank to excess but not for past two months.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

...al and Medical History of Joseph Watson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 164 USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Left lower eyelid deformed from scar of a burn. Lower jaw small - Teeth crowded.

TONGUE, Coatings or Promptness of Movement, Clean - fairly prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Left slightly smaller - Size contracted. Respond to light & accom

SIGHT, ?

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms Some impairment. Finger to nose difficult with Legs, do. Stands on one foot with difficulty ~~Grasp~~, Turning quickly some impairment - Incoordination of arms more marked in the ordinary movements than when attempting to touch nose. That of legs most noted on turning quickly

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - fine of tongue - slight about mouth - none general.

PATELLAR REFLEX, P. equal. Other Reflexes, All deep reflexes exaggerated.

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No Murmurs noted. Sounds fairly good.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Breath sounds good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patients appearance suggests General paresis. The face is cut in several places where he tried to shave himself - So untidy about clothing. His articulation & gait are very suggestive. The handwriting does not show much impairment as yet. The inequality of pupils is very slight. The exalted feeling is shown in mild boasting as to his brightness in school, excellence at his trade, schemes of going into business. On the other hand he realizes his confusion of mind & is somewhat depressed by it. He has done no work for a year.

Personal and Medical History of Joseph Watson

1897

This patient was brought here by Sheriff's deputy F. W. Bott in fair physical condition with the following history:- No knowledge concerning consanguinity. First symptoms of attack manifested 8 mo. ago by abstraction, preoccupation talking to himself, brooding over loss of work etc. Derangement now manifested by preoccupation. speaks deliberately often remaining quiet following question. Does not concentrate his mind on anything. Talks to himself: Does no work: wanders aimlessly about. Is untidy but not filthy or destructive in habits: No previous peculiarities noted. No history of intemperance in parents - patient drank to excess - Has not been confined or restrained, has received no treatment. On personal examination no further particulars noted.

July 25 On admission put upon B3 E (T.W.H. Rpt. Complexion light: hair brown eyes blue: Condition of skin good: Tattoo mark on third finger of left hand + one on right hand near thumb. Large scar on left cheek: Is clean: Behavior good)

July 25 Very much confused: Talks in a very irrational manner: Slept none during night:
26 Temp. 99⁴ P. 104 R. 20. Still confused. Speaks in a slow drawling voice: Slept 5 hrs.
or 27 Somewhat unsteady on his feet: Still confused + irrational: July 26 Put upon blue ointment treatment: July 27 No change in behavior or condition:
31 At times wanders aimlessly about on ward: Does not seem to know where he is: Talks about going home: Thinks he is well mentally + physically.

Aug 4 Does no work: Is fairly neat in habits + dress:
Summary notes by Dr Phelps. Sept 1 Wt. 161# Rather dull + pastic in appearance: rather inactive, memory very poor. At times very confused.

Jan 1'98 Wt 172#. In addition to above symptoms, at times very stubborn
No special change. July 2 Wt. 178# Still very dull confused + sluggish
1899 rather more pastic in appearance Jan 1 '99 Remarkably little
Jany 1 progress in symptoms: Still dull + inactive Feb 1 to July 31 '99 (Dr Watson)
Feby
to July 31 Wt. 184. So stubborn + irritable at times No change in general condition
Aug 1 to Physical health good. Aug 1 Wt 166#. Aug 31 Is stubborn + irritable: quite demented: ap-
Nov 30 petite fair: bowels regular. Nov 30. No change specially noticeable. May 1 1900 Wt 193# July 27 Was
1900 May 1 transferred to Detached Ward. July 27. Vaccinated successfully. July 31. Patient is indolent and
July 31 to Stupid. Always quiet. Aug 1. 183½#. Sept 10. Transferred to D². Sept 13. Transferred to D².—
1901 June 31 Dementia more pronounced: does no work: is very inactive + filthy in habits: irrational
in conversation - Deluded. Febr. 18⁴#. July 27 No change up to the present time.
July 27 Bronchitis in a condition of prostration. Transferred to T.W. (apparently overcome
28 by heat). T. 105 4/10. Given cold bath, enema + stimulants - July 28. T (R. Axe) 101 4/10
P 100. R 32. Mag. sulph 10z: seems to be improving: given cold plunge for 5 minutes.
28/30 T 102. P 96. Cold plunge repeated. July 26. T 100 7/10 P 100.. Patient is failing: given
29 stimulants - July 29 - Steadily failed and Died at 2 PM

Died

Personal and Medical History of

Personal and Medical History of John Griffin

Whole No. 4826

Residence, Belle Plaine, Minn.

Date Admission, July 27th 1897.

Admitted by Dr. le B. Eby - hour, 3:00 PM

How Sent, W.A. Eggleston Jr. opp. Steele Co.

Sex, male Age, 26

Civil Condition, Single

Children, -

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Can read & write.

Profession, Religion, Don't Know.

Habits, Unknown.

Nativity, Nationality, Scott Co. Minn - (Father Minn - Mother unknown)
Became resident of State at birth - Operated by Jno. W. Gaulin

Physicians Committing, J. Johnson - B.M.H.

Correspondents,

When discharged notify Sheriff Sanicard. Waupun Mar 3/9/00 prcc

No. of Years, 35y.

Insane Relatives, Unknown.

Cause Exciting, Unknown.

Cause Predisposing, "

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Unknown.

Date of this Attack, at least 8 or 10 months ago.

Duration, 8 or 10 months.

No. of Attack, ~~Has~~ had many.

No. of Admission, Probably 1st.

Age First Attack, 26.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. W. Phelps Date of 8/23/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, ?

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive, Poor.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects, "

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent

DELUSIONS, Systematized, Transitory, Special Subjects,
Won't tell delusions. Mumbles to self.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Living Can't get much information

Paternal Relatives,

Mother, Living

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

?

HABITS, Drinking and Smoking, ?

HEADACHES, VERTIGO, OR CONVULSIONS, Denies

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

?

Sleep, Appetite, and Bowels,

Personal and Medical History of John Griffin

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 9 PRESENT WEIGHT, 131 USUAL WEIGHT, NUTRITION, Normal.

WOUNDS, Abnormalities and condition of Skin, Normal. Condition of skin good.

TONGUE, Coatings or Promptness of Movement, Normal.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.

SIGHT, Normal.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, "Normal"

COORDINATION, Arms, Normal Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Can't get much information from him. He mumbles along to himself. Mumbles half intelligible answers to questions. Health seems good. No signs of acute trouble. Appears as if a chronic case. Appears about 30 yrs. old.

Personal and Medical History of John Griffin.

1897.

This patient was brought here by Sheriff Barnard, in good physical condition with the following history: No history of consanguinity known: First symptoms of attack manifested eight or ten months ago: Disease appears increasing: Is not variable, no rational intervals: Derangement now manifested by letter-writing with rambling, incoherent talk on no particular subject: Patient not disposed to injure others, is filthy but not destructive habits: No previous peculiarities noted: No knowledge concerning intemperance in parents or self, or concerning severe disease or injury to head. Has not been confined or restrained: Has received no treatment so far as ascertained. On personal examination is dull & listless in expression: Skin clammy & dirty: Pulse 92: Respiration 22.

On admission put upon B3E (Gen. Rpt. Complexion dark: Hair black: Eyes brown: Condition of skin not very good: Part of right foot off: Eruption on back: Is clean: Behavior good.)

Note on warrant. Has been in jail for about a month on charge of grand larceny. Sheriff Barnard wishes to be notified if he recovers sufficiently to be discharged.

July 27 Summary Unless 14 day record. Temp. 102° P. 94 R 22. Refused bath or to bed: Force required to get him to do so: July 28 Talks incoherently & stammers very much: Seems confused & very irrational. Temp. 101 - 100°. Pulse 90-92. R 20. July 29 Talks of nothing but going home: Is incoherent. Temp. 100° - 101° P. 86-100 Resp. 20-22.
30 Says he feels good, tho he has a slight rise of temperature: Habits are fairly clean:
31 Somewhat restless during night: sitting up on edge of bed greater part of night.
Aug 1 Continues confused & irrational: Does no work: Slept 7 hrs: Aug 2 No improvement mentally: Appetite has improved somewhat: Aug 3 Remains same from day to day: Has tried repeatedly to escape. Aug 4 Is very troublesome of late: Wanders about aimlessly on ward continually in way of others. Aug 5 Refuses to do as he is told & has to be forced to go to meals, to bed, etc. Aug 6 Appetite good: bowels regular: Refuses to do any work. Aug 8 No improvement mentally since admission.

Summary notes by Dr Phelps Oct 7 Wt. 142# Patient has tried to elope at times: Is confused: Seldom talks: Walks about aimlessly on ward: Is quite stupid. Dec 18 Has refused food, transferred to Infirmary. Dec 21 Trans. to B3. Jan 26 '98. Has been refusing food again: Trans. to Infirmary.
Jan 31. Eats pretty well while on Infirmary. Feb 1 Wt. 117# 15 Up on ward.
July 27. Wt 144# Does not change very much. Jan. 28 '99. Intervening notes show no change. Feb 1 - July 31 '99. Dr Winters. Wt. 147. Pulse 82. Is demented: untidy: Does not talk at all. Bowels regular: Inclined to be melancholy Aug 1 - Jan 31 1900 (Dr. Chapple)
1900 -Jan 30 - Aug 1. Wt. 138# Dementia has increased somewhat. Does not talk nor answer
Jan 31 questions. Very inactive: Habits very untidy. Physical health fairly good.

Personal and Medical History of John Griffin

1900

Jan 31 1900. Trans. to Annex. Feb 1 1900 Wt 133#. Pulse 66. March 1. Last day's temperature showed variations
Apl 30 to 100 2/5. Apl 30. No change noted: very demented: filthy: inactive: will scarcely talk at all.
May 1 appetite & sleep good. May 1. 131 1/2 lbs. July 20. Vaccinated. July 22. Transferred to Infirmary Ward.
July 31 Physical condition rather poor: is very thin in flesh. Is very demented; filthy in habits: does not seem
Aug 1 to understand what is said to him. Aug. 105#. Pulse 76. Sept 1. Transferred to D3. Sept 11. To D1 -
Sept 13 Transferred to D2. Jan 26/1901 Received blow on nose, from unknown source, cutting it, se-
1901 verely, and breaking the bone; Same dressed: healed promptly. Jan 31. Little change, mentally.
Feb 1 Physical condition somewhat improved: has ulcer on leg, which has been dressed frequently.
May 1 Wt 129#. Chronic ulcer on ankle dressed frequently. May 1 Wt 129#. Aug. 140#. Nov. 1. 149#.
July 31 Physical condition has improved of late, but no change mentally. Is extremely demented
and indolent: Scarcely understands what is said to him. Appears afraid of everything - Is fairly tidy -
Jan 2/03. (Dr. Chapple) Is D.W. - Has been failing gradually (Is tubercular)
" 31/03 Patient has been failing rapidly with pulmonary Tuberculosis; is quite
emaciated and feeble; lies quietly in bed; is extremely demented.

Personal and Medical History of Charles Strong.

Whole No. 4878
Residence, St. Paul, Minn.
Date Admission, July 28th 1897.
Admitted by Dr. H. H. Herzog. hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, — (says 64)
Civil Condition, married
Children, three.
Age Youngest Child,
Occupation, Bookbinder.
Degree Education, Common school.
Profession, Religion, not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Mass. Parents England.
Physicians Committing, Chas. E. Lee & J. Ohage.
Correspondents,

No. of Years, 361
Insane Relatives, None.
Cause Exciting, Financial loss.
Cause Predisposing,
Form, Dementia senilis.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About one year ago.
Duration, About one year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, —
Time of Leaving, Nov. 20 1897
Time in Hospital, 3 mos. 23 ds.
Result, Discharged May 4. 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 8/27/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused in some ways.
MEMORY, Past Events, Poor on some things.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect at times.
REASONING POWER, Ordinary Subjects, Not very good.
Special Subjects, Poor
Own Mental State, Poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Systematized, about electricity.
HALLUCINATIONS, Electricity
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Grandmother at 90 - Died 82 - Didn't think senile failure.
Paternal Relatives,
Mother, Died - Childbirth 33
Maternal Relatives,
Brothers and Sisters, 5 half brothers. One child of his own.
PROMINENT DISEASES (especially Typhoid Fever, at twelve Sunstroke, Head Injuries, and Surgical Operations),
Fever - ague.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, at times slight
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Appetite good. Sleep poor.

Personal and Medical History of Charles Strong.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 3/4 PRESENT WEIGHT, 116 USUAL WEIGHT, — NUTRITION, Fair for age.
WOUNDS, Abnormalities and condition of Skin, None - Skin normal.
TONGUE, Coatings or Promptness of Movement, Fair.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light.
SIGHT, Impaired by age
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, About normal.
HEARING, Fair.
COORDINATION, Arms, Gross impairment partly, ~~Legs,~~ — Maimers of age. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands - Not marked.
PATELLAR REFLEX, 8-9. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fair.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs - Sounds fair. Regular
ARTERIES,
Probably some atheroma
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Rather old man - Paranoiac in form. Quiet - pleasant. Answers readily but some loss of memory, Weakened judgment & fixed delusions & hallucinations about electric currents.

Personal and Medical History of Charles Strong.

1897

This patient was brought here by Sheriffs deputy P.J. Meisen in fair physical condition with the following history- No history of consanguinity or heredity: First symptoms of attack manifested about a year ago. thought he was persecuted by Electricians: Disease appears increasing: Is variable, no rational intervals: Derangment now manifested by different delusions. Patient not disposed to injure others: Is slightly filthy & destructive in habits: No previous peculiarities noted: No history of intemperance in parents or self: No severe disease or injury to head but was once overcome by heat: Has not been confined or restrained & has received no treatment so far as known.

On personal examination is rambling & incoherent in speech & full of delusions.

July 28 On admission put upon B[3] E (4th Rpt) Complexion dark: hair slightly gray: Eyes blue: Condition of skin good. Small scar above right knee: Is clean: (behavior good.)

" 28 Summary Nurses Notes (14 days) Paid on ward. Talks very irrationally: Slept 5 hrs. Temp. 100[5] P. 118 R 28. July 29 T. 99[2] P. 90 R 22. Very angry at being brought here. Has many delusions: Talks about "electric current" passing thro his body. also thinks things are crawling over his legs. July 31 Walks floor & talks to himself continually. Aug 1 Seems somewhat feeble: Hard for him to keep up with crowd when out. Aug 2 Continues to talk & mutter to himself: Seems very restless: wanders about on ward. Aug 3 No improvement mentally since admission. Temp. Resp. & Pulse normal: Appetite good: Bowels regular: Sleeps fairly well. Aug 4 Remains same from day to day: Habits & dress very tidy: Visited by friends & relatives

Aug 5 Seems more contented than formerly. Aug 6 Rests well nights: Appetite good: Bowels regular: Aug 8 Has been pleasant & seemed more contented since visit of friends: Seems to be improving mentally:

" 10 Very noisy talks BM. Talking to himself: seems much agitated over some delusion

" 24 Patient seems cheerful & contented: Is very restless when indoors: Still has many delusions & talks to himself a great deal. Wife has been visiting him for several days past. Grams to Cr. Sept 1 Pulse 86 Wt. 110[lbs] Sept 30 Patient seems much more mentally: Is very noisy at times: Complains some of being charged with electricity.

Oct 30 Patient still has delusions- No change in condition.

Nov 1 Talks to himself a great deal: Appetite fair: Bowels regular: Sleep usually much broken. Goes out walking daily. Wt. 110 P. 96. Nov. 20 Of late Patient dresses & walks floor at night. Says he cannot sleep. Went home today

Discharged.

Personal and Medical History of

Personal and Medical History of Timothy Crowley

Whole No. 4830

Residence, Monroe Co. Minn.

Date Admission, July 29th 1897.

Admitted by Dr. R. M. Phelps. hour, 7.15 P.M.

How Sent, A. A. Washburn Jopt. Monroe Co.

Sex, male Age, about 70 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, none.

Degree Education, none.

Profession, Religion, Catholic.

Habits, not intemperate.

Nativity ~~Nationality~~, Ireland (Parents also born there) Became resident of State in 1894

Physicians Committing, T. C. Degnean & A. A. Washburn

Correspondents, Edward Crowley, Notary Public Lacrosse Wis
Mr. Crowley Tobacconist &c Austin Minn

No. of Years, 363.

Insane Relatives, None.

Cause Exciting, —

Cause Predisposing, Congenital. Chronic

Form, indefinite

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 10 days ago.

Duration, about 10 days.

No. of Attack, ~~Has had 6 days.~~ Considerable intervals

No. of Admission, 2nd

Age First Attack, probably childhood

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. M. Phelps. Date of 7/29/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick but vague & confused.

MEMORY, Past Events, Not very much impaired. Weak always probably.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.

REASONING POWER, Ordinary Subjects, Weak

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,
No delusions but much wandering talk

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably Congenital

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denies - account not reliable.

Father, ? Dead.

Paternal Relatives,

Mother, Dead.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies being sick - Can't get any very accurate history from him.

HABITS, Drinking and Smoking, Not for a long time.

HEADACHES, VERTIGO, OR CONVULSIONS, occasionally.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Timothy Crowley,

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ PRESENT WEIGHT, 115 USUAL WEIGHT, — NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, Skin normal for age.

TONGUE, Coatings or Promptness of Movement, Normal.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.

SIGHT, Uses glasses.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Seem fairly normal.

HEARING, Slight impairment

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal tho. somewhat jerky.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Timothy Cronon.

1897

This patient was brought here by Sheriffs deputy H. Johnson in fair physical condition, with the following history:- No history of consanguinity, hereditary or intemperance in parents or self. Has had numerous attacks of disease of two or three months duration & was confined in this (Rochester) hospital from May 10 '95 to July 13 '96 (for further particulars see Vol 31 Pg 65 No. 4097) First symptoms of present attack were manifested about ten days ago by wandering away from home: Disease appears increasing & variable, no rational intervals: Derangement now manifested by being weak-minded & childish, wanders about & is irritable. Patient not disposed to injure others: Not suicidal, filthy or destructive in habits: Has always been weak-minded: Has been confined & received treatment at hospital as above stated. No further particulars noted on personal examination- Commitment recommended as he wanders about & is exposed to want of food, shelter & to accidents.

July 29 On admission put upon B3 C (GH & H Rpt. Complexion dark: hair gray: Condition of skin good: Vaccination scars: Is clean: behavior good)
Summary Nurses 14 Day Record Reid on ward. Talked rationally & answers all questions willingly: July 30 Slept very well during night: Seemingly had no delusions: Says folks were not kind to him at home & he came here of his own accord.
Aug 1 Very quiet & good-natured on ward. Converses with other patients & seems sociable & quite rational: Habits neat & tidy. Aug 5 Seems to have improved physically - is probably as bright mentally as he ever has been. Does some work on ward. Is very willing to help.
7 Began working in kitchen today. Aug 10 No change from day to day: Is quiet & well-behaved & tidy in dress. Appetite good. Bowels regular.
Summary notes by Dr. Phelps. Oct 31 Maintains about the same quiet rather feeble-minded mental condition as during previous stay.
Jan 31. Patient has shown no change of any kind during intervening time. Has been working in kitchen a good deal of time.
Feb 1 - July 31 '99. (Dr. Warnock) Patient works in kitchen: No change in condition either mentally or physically. Augs Out Camping at Oronoco. Sept 1st Returned from Camp.
Sep 30 Quiet & well-behaved: Physical condition good: Has parole. Neat & cleanly in habits. Is given to a
Oct 1 good deal of "simple talk". Oct 1. Wt 130#. Patient works in kitchen: has been troubled a good deal with
1900 a sore thumb. Jany 31/1900. Keeps about same all the time: Health seems good: works in kitchen
July 31 Wt 131#. Mental & physical condition show no change from previous reports. Patient has smok-
July 1 ed to excess. Visited by brother. Aug 30. Is neat & clean in habits: is somewhat peculiar in his manner.
" 30 Easily irritated: works in kitchen: Has parole. Nov 1 120#. Physical health fairly good-
Aug 30 No change noted in case: has parole: Still works in kitchen: habits neat & clean -
1901 Jany 31 Wt 127#. Is neat & clean. May 31. No change: Is quiet: has parole: helps some
July 1 with work in kitchen. July 31. No change to report in any way. Helps around
May 31 somewhat discontented here - Thinks his brothers should take him out -
July 31

Personal and Medical History of Timothy Cronon

1901

Augt 1 Wt 148#. Nov 30. No change noticeable in any way: Jany 31/02. Health uniformly good:
1902 Quite feeble-minded; (probably somewhat imbecile): very childish: works some: Has parole:
Jany 31 Condition unchanged during year. Is quite imbecilic in
1903 manner. Is somewhat silly and of poor judgment. Physical
Jan. 31 health is quite good.

Personal and Medical History of Joseph Dmutney.

Whole No. 4831
Residence, St Paul, Minn.
Date Admission, July 29th 1897.
Admitted by Dr. A. M. Phelps hour, 7th P.M.
How Sent, J. Merrick J. of P. Ramsey Co.
Sex, male Age, 57
Civil Condition, Married.
Children, - 2 -
Age Youngest Child, -
Occupation, Tailor.
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
Nativity, Nationality, Bohemia (Parents also born there) Became resident of State & Co. in 1873.
Physicians Committing, Robt. S. Bole & J. B. Darling.
Correspondents,

No. of Years, 364
Insane Relatives, Unknown
Cause Exciting,
Cause Predisposing,
Form, Dementia paralytica
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4 wks. ago.
Duration, 4 weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 57
Time of Leaving, Sept. 23. 1897.
Time in Hospital, 55 da.
Result, Died. - General Paresis

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Dmutney.

Mrs. J. Dmutney.
808 Park Av.
St. Paul, Minn.
Jos. Dmutney.

RISTICS.

EIGHT, NUTRITION,

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Joseph Dmutney

Whole No. 4831
Residence, St. Paul, Minn.
Date Admission, July 29th 1897.
Admitted by Dr. A. M. Phelps hour, 7th P.M.
How Sent, J. Willrich J. of P. Ramsey Co.
Sex, male Age, 57
Civil Condition, Married.
Children, - 2 -
Age Youngest Child, -
Occupation, Tailor.
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
Nationality, ~~Nativity~~ Bohemia (Parents also born there) Became resident of state Dec. in 1893.
Physicians Committing, Chas. S. Bell & J. B. Darling.
Correspondents,

No. of Years, 364
Insane Relatives, Unknown
Cause Exciting,
Cause Predisposing,
Form, Dementia frontis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4 Wks. ago.
Duration, 4 Weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 57
Time of Leaving, Sept. 23. 1897.
Time in Hospital, 55 da.
Result, Died - General Paresis

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Dmutney

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 118 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Joseph Dmutney.

1897

This patient was brought here by Sheriffs deputy Pf Mucen in fair physical condition, with the following history: No knowledge concerning consanguinity, heredity or intemperance in parents or self: First symptoms of disease manifested four weeks ago, became violent & excitable: Disease appears increasing: So variable with irregular, rational intervals: Derangement now manifested upon all subjects & especially concerning his wife: Not disposed to injure others: Not suicidal, filthy or destructive in habits: No information concerning previous peculiarities: No severe disease or head injury: Has not been confined or restrained & has received no treatment.

July 29 On personal examination is voluble & shows delusions on various subjects. On admission put upon B³ E (Q H & R pt) Complexion dark: hair black: eyes blue: Condition of skin good: Is clean: Behavior good.) Nurses Notes 14 da. record. Answers some questions rationally: Does not know where he is at present. Slept 5 hrs. July 30 Somewhat noisy during day: Converses freely but is very irrational T. 100 - P 84 R 22. Slept 1 hr.

31 Very noisy today. Temp. 100⁸-100 P 84-78 R 22-18 Bowels regular:

Aug. 1 T. 99° P 80 R 20. Slept 2 hrs. Aug 2 Very restless nights. Temp. 101² P 90 R 20.

3 Temp. 100³-100 P. 88-90 R 22-20. Bowels regular: Appetite good.

4 Complains a good deal of pain in stomach. Slept 4 hrs.

6 Complains of rheumatic pains in right leg. extremely noisy during afternoon. Given morphine. Slept one hour. Aug 7 Very noisy & suffering intense pain. Slept 4 hrs. Aug 8 & 9 Very restless: Is quite troublesome throws thing about room & keep it littered up all the time.

10 Is a tailor by trade & offers to do mending. Aug 11 Still somewhat noisy. Very little mental or physical improvement. Slept 1 hour.

12 Quite noisy when talking with anyone: Usually neat in habits & dress: Somewhat troublesome about keeping his room neat. Does a little work: Appetite good: Bowels regular: Seems to have no delusions but memory is very poor: Does not remember where he is at times

Sept 1 Wt. 114 lbs. Pulse 74. Very noisy & troublesome at times.

7 Extremely noisy during day. Sept 7 Very intimate with patient Frank Panick & has been noisy & troublesome since he came on ward. Patient appeared as well as usual when put to bed: Night nurse reports that he was up a couple of times during night- was found dead in bed on morning of 23rd.

Dr. Herzog notes- "Was found lying in natural position - was still warm. Night nurse would not have noticed anything wrong except that it was unusual for him to remain in one position for so long. Coroner Morse decided that no inquest was necessary. Cause of death Apoplectiform attack in general paresis."

Died

Personal and Medical History of

Personal and Medical History of Alfred Packwell

Whole No. 4832

Residence, Brownsdale, Minn.

Date Admission, July 31st 1897.

Admitted by Dr. F. M. Phelps. hour, 3:15 PM

How Sent, D. C. Washburn. J. of P. Mower Co.

Sex, Male. Age, 62.

Civil Condition, Married.

Children, - 14 -

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, none.

Habits, Not intemperate.

~~Nationality~~ Nativity, Nova Scotia - Parents also born there) Became resident of State Yes in 1856.

Physicians Committing, A. W. Allen & Lott Johnson,

Correspondents, Dr. Gray - Brownsdale Minn Gen. physician

No. of Years, 365

Insane Relatives, Mothers family very nervous.

Cause Exciting, Unknown

Cause Predisposing,

Form, melancholia senile.

Accompanying Bodily Disorder, Convulsions.

Suicidal or not, yes. attempted several times by hanging.

Date of this Attack, about 3 wks. ago.

Duration, about 3 weeks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 62

Time of Leaving, Oct. 4. 1897

Time in Hospital, 2 mo. 4d.

Result, Discharged Dec. 9. 1898 Unimproved.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Alfred Packwell.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 PRESENT WEIGHT, 138½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Alfred Rockwell.

1897

This patient was brought here by Sheriffs Deputy D.M. Duffroom attended by sons, in fair physical conditions with the following history:- No history of Consanguinity or heredity but mother's family very nervous: First symptoms of attack manifested about 3 wks ago, is insane on all subjects also violent: disease appears increasing: Not variable, with no rational intervals: Derangement now manifested by delusion that the well is poisoned, that all his family have been poisoned & that he is to be confined in a cell: Has chased daughter with a knife & attempted to hang himself several times: Not filthy or destructive in habits: No previous peculiarities: No history of intemperance in parents or self. Has had convulsions almost daily for past 3 weeks: Has not been confined except at home & has received no treatment but sedatives, with no effect. On personal examination seems irrational. General symptoms indicate General paresis.

July 31 On Admission put upon 3rd & Transferred to Infirmary G&H Apt. Complexion light: hair gray: eyes blue: Condition of skin good: Several scratches on face & arms & scar from ax cut on large toe of left foot: Several bruises on arms & face: Is clean: Right shoulder more prominent than left: Behavior restless.

31 Nurses Notes - Imm. 14 day Record. Trans. to Infirmary ward: Refused supper: Complains of pain in head: respiration somewhat labored: wants to go home: Physical condition appears fair: Says he has not been sick: Temp. 100°-99.4 P. 80-88 R. 22-28. Aug 1 Temp. 99.4-99.2. Quieted down & slept 6 hrs. This morning is still restless & badly confused. Talks irrationally & incoherently Aug 2 Restless & out of bed most of day. Appears to be worrying about something. Aug 3 Restless all day & out of bed: wonders what they are going to do with him. Slept 5 hrs. Aug 4 Complains of pain in head. Says he thinks someone is going to take him away: Out of bed often.

Aug 5 Visited by daughter this forenoon: Knew her & talked rationally to her: Is afraid of being killed. Restless all day. Aug 6 Restless & out of bed often: Worries about having to pay for staying here. Appetite fairly good.

7 Slept well last night. Physical condition fair. Aug 8 Not so restless & nervous today: Talks more rationally: Bowels constipated. Aug 9 Very quiet today. Given single room on B hall. Says he feels better.

10 Thinks friends are all dead & seems in constant fear of something: Has to be coaxed to take medicine. Aug 11 No change. Aug 12 Up this afternoon: Very quite & not so restless: Talks a little irrationally: Appetite good.

13 Appetite fairly good. Bowels inclined to be constipated: Does not talk much but will answer questions, hesitatingly. Very suspicious & has delusions of persecutions: Knows he is to be killed &c.

20 Patient badly confused: Enema given - Aug 25 No change in patient.

Personal and Medical History of Alfred Rockwell.

Aug 28 Visited by daughter: Sept 2 Put to bed: Still badly confused & eats very poorly. Wt. 115½ lbs. Sept 4 Very restless & out of bed often: Noisy one hour.

5 Fairly quiet. Refused supper: Slept 4 hrs. during night. Sept 6 Badly confused today: Refuses anything to eat: Sept 7 Very restless: fed with tube Temp. 100°-99°.

Sept 10 Has been fed daily since last note: Ate dinner today: Sept 14 Has slept some past three nights: Still refuses to eat: put on egg-nog & wine.

16 Seems more confused today - Refuses to urinate: Fed by tube.

20 Visited by son. No change in condition. Sept 24 Out of bed often: Complains of pain in bowels: abdomen swollen: Refuses to eat. Oct 1 Physically emaciated. Badly confused mentally: Very restless & obstinate - Cannot be urged to take solid food. Oct 3 Remains about same: Is growing somewhat weaker: Visited by son & brother. Oct 4 Was taken home today by son & brother. No improvement mentally - Is very stubborn & contrary & resists everything - Does not seem to do so through meanness but appears too confused & disturbed mentally to comprehend what is wanted of him: Has delusions of fear:

Discharged.

Personal and Medical History of Joseph E. Dutton

Whole No. 4836
Residence, State Prison, Stillwater. Minneapolis Minn.
Date Admission, August 9th 1897.
Admitted by Dr. A.M. Phelps hour, 6¼ P.M.
How Sent, C. G. Butts Jap. Wash. Co.
Sex, Male Age, 36
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Machinist.
Degree Education, Common school.
Profession, Religion, Roman Catholic
Habits, Unknown.
Nationality, Ontario Canada (Parents unknown) Became resident of State +Co.
Physicians Committing, ~~~~~~~~~~
Correspondents, ~~~~~~~~~~

No. of Years, 3
Insane Relatives, Unknown.
Cause Exciting,
Cause Predisposing,
Form,
Accompanying Bodily Disorder, Insomnia
Suicidal or not, Not.
Date of this Attack, 8 mo. ago.
Duration, 8 mo.
No. of Attack, 1st
No. of Admission, 1st (Has been in State Prison)
Age First Attack, 36
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* Aug 11 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear + quick.
MEMORY, Past Events, Fairly good.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
About correct.
REASONING POWER, Ordinary Subjects, Fairly good
Special Subjects,
Own Mental State, does not realize.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, Systematized, ~~Transitory~~, Special Subjects, of persecution. Fixed
HALLUCINATIONS, of hearing.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph E. Dutton

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6. PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Somewhat thin
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Prompt. brown coat over dorsum.
PUPILS, Equality, Size, Response to Light, and Accommodation, Left larger. Slightly dilated. Response to light excessive to accomodation
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands quite marked - Slight of tongue, of lips, slight general.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs noted Apex beat impulse forcible - rapid + irregular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest aym. Narrow at apex - Right apex dull + bronchial breathing.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is considerably impaired in health - Digestive tract disordered, quite anaemic. Has delusion that Warden of Prison + others are persecuting him because he is innocent man + these are in a conspiracy against him. By means of a wire running around the world called "Independence" these men are able to control his thoughts. They cause these auditory hallucinations - The words heard are always abusive. The Warden also put filth in his food.

Personal and Medical History of Joseph E. Sutton

1897

This patient was brought here by Sheriff's Deputy Lemon, from State Prison, in fair physical condition, with the following history:- No history concerning consanguinity or heredity known: First symptoms of disease manifested 8 months ago: Disease appears increasing, is variable, with irregular rational intervals: Derangement manifested by delusions of persecution: Is disposed to injure others: Is not suicidal, filthy or destructive: Has always had an irritable temper & showed disposition to fight on small provocation. No severe disease or injury to head known: Has been confined to cell at State Prison at various times: Treatment pursued,- restraint when necessary, nerve sedatives & general tonics.

On personal examination physical condition good: Has insomnia.

Aug 9 On admission put upon B3 E (G.S.H. Rpt. Complexion light: hair light brown: Eyes blue: Condition of skin good: Scar on left hand & on left side of neck: Is clean: Behavior good.)

9 Somewhat excited when received but soon quieted down. Talks irrationally.

10 Slept 6 hrs. T.100° P96 R.20. Aug 11 Has many delusions of various kinds: Thinks outriders control minds of patients here.

12 Sleeps well: Bowels regular T.98° P80 R.20. Aug 13 Says there is no such thing as insanity: that it is a political scheme to hypnotize people & get them out of the way. Aug 14 Appetite good: Bowels regular:

15 Argues continually with patients, on various subjects.-

16 Very anxious to get away: Thinks he is alright.

17 Does no work on ward: Habits very tidy: Is somewhat ill-tempered toward some of the patients.- Aug 22 Mentally no change: Has gained in flesh: Appetite good: Bowels regular. Sleeps well.

Summary Noted by Dr Phelps Oct 31'97 Patient seemingly fairly intelligent but becomes rather excited: Has well marked delusions of persecution Jan 31'99 Patient has maintained almost no change during period Is always a little sullen & irritable but most of the time intelligent & fairly well behaved & his irritability rarely goes further than scolding. Feb 1 - July 31'99. (Dr. Chapman) Wt. 133# Does no work: Has delusions of persecution. Says Masonic order is responsible for his incarceration

Aug 1. Says he was kidnapped & brought here.- Aug 1 - Jan 31'900 (Dr. Chapple) Wt. 134#

-do- 1900 No change of importance: Is very deluded: Frequently harangues in regard

Jan 31 to plots against him. Behavior quite good: Habits tidy. Plays games &

Febr 1 reads a good deal: Health good. Feb 1/1900. Wt 140#. May 1. Transferred to C.- was

May 1/2, abusive in Dining-room: refused to eat, for several days. May 4. Transferred to B3 E—

July 17 Vaccinated: result good. July 31. Condition remains about same, from day to day: Health good.

" 31 Never causes any trouble: Spends most of time playing cards, & the like. Does no work. Rather tidy in habits. Has numerous delusions of "persecution": is very stubborn. Gives long harangues on the injustice

Personal and Medical History of Joseph. E. Sutton

1900 cont'd

July 31 done him, and how he is abused by the "Political Machine". Very seldom will answer a question civilly.

Aug 1 Wt 129 Cl. - Jany 31/1901. No change of importance: is very stubborn; never does any work;

1901 Jan 31 "Thinks he is held here for spite, and is a victim of the "Political Machine". Says "he is not subject to the U.S.": Says "has persecuted by Electric batteries, hypnotized &c" Uses very

Feby 1 abusive language at times: is irritable. Feby 1, Wt 134#: May. Wt 137#: Augt 139#: Nov 1 - 164#

1901 Jany 31 Wt 166#. Jany 31. No noticeable changes, except increase in weight. Causes no trouble except on rare occasions, when some one interferes with him, making trinkets &c & playing cards. Refuses to do any work, and "harangues" about the injustice of the laws &c; the "Machine", that sent him here.

" 31/03 Patient has changed very little during the past year. Has had no illness. Does not work. Still sits about making trinkets & playing cards most of his time. Absolutely refuses to work for the state as he says. Talks pleasantly at times; is easily excited when his condition is mentioned. Shuns tracks of Demon of persecution.

Personal and Medical History of Austin M Wheeler

Whole No. 4843

Residence, Winona Co. Minn.

Date Admission, August 13th 1897.

Admitted by Dr. H.W. Herzog hour, 6:45 P.M.

How Sent, H.L. Buck J. of P. Winona Co.

Sex, Male Age, 81

Civil Condition, Widower

Children, 10

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Moderate.

Profession, Religion, None

Habits, Not intemperate.

~~Nationality~~ Nativity, Newyork (Parents born in America)
Became resident of State —

Physicians Committing, W.S. Megaughey & W.D. Engdal.

Correspondents,

No. of Years, 10

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 months ago

Duration, 2 months.

No. of Attack, Not 1st

No. of Admission, 2nd

Age First Attack, About 75

Time of Leaving, Mar. 22. 1898

Time in Hospital, 7 mo. 9 d.

Result, Died Exhaustion in Senile Dementia.

EXAMINATION ON ADMISSION BY DR. Eby *Date of* Aug - 97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, fairly quick.

MEMORY, Past Events, Good

Recent Events, Fair Special Subjects, Apparently good

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather alert - Correct.

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects, Fair

Own Mental State, Impaired.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Some exaltation.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Dead - was a hard drinker.

Paternal Relatives,

Mother, Dead.

Maternal Relatives,

Brothers and Sisters, 3 Sisters

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Good.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Healthy.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Austin M Wheeler.

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, — NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Small - red. no coating - prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Disc dilated. Responds to light & to accomodation Arcus senilis

SIGHT, Impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Arcus senilis

HEARING, Poor.

COORDINATION, Arms, Impaired Legs, Do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands - Fine of tongue - Some of facio-general

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good. Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, Good.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds fair Regular.

ARTERIES,

No Atheroma

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Expansion Fair
Breath sounds normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Oct 23/97 EXAMINATION URINE, Quantity, Sp. g. 1022 Reaction, acid Color and Appearance,

Albumen, none. Sugar,

Casts and Crystals, Small quantity pus.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

When called by name says he doesn't care to be called by that name as his father, a Wheeler was a bad man - Says he has taken the name of Garfield & would like to be called by that name.

1897 Personal and Medical History of Austin Wheeler

This patient was brought here by Sheriff's ~~Deputy~~ Abb. Fuhrmann, in poor physical condition, with the following history:- No information concerning consanguinity. First attack occurred several years ago & patient was confined in this (Rochester) hospital from Oct 31/94 to Mar. 18/95 (for further particulars see Vol 29. Fol. 109 No. 3894) During last three months symptoms have increased & patient has been violent: Disease appears increasing: is variable; no rational intervals: Derangement manifested on all subjects, is visionary & unreasonable: Threatens to injure others: Suicide never attempted tho' patient shows some inclination: Not filthy or destructive in habits: No history of intemperance in parents or self: Received injury of head 8 years ago: Has been confined at & received hospital treatment as stated above.

On personal examination shows great nervous excitement & is talkative has hallucinations: Refuses food.

Aug 13 On admission put upon Infirmary Ward (G.F.H. Rpt) Complexion dark: Hair gray: eyes brown: Condition of skin fair: Large scar on left thumb: Is dirty Legs & feet somewhat swollen)

Summary Nurses Notes. Talks freely but irrationally: Is ill-tempered: Lies fairly quiet in bed: Says he was never sick in his life: Physical condition apparently fair: memory good. Aug 14 Very quiet this morning. Trans. to Br. Slept 4 hrs. Aug 15 Has delusions & talks a great deal: Physical condition fair: Neat in dress & habits. Aug 16 Trans. to A.

17 Very restless & talkative: Wishes to have his own way in everything. Says he is greatest scientist in the world. Aug 18 Has been quiet today: Reads a great deal. Condition unchanged: Aug 19 Appetite good: Behavior unchanged: Has various forms of delusions: Goes walking each day.

28 Appetite seems good: Bowels are regular: Sleeps poorly: Coughs a good deal. Claims to be a hypnotist. Sept 1 Wt. 141 lbs: Sept 8 Cough continues seems worse: Sleeps poorly. Seldom eats any breakfast. On medicine.

Oct 1 Wt. 140. Oct. 13 Patient is looking bad. Appetite growing poor. Coughs greater part of night. Trans. to Infirmary. Oct 14 Is troublesome & exacting; will not lie in bed: Coughs greater part of night.

15 Sits up in chair or in bed most of time - Is growing worse.

20 Coughs & expectorates a good deal. Is very exacting & very talkative

25 Complains of heart trouble: Cough severe: Expectorates great amount of thick yellow mucus. Urine examined by Dr. H. Specific gravity 1022. Reaction acid. no albumen: Small quantity pus. Oct 26 Feet & legs badly swollen: Will not stay in bed: Very obstinate & exacting.

25 Note by Dr. Herzog. Examination feeble. - medicine given - patient rested quite easily Complains of pain when lying down. Slept 2 hrs.

1897 Personal and Medical History of Austin Wheeler.

Oct 27 Coughs greater part of time today. Eats only milk-toast & drinks milk between meals

30 Is growing weaker - rests quite well lying down part 2 days: Swelling in legs not so bad. Visited by Son. Oct 31 Son spent greater part of day with him. Patient still able to walk around but lies in bed most of time. Nov 1 Wt. 135.

Nov 2 ~~100°~~. P.100 R.48. Expectorates large quantities of thick yellowish mucus - quite offensive: Eats very little: Oedema of legs decreasing. Nov 8 Is allowed to dress when he wishes - sits up in room; reads & writes letters - Seems to be growing weaker & is losing flesh.

15 Up greater part of day in room: No change in his condition. Nov 22 Up on ward greater part of time: Cough very severe at times: Seems to be failing slowly. Is pale & emaciated. Dec 1 Wt. 124. Very irritable & self-willed. Has been in bed most of late Dec 14 Has been confined to bed constantly since 9th. Appetite poor.

19 Urine examined - Reaction acid - Sp.gr. 1021. Yellow & Cloudy. No sugar no albumen.

31 Still confined to bed: Cough very severe: Has failed some during month: Looks pale & haggard. Dr Herzog notes - "Heart action & circulation impaired probably accounts for most of the chronic bronchitis - Senility well-marked." January 15 No noticeable change in patient: Lies quietly in bed: Coughs very severely at times: Appetite poor. Has slight rise of temperature occasionally Jan 31 Quite weak & emaciated: Probably has not lost in weight to any extent: Is upon regular & special diet - Eats principally milk toast. Dr. Herzog notes - "Sputum very thick & tenacious, no tubercle bacilli: Micrococcus tetragenous in considerable numbers". Feb 1 Wt. 118 lbs. A gradual decline noticed: Lost about 10th in wt. last month: Rest broken by severe coughing: Eats very little: Bowels costive Feb 10 Ate nothing yesterday or today: Filthy in habits: Feb 19 Does not expectorate so much of late as he is too weak to sit up: Lives principally on milk. Feb 27 Has taken a good deal of nourishment to-day: Small bed-sore appearing on hip. Feb 28 Visited by daughter: Weak & emaciated but still able to walk a little if not carefully watched.

Mch 1 Wt. 107 Quite weak & helpless. Takes but little nourishment. Filthy in habits.

2 Visited by daughter - Coughs but not strong enough to expectorate mucus. Mch 3 Filthy in habits takes but little nourishment. Mch 8 Visited daily by daughter: Is failing gradually, now almost helpless. Habits filthy. Mch 14 Took more nourishment than usual today. Visited daily by daughter. Mch 17 Very weak & unable to help himself at all. Failing gradually. Quite drowsy & stupid. Mch 20 Failed quite rapidly today. Mch 21 Patient has been growing weaker & more emaciated during the month. Today cannot clear throat of mucus. Took some milk and about 2 ⅔ of wine. P.M. Breathes very rapidly. Pulse could not be taken. Continued to sink slowly until 12:45 when he began to fail rapidly - Died at 12:55 - Daughter has visited him daily since 2nd & was present when he died. Dr Herzog notes "Cause of death exhaustion in Senile Dementia".

Died.

Personal and Medical History of John Henry Reitmann

Whole No. 4846

Residence, Redwing Minn.

Date Admission, August 17th 1897.

Admitted by Dr. R. M. Phelps hour, 6.45 Pm

How Sent, Axel Haller J. of P. Goodhue Co

Sex, male Age, 37.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nationality, Indiana - (Parents Germany)
Became resident of State abt. in May 1867

Physicians Committing, C. Jacking & J. V. Anderson.

Correspondents,

No. of Years, 13

Insane Relatives, Maternal Grandfather.

Cause Exciting, Unknown

Cause Predisposing, Unknown

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Sept '91 (?)

Duration, Since Sept-91 (?)

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31

Time of Leaving, Sept. 16. 1898

Time in Hospital, 1 yr. 1 mo 1 da

Result, Died - Valvular Heart Disease.

EXAMINATION ON ADMISSION BY DR. Dr Eby. *Date of* Aug 18'97.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Apparently good.

Recent Events, Good - Special Subjects,

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

REASONING POWER, Ordinary Subjects, Good -

Special Subjects, Good

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
None -

HALLUCINATIONS, None

ILLUSIONS, Says he has "thrombosis" blood vessels filled with mucous

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably congenital

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Says there has been no insanity in family

Paternal Relatives, Father living, easily angered, good health

Mother, living good health.

Maternal Relatives,

4 Brothers and 1 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had several severe attacks of Rheumatism.

HABITS, Drinking and Smoking, Drinks to a slight extent.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Healthy - a railroad man

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep good ap petite good
bowels rather loose.

Personal and Medical History of John Henry Reitmann.

HENRY REITMAN.

E. O. Reitman, Winona, (brother), writes: That when Henry attended school early in life he thinks he stood well in his classes. Remembers only that he has been troubled with nose bleed. At about 18 years of age, when attending Wesley University, Iowa, was taken sick with bleeding at the nose, great weakness, pneumonia, and typhus. Had a relapse from this, but seemed to come out all right finally. His brother, Seth died Sept. 20th, 1896. He had some trouble a little later with his father, and this seems to be the beginning of his mental state. His brother thinks that the father goes through the same shaking of the head and fistic exercise as does Henry himself; says he has seen him a good many times, that they are both of high temper, and thinks that the father has been very harsh with the son, even cruel, and has helped to bring on his present mental state.

ION,

to light vaccom.

or genral.

EMENTS,

[illegible], Strength, Sounds, Size,

Apex Beat, Regularity, Sounds poor. Murmurs - Mitral Regurgitant. Size hypertrophied - Irregular intermittant

ARTERIES,

LUNGS, Chest, Symmetry, Expansion, Good

Breath Sounds, Normal -

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Aside from his heart trouble is in good physical condition. He has some strange ideas as to his health - Says he was always peculiar + eccentric Has had a rather wandering life - Seemed to be unable to stick to anything.

Personal and Medical History of Joh

Whole No. 4846
Residence, Redwing Minn.
Date Admission, August 17th 1897.
Admitted by Dr. R. M. Phelps hour, 6.45 Pm
How Sent, Axel Haller & opt. Goodhue Co
Sex, male Age, 37.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Indiana - (Parents Germany)
Became resident of Goodhue Co. in May 1861
Physicians Committing, S. Jacking & J. V. Anderson.
Correspondents,

No. of Y
Insane Relat
Cause Exciting,
Cause Predisposing
Form,
Accompanying Bodily L
Suicidal or not, N
Date of this Attack, — Sep
Duration, Since Sep
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 31
Time of Leaving, Sept. 16. 1898
Time in Hospital, 1 yr. 1 mos 1 da
Result, Died - Valvular Heart Disease.

EXAMINATION ON ADMISSION BY DR. Dr Eby. *Date of* Aug 18'97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear
MEMORY, Past Events, Apparently good.
Recent Events, Good - Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - Correct.
REASONING POWER, Ordinary Subjects, Good -
Special Subjects, Good
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
None -
HALLUCINATIONS, None
ILLUSIONS, Says he has "thrombosis" blood vessels filled with mucous
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably congenital
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Says there has been no insanity in family
Paternal Relatives, Father living, easily angered good health
Mother, living good health.
Maternal Relatives,
4 Brothers and 1 Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had several severe attacks of Rheumatism.
HABITS, Drinking and Smoking, Drinks to a slight extent.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Healthy - a railroad man
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep good Appetite good
bowels rather loose.

sonal and Medical History of John Henry Reitmann.

PHYSICAL CHARACTERISTICS.

EIGHT, 6ft ½ in. PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Large, coated - prompt movement.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light + accom.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Good - Fingers to nose good with right - slight deviation with left. Legs, Good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Fine of tongue - None of face or general.
PATELLAR REFLEX, Equal - 6 Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal -
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity Sounds poor
Murmurs - Mitral regurgitant.
Size hypertrophied - Irregular + intermittent
ARTERIES,
LUNGS, Chest, Symmetry, Expansion, Good
Breath Sounds, Normal -

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Aside from his heart trouble is in good physical condition. He has some strange ideas as to his health - Says he was always peculiar + eccentric Has had a rather wandering life - Seemed to be unable to stick to anything.

Personal and Medical History of John Henry Reitmann.

1897

This patient was brought here by Sheriff's Deputy R. Gross attended by N. A. Eigenbrod, in fair physical condition:- with the following history:- No history of consanguinity: In september 1891 was examined & was discharged for lack of evidence. The only complaint against him at that time was that he annoyed young ladies by following them & paying too much attention to them. Disease appears increasing: Is variable. Derangement manifested by thinking that drugs have been administered to him. Imagines he is educated more than common, & mind dwells on masturbation: Not disposed to injure others: No disposition to filthy or destructive habits: Patients father says that he was more simple than the other children: No history of intemperance in parents or self: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment.

On personal examination is excitable, talks in a rambling way about examinations he has passed.

Aug 17 On admission put upon B.E. (Gen. Rpt. Complexion dark: hair brown: Eyes blue: Condition of skin fair but dark & rough: Is dirty: behavior good.) Summary Nurses Notes Aug 18 Pulse irregular: Has been very quiet & well-behaved to-day: Has delusions concerning his health: Aug 19 T. 98° P 68 R 17. Appetite good: Bowels regular. Aug 20 Talks some to himself: Is somewhat uneasy. Sleeps well. Aug 21 Does a great deal of work: Helps with bed making & floor-polishing & is very industrious: Talks quite rationally at times: Aug 26 Habits & dress neat & clean: Has improved somewhat physically but mentally remains about same. Pulse very irregular Aug 30 No change of any kind in patient since last note. Summary notes by Dr. Phelps. Oct 30 Patient talks in a fairly rational way with others Is, however rather feeble minded & has at times had an irregular pulse & symptoms of a weak heart. Delusions are not prominent but appearance is silly.

Apr 30 '98 Talks to himself a good deal: Now working in Center. Behaves fairly well altho quite dull & feeble minded. Sept 1 Wt 162 lbs. Has been complaining lately of pain in chest & trouble with breathing; Still does not feel very bad. Sept 8 Did not get up for breakfast. Sept 13 Still in bed more or less: has vomited some & is generally weak. Sept 15 Complains considerably of shortness of breath. Shows quite marked oedema of chest face & abdomen: purplish about lips, breathes very fast. Died at 4:35 P.M. at 4:25 had said that he felt slightly better.

Died.

Personal and Medical History of

Personal and Medical History of Henry M. Coursolle

Whole No. 4847
Residence, White Bear Town, Minn.
Date Admission, August 18th 1897.
Admitted by Dr. R. M. Phelps hour, 6:45 P.M.
How Sent, Henry Gallick Court Com. Ramsey Co.
Sex, male Age, 24
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common School.
Profession, Religion, Yes Catholic.
Habits, Not intemperate.
Nationality, Minnesota (Parents to Minnesota) Because resident of state at birth.
Physicians Committing, W. J. Hawkins + J. A. O'Brien.
Correspondents,

No. of Years, 14
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not but has threatened it.
Date of this Attack, 1891
Duration, Since 1891.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 17 yrs
Time of Leaving, Oct. 9. 1897
Time in Hospital, 1 mo. 21 d.
Result, Discharged Feb. 9. 1898 Improved.

EXAMINATION ON ADMISSION BY DR. L. B. Eby *Date of* Aug 20 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear.
MEMORY, Past Events, Fair
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert + correct.
REASONING POWER, Ordinary Subjects, Good.
Special Subjects, Fair
Own Mental State, Good.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed -
DELUSIONS, Not Systematized, Transitory, Special Subjects,
HALLUCINATIONS, None
ILLUSIONS, "
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Used both to excess
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farming
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Henry M. Coursolle

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. 1/2 in PRESENT WEIGHT, 149½ lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, large but clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to accomodation + slightly to light.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Finger to nose, eyes shut. all right Legs, Standing, eyes shut sways slightly Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands - Slight of tongue.
PATELLAR REFLEX, Equal + Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Good.
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs Sounds strong - Size normal - Regular
ARTERIES,
Expansion good.
B. Bounds Normal
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

He is a tall slight-young man, in fair health. He has masturbated + now is hypochondriacal. Has tried various quack methods of treatment. His insanity is probably developmental - has always been retiring + would leave home if there was company in the house.

Personal and Medical History of Henry M. Coursolle.

1892

This patient was brought here by Sheriff's Deputy J.P. Flandrake, in fair physical condition with the following history:- No history of consanguinity: First symptoms of attack manifested in 1891 by self-abuse: Disease appears increasing: Not variable. Derangement manifested by suicidal mania caused by masturbation: Not disposed to injure others: No filthy or destructive habits: No history concerning previous peculiarities: No history of intemperance in parents or self: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment of late. On personal examination no further particulars noted.

Aug 18 On admission put upon B.3.E (5th U.S. Art) Complexion dark: Hair black: Eyes brown: Condition of skin good: Scar on left thigh & on right hip: Is clean: behavior good: Talks Rationally)

Aug 19 Summary Nurses Notes Is fairly rational but somewhat despondent: Confesses masturbation for a number of years Sleeps well: Bowels regular: Appetite good: Temp. 98° P. 72 R. 18. Aug 21 & 22 No change either mentally or physically Aug 23 Seems quite bright & not so despondent as on admission. Augs Habits neat & clean: dress fairly neat: Bowels regular:

Aug 31 No change of note during past week: Neat in habits & dress: Much brighter than on admission, tho he sits in a despondent attitude at times Talks rationally on most subjects. Sleeps & eats well: Bowels regular.

Sept 1 Wt. 151½ lbs. Pulse 82. Sept 25 On medicine 3x day: Has been more despondent during past two weeks. Seems anxious to go home. Thinks he would get well quicker if allowed to go. Sept. 27 No change: Bowels to be. medicine discontinued Oct 4 Wt. 154 P. 86.

Oct 8 Visited by his Father. Oct 9 Went home today.

Discharged.

Personal and Medical History of

Personal and Medical History of Maurice Doucette

Whole No. 4849

Residence, St. Paul, Minn.

Date Admission, August 19th 1897.

Admitted by Dr. le B Eby. hour, 6.45 P.M.

How Sent, Henry Gallick Sher. Ccoun. Ramsey Co.

Sex, male. Age, - 43 -

Civil Condition, - Single.

Children, -

Age Youngest Child, -

Occupation, Blacksmith.

Degree Education, Cannot read or write.

Profession, Religion, Nyc Catholic.

Habits, Intemperate.

Nativity, Nationality, Canada - (Parents unknown.) Became resident of State 1882 in 1882.

Physicians Committing, J. Bluge & Arthur Swenny.

Correspondents,

No. of Years, 16

Insane Relatives, Unknown.

Cause Exciting, Alcoholism.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, June 8 1897.

Duration, over two months.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 35

Time of Leaving, Feb. 13. 1899

Time in Hospital, 1 yr. 5 m 26 d.

Result, Died - General Paresis.

EXAMINATION ON ADMISSION BY DR. E B Eby - *Date of* —

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, Poor Special Subjects, Poor.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.

REASONING POWER, Ordinary Subjects, Impaired

Special Subjects, Impaired

Own Mental State, Impaired.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent

DELUSIONS, Systematized, Transitory, Special Subjects,
No well marked delusions.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably long.

ONSET, Gradual or Sudden, Probably gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Says he did not drink at all.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Maurice Doucette.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 142½ USUAL WEIGHT, NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, Skin good condition.

TONGUE, Coatings or Promptness of Movement, Large, Coated at base.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal, Size normal. Respond to light sluggishly.

SIGHT, Impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Some slight uncoordination Legs, Standing eyes shut Ataxy some Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands, Coarse of tongue - of facial muscles.

PATELLAR REFLEX, Equal - ? Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow. Somewhat slurred, slightly hesitating & slow

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds fair. Size normal - Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Breath sounds normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

In in fair physical condition. Mental state approaches General Paresis Cannot tell anything reliable about himself or of his family history.

Personal and Medical History of Maurice Doucette

1897

This patient was brought here by Sheriffs deputy P.G. Minus, in fair physical condition, with the following history:- No information concerning consanguinity or heredity: First attack occurred eight years ago & patient was in this hospital from Sept. 17: 1889 until Feb. 22nd 1890 (for further information see Vol. 13 Fol. 15 No 2175.) Duluth Rec. First symptoms of present attack manifested June 8'97 was brought to City Hospital, St. Paul, with dementia & filthy habits: Disease appears stationary: Not variable: no rational intervals: Derangement now manifested by general dementia, answers questions at random: Not disposed to injure others: not suicidal or destructive but is filthy in habits: Patient drank to excess before accession of disease: No information concerning intemperance in parents or concerning severe disease or injury to head: Patient has been confined & received hospital treatment, as above stated. On personal examination expression blank Conversation irrelevant, memory gone, dull.

Aug. 19 On admission put upon B³ E (Pt. U. Ept. Complexion dark: hair dark brown: eyes gray: Condition of skin good: Scratch on left leg: scar on instep: Is clean: Behavior good.)

20 Summary Nurses Notes Temp. 100° P. 90 R. 20. Very irrational this A.M. Seems some what confused: Talks in slow drawling way. Aug 21 Temp. 100° P. 90 R. 19. Remains in room today: Bowels regular: Slept 5 hrs: Appetite good.

22 Very foolish today, laughs in silly way when spoken to: Aug 23-24 No change since last note. Aug 25 Habits fairly clean: dress tidy: Temp. pulse & resp. normal. Sleeps well Aug 26 Does some little work on ward today. Aug 27 Converses with no one unless addressed first.

29 Has gained some physically but no change apparent mentally since admission: Works some on ward: Neat & clean in habits & dress. Summary by Dr Phelps. Oct 31'97 Rather silly, quite thoroughly demented rather inactive: Has drawling way of talking, quite paretic in behavior. Apr 1'98 Wt 140 lbs Changes very little: Thoroughly dull & demented - Oct 22'98 While out for walk had a fainting spell & had to be carried back: Trans. to Infirmary. Oct 27 Lying quietly in bed: No special symptoms except those of gross paresis.

Jan 31'99 Has been for last few days on Infirmary: Lies quietly in bed: Has had trouble with swallowing his food last few days Is thoroughly stupid & paretic Feb 1. July 31'99 (Dr Wanous) Patient stupid helpless & extremities cold. Is weak. Feb 6. Refused nourishment: Is gradually failing. Feb 11 Atrophy of left side noted. ½ Took milk but could not swallow. Vomited dark, fluid streaked with blood. Feb 13 Continued to fail Died at 7 PM.

Died

Personal and Medical History of

Personal and Medical History of John F. Morrison

Whole No. 4850

Residence, Zumbrota, Minn.

Date Admission, Aug. 21st 1897.

Admitted by Dr. C.B. Eby hour, 6:45 P.M.

How Sent, Axel Haller J. of P. Goodhue Co.

Sex, Male. Age, 31

Civil Condition, Married.

Children, none.

Age Youngest Child, –

Occupation, Tinner.

Degree Education, Common school.

Profession, Religion, Methodist.

Habits, Not intemperate.

Nationality, Native Oregon. (Father Scotland, Mother Germany) Became resident of State 40 in 1895.

Physicians Committing, B. Jacking & F.W. Dimmitt

Correspondents,

No. of Years, 17

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not

Date of this Attack, 6 yrs. ago.

Duration, 6 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 25

Time of Leaving, Sept. 23. 1897

Time in Hospital, 1 mo. 2 d.

Result, Discharged Feb. 9. 1898

Much improved

EXAMINATION ON ADMISSION BY DR. C.B. Eby Date of Aug 21'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear.

MEMORY, Past Events, Fair.

Recent Events, Good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Fairly alert, correct.

REASONING POWER, Ordinary Subjects, Good.

Special Subjects, Good

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

None.

HALLUCINATIONS, None.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Killed in an explosion.

Paternal Relatives,

Mother, died while patient was young.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Says did not drink until 2 months ago - since then has been drinking hard.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Healthy.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John F. Morrison.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 6½ PRESENT WEIGHT, 121 USUAL WEIGHT, – NUTRITION, –

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Heavy coating - prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Respond to light & accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, In bed - not tested. Legs, to Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands. tongue - Facial muscles & general.

PATELLAR REFLEX, Not tested. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, Normal.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs. Sounds slightly weakened - Regular.

ARTERIES,

Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Expansion good.

Breath sounds Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

He is in a rather nervous debilitated state - due to drinking. Mental state is apparently clear & rational. Denies having threatened to kill his wife but admits having some trouble concerning treatment of brother-in-law. About three months ago commenced to drink & has been drinking hard, off & on, ever since.

Personal and Medical History of John F. Morrison.

1897

This patient was brought here by Sheriffs deputy P. J. Lundquist, in fair physical condition, with the following history: No history of consanguinity or heredity: First symptoms of attack manifested 6 years ago by an irritable temper & quarrelsome disposition: Disease appears increasing: Is variable with rational intervals: Witnesses state that derangement is manifested by threats to set fire to property & to kill his wife: Is disposed to injure others: Not suicidal, filthy or destructive: No evidence of any previous peculiarities: Patient a hard drinker; parents not known: Has not been confined or restrained & has received no treatment.

On personal examination is very nervous, trembles, & cannot sit still, probably due largely to excess in drinking.

Aug 21 On admission put upon B3 E (6th Ward Rpt.) Complexion dark: Hair & eyes brown: Condition of skin good: Scar on left knee: Is clean: Behavior good: Vomited. (Temp. 102.6)

Summary Nurses Notes. Has alcoholic tremors: vomited: feels very badly.

22 Temp. 100 Pul 96 R. 21 Some better today: Still very weak. Trans. to Infirmary Says he has been on a drunk for about four weeks. Aug. 23 On Strych. 1/40 gr. D.D. with increase of 1/40 gr. daily. Quiet last night when awake: Says he feels better & is not so shaky. Aug 24 Appetite good: Temp. Pulse & Resp. Normal: More restless: Out of bed often. Talks irrationally: Thinks some one is shooting near him. Slept none. Aug 25 Still very restless: Slept 0 hrs.

27 Much Quieter today & talks more intelligently: Slept 6 hrs.

28 Is improving: Quite nervous but remains quietly in bed.

29 Somewhat flighty at times but talks quite intelligently: Temper very agreeable.

30 Seems to be gaining in strength: Sleeps well. Sept 3 Eats well: bowels regular: Sleeps fairly well: Neat & clean in habits & dress:

Sept 4 Trans. to B3 E. Sept. 10 Patient seems to feel very good: When indoors paces nervously up & down hall: is somewhat unsteady, still & voice is also unsteady: Also repeats noticeably in conversation. Appetite good: Bowels regular: Sept. 13 Trans to 6th. Sept 27 Went Home.

Discharged.

Personal and Medical History of

Personal and Medical History of Edward Johnson #3

Whole No. 4851

Residence, Holt Township, Fillmore Co. Minn.

Date Admission, August 23rd 1897

Admitted by Dr. R. W. Phelps hour, 2 oc P.M.

How Sent, E. Farrington J. of P. Fillmore Co.

Sex, male Age, 23.

Civil Condition, Single -

Children, —

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nationality, Fillmore Co. Minn

Physicians Committing, Became resident of State Oct at birth J. A. Phillips & G. A. Love.

Correspondents,

No. of Years, 18

Insane Relatives, One brother committed suicide.

Cause Exciting, Unknown

Cause Predisposing, Chronic.

Form,

Accompanying Bodily Disorder, None Mentioned.

Suicidal or not, Not.

Date of this Attack, One year ago.

Duration, One year

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 18

Time of Leaving, Mar. 11. 1899

Time in Hospital, 1y. 6m. 16d.

Result, Discharged Aug. 9. 1899. Recovered

EXAMINATION ON ADMISSION BY DR. C. B. Fly Date of Aug 23 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slight confusion. Quick

MEMORY, Past Events, Fair

Recent Events, Impaired Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects, Poor.

Own Mental State, Poor

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Not

HALLUCINATIONS, None

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, About a year.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Can't get much history but in his Paternal Relatives, Talk he says that one Mother Brother suicided.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses tobacco to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Has had headaches

OCCUPATION, Healthy or not, Healthy.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Edward Johnson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Skin good.

TONGUE, Coatings or Promptness of Movement, No coating - prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size dilated - Respond to light & accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Legs, Standing on one foot fair - Standing eyes shut. Good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None of hands - Fine of tongue.

PATELLAR REFLEX, Equal b Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good - so far as he talks English.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No Murmurs. Sounds Good. Size normal - Regular

ARTERIES, Good.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical
Expansion fair.
Breath sounds Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is small but very muscular & shows the effect of hard work. His mental state is one of acute mania. So exalted in talk - thinks he is so forceful that four men cannot hold him. So afraid to sleep for fear of someone injuring him.

Personal and Medical History of Edward Johnson #3

1897

This patient was brought here by sheriff's deputy Est. Blexrud, attended by Jorgen Erickson, in fair physical condition, with the following history:- No history of consanguinity: First attack occurred in Dec. 1894 & patient was confined in this (Rochester) hospital from Dec. 6'94 to Nov. 13'95 (for further particulars see Vol. 29, fol. 161, No. 3924.) First symptoms of present attack manifested about one year ago, became very violent at times: Disease appears increasing & variable, with irregular rational intervals: Derangement now manifested by fear that someone is going to kill him: Has threatened but never attempted to injure others: Not suicidal, filthy or destructive: No previous peculiarities noted: No history of intemperance in parents or self: Was kicked by a horse, on head, when a little boy: Has been confined at & received hospital treatment, as stated above: On personal examination has all the appearance of acute mania.

Aug 23 On admission put upon T.W.E (Gds. N. Apt. Complexion dark: hair dark brown: eyes gray: Condition of skin good: Has a few slight scratches & bruises on hands: a scar over right eye: Is clean: Noisy)

Summary Nurses Notes. Very noisy & profane at first but soon went to sleep when put to bed. Aug 24 Very noisy & profane today. Temp. 98.4 P. 72 R. 20.

25 Still noisy & restless: Lives quiet while out on ward: Sent out walking with crowd.

26 Talks very irrationally tho answers questions quite intelligently.

27 Still noisy & restless: Assisted some with ward work.

28 Talks incoherently almost continuously. Bowels irregular: Appetite good.

Sept 1 Wt. 126½ lbs. Sept 5 Very little change from day to day. Very noisy & restless most of time Hot baths given occasionally to quiet patient.

Summary Notes by Dr Phelps. Sept 24 Patient since the 13th has been quite noisy, destructive & maniacal. Oct 26 Still rather maniacal in behavior: uncertain in his actions. Jan 31'98 Wt 133#. Has seemed of late to be improving. Feb 1 Wt 141#. Does not talk now of his delusions: Is quite well-behaved, works in diningroom.

March 14'98. Wans. to B's. Oct. 1 98 Patient has remained quite well behaved for the most part: On parole: Helps at barn a good deal of time. Jan 15'99 Still working at barn: Behavior about as usual.

Feb. - March 11'99. (Dr Wanous) Wt. 141#. Quiet & well-behaved: neat & clean: Appetite good: Works every day with dray man. Feb 26 Complained of pain in hip. Says he fell & hurt it. Remained on ward for a few days. Pain subsided. March 11. Taken home on trial by brother.

Discharged.

Personal and Medical History of

Personal and Medical History of Charles Gibbs

Whole No. 4853
Residence, Inver Grove, Dakota Co. Minn.
Date Admission, August 23rd 1897.
Admitted by Dr. C. B. Eby hour, 6:45 P.M.
How Sent, Thos. C. Moran, J. of P. Dakota Co.
Sex, Male Age, 21 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school
Profession, Religion, Episcopal.
Habits, Used tobacco to excess
Nationality, Native Minn. (Father England, Mother Mass.)
Physicians Committing, A. M. Adsit & G. C. Fitch. (became resident of State of Minn. May 1896)
Correspondents,

No. of Years, 20
Insane Relatives, None
Cause Exciting, "Not known, unless excessive use of tobacco."
Cause Predisposing, Previous Attack
Form,
Accompanying Bodily Disorder, Insomnia
Suicidal or not, Not.
Date of this Attack, about May 15 '97.
Duration, 3-4 months.
No. of Attack, 2nd (1)
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Apr. 26. 1898
Time in Hospital, 8 m. 3 d.
Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Does confusion - quick
MEMORY, Past Events, Appears good
Recent Events, Fair. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Poor.
Own Mental State, Impaired.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted - rather silly.

DELUSIONS, Systematized, Transitory, Special Subjects,
None

HALLUCINATIONS, None
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Several months.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Dead - consumption
Paternal Relatives,
Mother, Living - healthy.
Maternal Relatives,
Brothers and Sisters, all well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses tobacco does not drink.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farming
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles Gibbs

Mrs. Emma M. Gibbs,
Hastings
Minn.
Correspondent for Chas. Gibbs

RISTICS.

VEIGHT, NUTRITION, Good.

ompt movement.
e Normal - Respond to light + accom.

ve feet fair Grasp. Standing eyes shut good.
Tric of tongue.

Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal.
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs. Sounds - good strength - Size normal Regular.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair.
Breath Sounds good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Is in good health, Is a case of mild mania - with destructive tendencies Is fairly rational in his conversation but inclined to wander.

Personal and Medical History of Char[illegible]

Whole No. 4853

Residence, Inver Grove, Dakota Co. Minn.

Date Admission, August 23rd 1897.

Admitted by Dr. C. B. Eby hour, 6th P.M.

How Sent, Thos. P. Moran, J. of P. Dakota Co.

Sex, Male Age, 21 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school

Profession, Religion, Episcopal.

Habits, Used tobacco to excess

~~Nationality~~, Nativity, Minn. (Father England Mother Mass.)

Physicians Committing, A. M. Adsit & J. C. Fitch.

Became resident of State May 1876

Correspondents,

No. of Years, 2[illegible]

Insane Relatives, N[illegible]

Cause Exciting, Not known.

Cause Predisposing, Previous

Form,

Accompanying Bodily Disorder, Insomn[illegible]

Suicidal or not, Not.

Date of this Attack, About May 15 '97.

Duration, 3 - 4 months.

No. of Attack, 2nd (1)

No. of Admission, 1st

Age First Attack, 20 yrs.

Time of Leaving, Apr. 26. 1898

Time in Hospital, 8 m. 3 d.

Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Some confusion - quick.

MEMORY, Past Events, Appears good

Recent Events, Fair. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, Poor.

Own Mental State, Impaired.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted - rather silly.

DELUSIONS, Systematized, Transitory, Special Subjects,
None

HALLUCINATIONS, None.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Several months.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Dead - Consumption

Paternal Relatives,

Mother, Living - healthy.

Maternal Relatives,

Brothers and Sisters, All well

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses tobacco does not drink.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farming

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles Gibbs

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9½ PRESENT WEIGHT, 138 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, None.

TONGUE, Coatings or Promptness of Movement, White coating, prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light & accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Finger to nose, Good Legs, Standing on one foot fair Grasp. Standing eyes shut good.

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Tip of tongue.

PATELLAR REFLEX, Equal. 6. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, Normal.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No Murmurs. Sounds good strength - Size normal Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair.
Breath Sounds good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Is in good health, Is a case of mild mania - with destructive tendencies. Is fairly rational in his conversation but inclined to wander.

Personal and Medical History of Charles Gibbs.

1897

This patient was brought here by Sheriffs Deputy John Wasser, attended by Edward H. Judson, in fair physical condition, with the following history:- No history of consanguinity, lueidity or intemperance in parents or self:- First attack occurred in 1896 lasting about one week: First symptoms of present attack manifested May 15th 1897: Disease appears increasing: Disease is variable with irregular rational intervals: Derangement is now manifested by insomnia, is also excitable & destructive: Is disposed to injure others: Is filthy & destructive in habits: No previous peculiarities except being very quiet: No history of intemperance in parents or self: No severe diseases: Received injury to head in 1895. Has only been confined at home, has been given tonics, bromides & chloral: On personal examination is excitable, rolls eyes. etc.

Aug 23 On admission put upon Infirmary Ward East C.H.N.Pft. Complexion dark: hair light brown: eyes blue: Condition of skin good: Vaccination Marks on right arm: Is clean: behavior good

Quite restless: became noisy during night. Slept 1 hr.

24 Still very restless & out of bed often: Destroyed bedding this A.M. & tore padding off steam pipe also: Restless & noisy most of night.

25 More quiet today: Answers questions but is still very flighty: Restless & noisy part of night. Slept 5 hrs. Aug 26 No change. Aug 27 Fairly quiet today: Talks quite intelligently. Aug 28 Still has restless spells. & does not want to stays in bed. But on whole is fairly quiet & well-behaved: Appetite good: Sleeps well. Sept 1 Wt. 128½ lbs. Sept 5 Up on ward today: Behavior fairly good: Clean in habits.

Summary by Dr Phelps. Oct 31 Seems to have improved somewhat. Still, however, very restless, careless & flighty: Rather demented in appearance: Dec 27 Works in laundry. Jan 2/98 Trans. to 13.

Apr 1 Rather more quiet & well-behaved in every way. Apr 18 Still working in laundry: Is quite well-behaved Apr 26 Sent home on trial

Discharged.

Personal and Medical History of

Personal and Medical History of Edward D. Wilkins

Whole No. 4855

Residence, Rochester, Minn

Date Admission, August 26th 1897.

Admitted by Dr. P.M. Phelps hour,

How Sent, J. A. Leonard J. of P. Olm

Sex, Male Age, 53.

Civil Condition, Married

Children, None

Age Youngest Child, -

Occupation, Farmer + Carpetweaver

Degree Education, Common school.

Profession, Religion, Not a church mem

Habits, Uses morphine.

~~Nationality~~, Illinois - (Parents Vermont)
Because resident of state 45 years ago. Of country since 1865

Physicians Committing, Wilson D. Allen + A. A. Adams.

Correspondents,

No. 4855 M Edward D Wilkins

Copy of Order for Hearing Petition of Harriet E Wilkins

for appointment of

a guardian for Edward D Wilkins *insane, served on*

Dr. A. F. Kilbourne, Superintendent by Adalbert Vine Sheriff

Date of Mar. 17 1897 *Hearing set for* April 1,

1897 *at the Probate Court at* Rochester *County of*

Olmsted Co

(Papers filed with commitment Papers.)

Time of Leaving, Nov. 10. 1897

Time in Hospital, 2 m. 15 d.

Result, Discharged July 3d. 1898
Recovered.

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* Aug. '97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fair.

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, Fair

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight depression.

DELUSIONS, ~~Not~~ Systematized, Transitory, Special Subjects,

HALLUCINATIONS, None

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Living - healthy -

Paternal Relatives,

Mother, Dead, fair health but inclined to be nervous

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses Morphine to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farmer + carpet weaver.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Edward D. Wilkins.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 PRESENT WEIGHT, 119½ USUAL WEIGHT, NUTRITION, Bad.

WOUNDS, Abnormalities and condition of Skin, Skin fair condition -

TONGUE, Coatings or Promptness of Movement, Coated at base - prompt movement.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Responds to light slowly.

SIGHT, Fair.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fingers to nose, eyes shut, fair Legs, Standing eyes shut. Arms ~~Low~~ Grasp, probably from weakness.

TREMORS, Hands, Tongue, Facial Muscles, General, of hands, facial muscles + general - fine of tongue.

PATELLAR REFLEX, Equal - + Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs
Sounds fair - Rather irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical
Expansion poor.
B. Sounds Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1012 Reaction, Slightly acid Color and Appearance, yellow. Reddish sediment at bottom, white flaky ppte. above.

Albumen, Trace by heat, Tanrets + HNO3 Sugar, None by Haines.

Casts and Crystals, Uric acid, amorp. urates, Triple phosphates + Hæmatoidin crystals. Blood corpuscles + clot. Pus cells - Bacteria.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

In thin, emaciated + weak. Mentally is fairly clear. His attempt at suicide was probably a "bluff" as he has no more than a scratch on his neck.

Personal and Medical History of Edward D. Wilkins

Whole No. 4855

Residence, Rochester, Minn.

Date Admission, August 26th 1897.

Admitted by Dr. R.M. Phelps hour, 6th P.M.

How Sent, J.A. Leonard J. of P. Olmsted Co.

Sex, Male Age, 53.

Civil Condition, Married

Children, None

Age Youngest Child, —

Occupation, Farmer + Carpetweaver

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Uses morphine.

~~Nativity~~ Nationality, Illinois - (Parents Vermont)
Because resident of state 45 years ago. Of counties 1855

Physicians Committing, Wilson D. Allen + A.A. Adams.

Correspondents,

No. of Years, 22.

Insane Relatives, None.

Cause Exciting, Excessive use of morphia

Cause Predisposing, Previous attacks.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes - attempted with a razor.

Date of this Attack, —

Duration, —

No. of Attack, 2nd /

No. of Admission, 2nd /

Age First Attack, 44.

Time of Leaving, Nov. 10. 1897

Time in Hospital, 2 m. 15 d.

Result, Discharged July 30. 1898
Recovered.

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* Aug. 97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fair.

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, Fair

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight depression.

DELUSIONS, ~~Not~~ Systematized, Transitory, Special Subjects,

HALLUCINATIONS, None

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Living. Healthy -

Paternal Relatives,

Mother, Dead, fair health but inclined to be nervous.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses Morphine to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farmer + carpet weaver.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Edward D. Wilkins.

AL CHARACTERISTICS.

…19½ USUAL WEIGHT, NUTRITION, Bad.

…fair condition -

…ed at base - prompt movement.

…ion, Equal. Size normal. Responds to light slowly.

…egs, Standing Eyes shut. Romps down. Grasp, probably from weakness.

…ds, facial muscles + general - fine of tongue.

Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs
Sounds fair - Rather irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical
Expansion poor.
B. Sounds Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1012 Reaction, Slightly acid Color and Appearance, yellow. Reddish sediment at bottom, white flaky prec. above.

Albumen, Trace by heat, Sulfo + HNO3. Sugar, None by Haines.

Casts and Crystals, Uric acid, amorp. urates, triple phosphates + Haematoidin crystals. Blood corpuscles + clot. Pus cells - Bacteria.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

In thin, emaciated + weak. Mentally is fairly clear. His attempt at suicide was probably a "bluff" as he has no more than a scratch on his neck.

Personal and Medical History of Edward D. Wilkins

1897

This patient was brought here by Sheriff's deputy, Mr. Poez, attended by wife, in an impaired physical condition, with the following history:- No history of consanguinity known: Patient has had two previous attacks & has been committed to this (Rochester) hospital twice before: Has used opium since 1884. Was here first from June 12' 1888 to Aug 1/88, second time from Feb. 24/90 to June 19/90 (For further particulars see Vol. 10 P. 168 No 1788 & Vol. 13 - P. 134 No 2297)
First symptoms of present attack manifested by hallucinations & suicidal tendencies Disease appears increasing: Is variable with rational intervals: In absence of morphine mania is uncontrollable: Derangement is now manifested by seeing visions & by attempts at suicide: Not disposed to injure others: Not filthy or destructive in habits: No history of intemperance in parents: Patient has received no head injury: Has been subject to chronic diarrhoea: Has been confined in hospital & received hospital treatment as above stated. On personal examination is emaciated & poorly nourished pulse is irregular & heart feeble.
Aug 26 On admission put upon B[3] E (G.H.U. Apt. Complexion light: Hair gray: eyes brown: Condition of skin good. Has cut on left side of neck: Scars on arms from Lupus. & small scratch on leg: Is clean: Behavior good.)
Summary Nurses Notes. Seemed very despondent: Talked rationally: Slept well.
27 Bowels regular: Appetite good. Temp. 100 P 84 R. 19. Put upon medicine.
28 Bowels somewhat constipated: Enema given: Slept 3 hrs.
29 Slept 5 hrs. Temp. 100'. P 90 R 20. Aug. 30 Patient troubled with hemorrhoids.
Sept 1 Has shown delusions past two days: Thinks everyone is talking about him
" 2 Appetite good: Bowels regular: Sleeps fairly well: Complains that morphine is being taken from him too fast - Sept 8 Has been on bromides, Lithia tablets & Gayel nitrate. Has not seemed so deluded of late - Sleeps & eats well.
Summary Notes by Dr. Phelps. Oct 4 Wt. 129# Patients main trouble is is the morphine habit & the plan has been the gradual reduction of the same: Is now getting about one grain a day. Nov 1 Has had to be catherized a number of times. Nov 8 Drams to B[3] 1/8 gr. morphine given twice a day. Nov 10 Visited by wife & taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Merlin Haggard.

Whole No. 4856
Residence, Oronoco, Minn.
Date Admission, August 28th 1897.
Admitted by Dr. R. M. Phelps hour, 4 P.M.
How Sent, J. A. Leonard J. of P. Olmsted Co.
Sex, male Age, 15 yrs.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Schoolboy -
Degree Education, Common school.
Profession, Religion, Christian.
Habits, Not intemperate.
Nationality, Minn. (Father Minn. Mother Indiana)
Physicians Committing, W. A. Allen & C. J. Granger
Correspondents, Mother.

No. of Years, 23.
Insane Relatives, None?
Cause Exciting, Onanism.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, -
Suicidal or not, Not.
Date of this Attack, One month ago.
Duration, One month.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 15 yrs.
Time of Leaving, Sept. 10 '97
Time in Hospital, 13 Ds.
Result, Discharged Mar. 10/98 Recovered

Because resident of state of O. at birth. W. A. Allen

EXAMINATION ON ADMISSION BY DR. Eby Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & Sluggish.
MEMORY, Past Events, Fair.
Recent Events, Poor Special Subjects, Impaired
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert, Correct.
REASONING POWER, Ordinary Subjects, Poor
Special Subjects, Poor
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
No well defined delusions.
Conversation Does not appear able to concentrate attention for any length of time
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.
ONSET, Gradual or Sudden, Days sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Dead - was neurotic
Paternal Relatives, / Cousin insane
Mother, Living
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Drank & smoked.
HEADACHES, VERTIGO, OR CONVULSIONS, Some headache.
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Has been subject to sort of night terrors.
Sleep, Appetite, and Bowels, not good.
Sleep not good.

Personal and Medical History of Merlin Haggard.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 133 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Condition of skin good.
TONGUE, Coatings or Promptness of Movement, Coated at base - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Dilated. Respond slightly to light.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, No incoordination Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.
PATELLAR REFLEX, Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal.
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs Sounds fair. Size normal - Regular
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical
Expansion fair.
Breath sounds normal

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Good physical health: Has been working on a farm & supplying Campers at Oronoco with vegtables. Insanity is along the type of acute mania - Acts queerly, makes grimaces etc but is not very restless. His answers to questions are generally clear but frequently he refuses to answer or makes some foolish answer.

Personal and Medical History of Merlin Haggard.

1897

This patient was brought here by Sheriff's deputy J. Posz attended by his mother, in fair physical condition, with the following history:-
No history of consanguinity: heredity or intemperance in parents or self: This is first attack: First symptoms manifested one month ago: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by violent delirium at times: Is also destructive & cannot be controlled: Is disposed to injure others: Is filthy & destructive in habits: No previous peculiarities noted: No severe disease or injury to head: Has not been confined or restrained, has received no treatment.
On personal examination refuses to answer questions: is noisy & destructive.
Aug 28 On admission put upon Infirmary East (G.K.R. Ept. Complexion dark: hair brown: Eyes blue. Condition of skin good. Bruise on left knee: Is clean: Behavior a little noisy; but quiet in bed. Temp. 101° P. 102 R. 30.)
Summary Nurses Notes Put to bed: Stubborn disposition: careless habits: Talks irrationally: Is quite stupid. Aug 29 Fairly quiet this morning: noisy in afternoon: very destructive: Acts very sullen: Bowels irregular:
30 Lies in bed more quietly today: Is still inclined to tear bedding.
Visited by mother & minister Aug 30 Seems much brighter today: Fairly quiet & answers questions rationally. Sept 1 Visited by mother: Wt. 136 lbs. Is quite well-behaved & talks fairly intelligently.
Sept 1 Much brighter today: Appetite good: Sleeps well: Bowels rather irregular.
2 Still gaining physically & mentally: Visited by mother.
5 Patient up on ward today: Is quiet & well-behaved: mother visits him daily.
8 Is quiet & agreeable: Assists some with ward work.
10 Mother came & took him home today: Seemed quite rational in every way: Appetite good: Has been sleeping well.

Discharged

Personal and Medical History of

Personal and Medical History of Edgar S. Maurice

Whole No. 4859
Residence, St. Paul, Minn.
Date Admission, August 31st 1897.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, Sy. Gallick Ext. Com. Ramsey Co.
Sex, Male. Age, 42
Civil Condition, Married.
Children, - 3 -
Age Youngest Child, —
Occupation, Printer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, About 4 yrs. ago intemperate & addicted to chloral habit.
Nationality, England - Father England - Mother Germany
Physicians Committing, J. J. Baker & Haldor Dueo. Became resident of state & Co. in 1884.
Correspondents, wife & sister St Paul. -
In case of death Notify Undertaker Johnson

No. of Years, 26.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Threatens suicide.
Date of this Attack, March 1897.
Duration, 5 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42.
Time of Leaving, Dec. 12. 1899
Time in Hospital, 1 yr. 3 mo. 12 d.
Result, Died - Pulmonary Gangrene.

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* Oct 1'97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick
MEMORY, Past Events, Good
Recent Events, Good Special Subjects, Good.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. Correct.
REASONING POWER, Ordinary Subjects, Good.
Special Subjects, Good.
Own Mental State, "
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight depression.
DELUSIONS, Systematized, Transitory, Special Subjects,
None
HALLUCINATIONS, None
ILLUSIONS, "
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Sometime.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died Hæmorrhage
Paternal Relatives,
Mother, Died Typhoid fever.
Maternal Relatives,
Brothers and Sisters, all of neurotic type
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None.
HABITS, Drinking and Smoking, Used both to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, None
OCCUPATION, Healthy or not, Typesetter. last 4 mo. on a farm
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, fair Appetite, good and Bowels, have been regular.

Edgar S. Maurice

Copy of petition of Emma Maurice for appointment of guardian for Edgar S. Maurice received April 22' 1899.

4859

MENTAL CHARACTERISTICS.

NUTRITION, Good.
edition.
-rupt.
ightly dilated: Respond to light & accom.

Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands, face, or general. Slight of tongue
PATELLAR REFLEX, Equal 5. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal.
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Sounds good. Size normal - Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In in good physical health at present, due to his working on a farm. Says he has "nervous prostration" & ascribes it to the long hours & work of type-setting. He gives a clear account of its sudden onset while reading, when the word "pipe" appeared in place of the word he was reading. He now cannot control his thoughts & his brain is in a continual state of activity so that he cannot sleep unless physically exhausted. Has had hallucinations but there is complete loss of sexual passion.

Personal and Medical History of Edgar D. Ma[illegible]

Whole No. 4859
Residence, St. Paul, Minn.
Date Admission, August 31st 1897.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, Hy. Gallick Ct. Com. Ramsey Co.
Sex, Male. Age, 42
Civil Condition, Married.
Children, - 3 -
Age Youngest Child, —
Occupation, Printer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, About 4 yrs. ago intemperate + addicted to Chloral Habit.
Nationality, England - Father England - Mother Germany
Physicians Committing, J. F. Baker + Haldor Swen. Became resident of State + Co. in 1884.
Correspondents, wife + sister St. Paul. —
In case of death Notify Undertaker Johnson

No. of Years, 26.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Threatens suicide.
Date of this Attack, March 1897.
Duration, 5 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42.
Time of Leaving, Dec. 12. 1899
Time in Hospital, 2yr. 3m. 12 d.
Result, Died - Pulmonary Gangrene.

EXAMINATION ON ADMISSION BY DR. C. B. Eby Date of Oct 1 '97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear + quick
MEMORY, Past Events, Good
Recent Events, Good. Special Subjects, Good.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. Correct.
REASONING POWER, Ordinary Subjects, Good.
Special Subjects, Good.
Own Mental State, "
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight depression.
DELUSIONS, Systematized, Transitory, Special Subjects,
None
HALLUCINATIONS, None
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Sometime.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died Hæmorrhage
Paternal Relatives,
Mother, Died Typhoid fever.
Maternal Relatives,
Brothers and Sisters, all of neurotic type
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None.
HABITS, Drinking and Smoking, Used both to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, None
OCCUPATION, Healthy or not, Typesetter. last 4 yrs. on a farm
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, poor Appetite, good and Bowels, have been regular.

[illegible]al and Medical History of Edgar D. Maurice

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 1 in. PRESENT WEIGHT, 128 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Skin good condition.
TONGUE, Coatings or Promptness of Movement, Large, clean, prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: slightly dilated: Respond to light + accom.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good. L
COORDINATION, Arms, No Incoordination Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands, face, or general - Slight of tongue
PATELLAR REFLEX, Equal 5. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal.
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Sounds good. Size normal - Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). He is in good physical health at present, due to his working on a farm. Says he has "nervous prostration" + ascribes it to the long hours + work of type-setting. He gives a clear account of its sudden onset while reading, when the word "pipe" appeared in place of the word he was reading. He now cannot control his thoughts + his brain is in a continual state of activity so that he cannot sleep unless physically exhausted. Has had emissions but there is complete loss of sexual passion.

Personal and Medical History of Edgar L. Maurice.

1897

This patient was brought here by sheriffs deputy C. R. Woods, in fair physical condition with the following history:- No history of consanguinity of heredity: First symptoms manifested in March 1897, "while reading suddenly the word "pipe" appeared on the page & I could "see nothing else" he says. Disease appears increasing: Is variable: with irregular, rational intervals. Derangement now manifested by inability to concentrate his mind sufficiently to attend to his business. Insomnia. Change of disposition (irritable) Is not disposed to injure others, but threatens suicide: Not filthy or destructive in habits: No previous peculiarities noted: Was intemperate & addicted to chloral about four years ago: Head was injured at age of 12 by falling & striking head, followed by unconsciousness lasting about one week: Has been under care since last May & has received treatment by specialists. On personal examination talks rationally, dreads insanity. pupils contracted. Slight tremor of tongue on protrusion. put upon B³ E (Gt. W. Rpt. Complexion light: Hair dark: Eyes blue: Condition of skin good. Vaccination mark on left arm. Scar on right leg from cut of an ax: Is clean: Behavior good: Talks rationally)

Aug 31 Given bath & put to bed: Slept none - Sept 1 Says he is troubled with insomnia Appetite fair - Talks rationaley. Sept 2 T. 99² P. 84 R. 19. Slept 7 hrs. Appetite fair but eats no meat - says it makes him more restless: Put upon medicine. Sept 3 No change. Given sleeping dose at night when he requires it. Sept 4 Slept 3 hrs. Pulse normal. Bowels regular.

Sept 5 No change. Tells story of his troubles as follows - while reading, word "pipe" suddenly seemed to cover whole page & also rang in his ears. his sight also became unnatural magnifying objects greatly. He was at the time addicted to use of alcoholic drinks & tobacco - He stopped use of both & also of tea & coffee but did not improve - was restless nights & could not sleep: Then went into the country & tried hard labor but grew no better: Now has gotten rid of hallucinations of hearing & sight has become normal. Says he was aware that he was suffering from hallucinations but could not control them.

Sept 13 Has been very quiet & gentlemanly since admission: Seems perfectly rational. Does a great deal of work on ward. Appetite good. Bowels regular. Ant. urine 24 hrs. 34 oz. Summary Note by Dr Phelps Oct 23 97 Patient still complains in a feebleminded way of head: Cannot sleep at times: Face congested wishes to lie in bed: Complains of uncontrollable ideas coming into his mind Trans. to Infirmary. Oct 31 Improved a good deal during last few days: Gain very decided: Says he will go crazy if he does not get something to quiet him.

Jan 9 98 Had a spell. Threw himself about, very hysterical in manner Now childish in behavior.

Feb 28 Is getting more confused: Talks to himself: Seems afraid he is going crazy.

Personal and Medical History of

1898

Feb 28 Working on farm. Well behaved while in: Very restless. Aug 1 Has numerous delusions, one day has something the matter with hands, next day with limbs, thinks he is going to die etc. Dec 7 Patient has been drifting along quietly. To-day, however, had a convulsion: fell on floor when getting out of bed: Seems to have lost use of left limb & arm, 1915 Had convulsive movements lasting 3 minutes: Remained unconscious all night. Dec. 8 5 Rlt. convulsive movements: 10th Visited by wife & sister 12 do. Tried to get out of bed: Seems unconscious: Drugs 10x. Dec 18 Still very demented: Seems to have partial slight consciousness. Dec 18 Still very demented: Is quiet Seems hardly to realize what he is doing: Reads newspapers but it is doubtful if he comprehends what he reads. Jan. 27 99 Up on ward: seems to be improving: Very demented.

Feb 1 - July 31 99 Wt. 122 lbs. Quiet & well behaved; irritable but not pugnacious.

April 9. Sick to stomach: vomited twice. Improved under treatment.

May 1. Coughs & expectorates: Breath very foul - July 1 Much more confused than usual. Talks to himself a good deal July 31 Physical condition appears worse. Aug 1 (Dr Chapple) Wt. 115 lbs Pulse 96. Sept 1st No change.

Dec. 1st No apparent change mentally: Is well behaved & works some on ward. Tidy in habits & dress: Very deluded: Talks to himself a good deal. Physical condition not so good. Dec 7 Trans. to Infirmary: Is pale, coughs, perspires freely: has fever. Says he is not sick: put to bed. Very restless & talks to himself. Insists that he is all right. Is stubborn & will not expectorate sputum for examination. Breath very foul: Tenderness over chest. Coughs violently upon deep inspiration

Dec 11, Still insists that he is not sick: Very feverish: pulse rapid & weak. Dec. 14 at 7:40 P.M. got up & walked down hall in to another room, got into bed & died very suddenly. Diagnosis made - Pulmonary Gangrene

Died.

Personal and Medical History of John Mayer

Whole No. 4860	No. of Years, 27.
Residence, Empire, Dakota Co.	Insane Relatives, Unknown.
Date Admission, September 2nd 1897.	Cause Exciting, Mental decay.
Admitted by Dr. P. M. Phelps hour, 6:45 P.M.	Cause Predisposing,
How Sent, Thos. C. Moran Jaf. Dakota Co.	Form, Senile Dementia.
Sex, male. Age, 75, about	Accompanying Bodily Disorder, None mentioned.
Civil Condition, widowed	Suicidal or not, Not.
Children, none.	Date of this Attack, 2 yrs ago.
Age Youngest Child, -	Duration, 2 years.
Occupation, Saloon-keeper.	No. of Attack, 1st
Degree Education, Can read & write.	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 73.
Habits, Has been my intemperate.	Time of Leaving, Dec. 19. 1899
~~Nationality~~ Nativity, Germany. Because resident of State 40 years since 1860	Time in Hospital, 1 yr. 3 m. 17 d.
Physicians Committing, J. C. Fitch & H. Van Beeck.	Result, Died. Shock from fall
Correspondents, Friend - Jacob Kuminon (1) Vermillion Dak. Co. Minn.	& floor.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Sept 4 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Impaired.

Recent Events, Much impaired Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & illusive.

REASONING POWER, Ordinary Subjects, Much impaired

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Copy of Notice for hearing petition for appointment of John S. Reuter as Guardian for John Mayer, insane,
Filed Served 9/17/98

...e Mayer.

...RISTICS.

...EIGHT, NUTRITION, Fairly good.
...greasy - much vernix
...dorsum, slow.
...ze normal. Respond slowly to light + accom.

HEARING, Impaired.

COORDINATION, Arms, Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands, tongue & general.

PATELLAR REFLEX, 2 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Soft blowing with 1st mitral sound.
Apex beat to left & downward.

ARTERIES,
Markedly atheromatous.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion limited.
Breath Sounds harsh over entire chest.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a condition of senile dementia. Is scarcely able to get about. Does not realize his surroundings. Does not remember his own place. Is very filthy in his habits. Has been an inmate of the almshouse for some time past.

Personal and Medical History of John M[illegible]

Whole No. 4860

Residence, Empire, Dakota Co.

Date Admission, September 2nd 1897.

Admitted by Dr. P. M. Phelps hour, 6th P.M.

How Sent, Thos. A. Moran Jap. Dakota Co.

Sex, male. Age, 75, about

Civil Condition, widowed

Children, none.

Age Youngest Child, -

Occupation, Saloon-Keeper.

Degree Education, Can read & write.

Profession, Religion, Catholic.

Habits, Has been my intemperate.

~~Nationality~~, Nativity, Germany. Because resident of State 40 years since 1860

Physicians Committing, Jno. Fitch & A. Van Beeck.

Correspondents, Friend - Jacob Kunnion (1) Vermillion Dak. Co, Minn.

No. of Years, 27.

Insane Relatives, Unknown

Cause Exciting, Mental de[illegible]

Cause Predisposing,

Form, Senile Dementia.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 yrs ago.

Duration, 2 years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 73.

Time of Leaving, Feb. 19. 1899

Time in Hospital, 1 yr. 5 m. 17 d.

Result, Died. Shock from fall to floor.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of Sept 4 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Impaired.

Recent Events, Much impaired Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & illusive.

REASONING POWER, Ordinary Subjects, Much impaired

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John Mayer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Skin greasy - much vermin

TONGUE, Coatings or Promptness of Movement, Brownish coat over dorsum, slow

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond slowly to light & accom.

SIGHT, Impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Impaired.

COORDINATION, Arms, Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands, tongue & general.

PATELLAR REFLEX, 2 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Soft blowing with 1st mitral sound.
Apex beat to left & downward.

ARTERIES,
Markedly atheromatous.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion limited.
Breath Sounds harsh over entire chest.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a condition of senile dementia. So scarcely able to get about. Does not realize his surroundings. Does not remember his own place. So very filthy in his habits. Has been an inmate of the almshouse for some time past.

Personal and Medical History of John Mayer.

1897

This patient was brought here by Sheriff John Stighler, in fair physical condition, with the following history: No knowledge concerning consanguinity or heredity. This is first attack, first symptoms manifested two years ago by loss of mental power. Disease appears stationary: Not variable, no rational intervals. Derangement now manifested by a wandering, disconnected line of thought. Not disposed to injure others, not suicidal: Habits are filthy but not destructive. Has been rather peculiar in disposition for years. No severe disease or head injury known. Has been locked in his room at the poor farm at night for some time: Has received no treatment.

Sept 2 On admission (by personal examination dull, apathetic; has no indications of acute mental disorder, or power to give intelligent expression) Put upon B. M. & N. Dept. Complexion dark: Hair & eyes gray. Condition of skin good: Black spots on right side of forehead. So dirty & filthy & Behavior good: So rather feeble)

3 Slept 3 hrs. Filthy in habits: So very weak, scarcely able to walk: Appetite fair: bowels regular: Trans. to A4. Sept 4 Quit today; somewhat restless: Seems bewildered & does not understand what is said to him.

5 Very quiet today. Talks very little: Clean in habits: Complains of slight pain in abdomen. Sept 6 Walks about ward but seems to have no idea as to where he is: Appears sick: breath very offensive.

7 No noticeable change today. Says bowels move regularly. but appears constipated. Appetite remains good. Sleeps well. Sept 8 Still very restless - frequently undresses himself: Talks irrationally at all times.

9 No change in condition: Still has pain in abdomen.

10 Very restless today. Made several ineffectual attempts to elope.

13 No change in condition: Requires close attention while out of doors: Still attempts to elope. Summary Notes by Dr Phelps. Oct 31 Rather dirty & demented: So quiet & inactive: So quite helpless: Seems to hardly understand what is said to him. Apr 8 131.F No change: Jan 31 '99 Sits in a quiet, dull way on wards from day to day. Talks some but in an irrational way.

Feb 1 '99 (Dr. Watson) Wt, 132. So feble & unsteady. General physical condition poor. Is much confused. Talks a great deal Feb 17 At 7:30 PM. was struck by patient R. Davidson: Fell to floor & sustained severe injury to hip. Unable to get up. assisted to a seat when he suffered a severe pain in left leg. Put to bed: Slept 4 hrs. that night. Feb 18 Trans. to Infirmary. Hip slightly bruised & also slight bruise on right hand. Teeth in very bad condition & many of them missing. Later in day became comatose & failed very rapidly. Died at 7:10 PM. Dr

Condition of body:- Slight bruises over right eye: Small dark spot over hip. Slight scratch on right leg. & shin & some bruises on back of head.

Died.

Personal and Medical History of

Personal and Medical History of Nels Nelson #3

Whole No. 4862

Residence, Waseca, Minn.

Date Admission, September 3rd 1897.

Admitted by Dr. A.M. Phelps hour, 9:30 A.M.

How Sent, G.A. Wilson J. of P. Waseca Co.

Sex, male Age, 60

Civil Condition, Married

Children, -3-

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Intemperate.

Nativity, Nationality, Norway. Parents Norway.

Physicians Committing, H.G. Young & J.A. Braatewood.

Became Resident of State or Depot. 1887

Correspondents,

No. of Years, 29

Insane Relatives, None Known.

Cause Exciting, Intemperance

Cause Predisposing,

Form, Acute Delirium.

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, 2 yrs ago

Duration, About 2 years

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 58

Time of Leaving, Apr. 5. 1898.

Time in Hospital, 5 mos. 2 d.

Result, Discharged Apr. 5. 1898. Recovered.

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* Sept 4 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Poor

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & illusive.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Somewhat reticent slightly incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, a hard drinker

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Miss Josie Nelson (daughter).
Waseca Minn,
Correspondent Nels Nelson #3.

Nelson #3.

RISTICS.

VEIGHT, NUTRITION, Impaired.

mmetry of head, face & palate - Skin dirty & greasy

ıat - slow

ize normal - Respond sluggishly to light & accom.

HEARING, Impaired.

COORDINATION, Arms, Impaired Legs, do Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands - slight of facial muscles: Quite marked general.

PATELLAR REFLEX, 1-2 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds mak - Irregular.

ARTERIES,
Quite atheromatous.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Both apices retracted dullness right in fraclavicular space

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has probably been of low mental grade, is a man who works at odd jobs - is dirty & unkempt, came in without coat or vest.
Shows considerable dementia largely senile, partly alcoholic. Has tenderness over epigastrium. Has slight persecutory ideas but conceals his delusions.

Personal and Medical History of Nels Nelson #3

Whole No. 4862

Residence, Waseca, Minn.

Date Admission, September 3rd 1897.

Admitted by Dr. O.M. Phelps hour, 7:30 P.M.

How Sent, G.A. Wilson J. of P. Waseca Co.

Sex, Male Age, 60

Civil Condition, Married

Children, -3-

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Intemperate

Nationality, Nativity, Norway - Parents Norway. Became Resident of State prior to Sept. 1887

Physicians Committing, H.G. Young & F.A. Heartwood.

Correspondents,

No. of Years, 29

Insane Relatives, None Known.

Cause Exciting, Intemperance

Cause Predisposing,

Form, Acute Mania.

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, 2 yrs ago

Duration, About 2 years

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 58

Time of Leaving, Apr. 5. 1898.

Time in Hospital, 5 mos. 2 d.

Result, Discharged Apr. 5. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* Sept 4 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.

MEMORY, Past Events, Poor

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & illusive.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Somewhat reticent slightly incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, a hard drinker

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Nels Nelson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Impaired.

WOUNDS, Abnormalities and condition of Skin, Narrow forehead - Asymmetry of head, face & palate - Skin dirty & greasy

TONGUE, Coatings or Promptness of Movement, dirty brownish coat - slow

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Respond sluggishly to light & accom.

SIGHT, Impaired

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Impaired.

COORDINATION, Arms, Impaired Legs, do Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands - Slight of facial muscles: Quite marked general.

PATELLAR REFLEX, 1 - 2 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs

Sounds mak. - Irregular.

ARTERIES,

Quite atheromatous.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Both apices retracted dullness right in fraclavicular space

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has probably been of low mental grade, is a man who works at odd jobs - is dirty & unkempt, came in without coat or vest.
Shows considerable dementia largely senile, partly alcoholic. Has tenderness over Epigastrium. Has slight persecutory ideas but conceals his delusions.

Personal and Medical History of Pete Nelson #3

1897

This patient was brought here by Sheriffs Deputy L.B. Nelson, in fair physical condition with the following history:- No history of consanguinity or heredity known: First symptoms manifested two years ago by showing an excitable temper: Disease appears increasing: Is variable with irregular rational intervals: Derangement manifested by thinking his family are trying to poison him he carries a revolver for protection, he says: Is disposed to injure others: Is filthy & destructive in habits: Has always been eccentric & of an irritable temper: Has received no severe injury to head, no severe diseases known. Has not been confined or restrained: Has received no treatment On personal examination talks incoherently, has a violent temper & destroys furniture.

Sept 3 On admission put upon 3rd E (G.S.U. Rpt. Complexion dark: Hair gray: eyes blue: Condition of skin good: Small wart on left side of nose & one on right shoulder blade: Is dirty in habits: Behavior good: Temp. 103° P. 85 R. 20.

4 Remained in bed this A.M. Complained of pain in head & stomach. Summary Notes 1 P.M. Trans. to Infirmary. & put to bed: Seems to be depressed. Says cause of his trouble was too much liquor. Much brighter this P.M.

5 Temp. Pulse & Resp. normal. Lies quietly in bed: does not worry any: Very agreable in manner: Sept 6 Quiet & well-behaved today. Talks quite intelligently: Clean in habits: Trans. to B.3 Sept 7 Has improved somewhat physically since admission - no other change. Sept 9 Remains quiet & unobtrusive: Helps with work when asked. Sept 10 Seems brighter mentally: Talks, laughs & jokes in an intelligent manner - Is very anxious to go home. Sept 15 Has gained both mentally & physically since admission. behavior good: Habits neat & clean: bowels regular: appetite good. & sleeps well. Sept 30 Allowed to go home on trial. Jan 14/98 Returned in an intoxicated state: Temp. normal. After quieting down & becoming sober seemed rational. Jan 21 Seems rational: Habits & dress neat: works upon ward: Has no noticable delusions: On regular diet: Appetite good. Bowels regular. Trans. to A'. Jan. 31 Patient has been quiet & well-behaved since coming on ward: does a little work: Talks some & quite rationally:

Feb 3 Wt. 129. Pulse 76. Patient does a little work on ward: Quiet & well-behaved: Talks rationally: no peculiarities in actions noticable: Habits clean & dress neat. Health apparently good. Mch 3 Wt. 132½ lbs. No change in condition.

Apr. 5 Patient sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of Emil Wendland

Whole No. 4865	No. of Years, 32.
Residence, Barber S.P.	Insane Relatives, None.
Date Admission, September 7th 1897.	Cause Exciting, Unknown.
Admitted by Dr. A.M. Phelps hour, —	Cause Predisposing, Previous attack
How Sent, J.F. Wendship J. of P. Faribault Co.	Form,
Sex, male Age, 25.	Accompanying Bodily Disorder, Pain in head & dizziness
Civil Condition, Single.	Suicidal or not, Yes (Tried to cut throat - took poison)
Children, —	Date of this Attack, 2 yrs ago.
Age Youngest Child, -	Duration, About two years
Occupation, Farmer.	No. of Attack, Not 1st
Degree Education, Can read & write.	No. of Admission, 1st here. (3rd)
Profession, Religion, Lutheran.	Age First Attack, 19.
Habits, Not intemperate	Time of Leaving, Aug. 2. 1898
~~Nationality~~ Nativity, Germany. (Parents also born there Resident of State 5 yrs.	Time in Hospital, 1 yr. 25 d.
Physicians Committing, A.G. Franklin & F.H. Hunt.	Result, Discharged Feb. 8. 1899.
Correspondents, J. Wendland, Easton, Minn.	Much Improved.

EXAMINATION ON ADMISSION BY DR. H.A. Herzog *Date of* Sept 8 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear - Somewhat sluggish.

MEMORY, Past Events, Good.

Recent Events, do Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Correct.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother, Subject to severe headaches

Maternal Relatives,

Brothers and Sisters, One brother epileptic.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Has severe headaches & frequent attacks of vertigo

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
7 mo. in Asylum at Salem Ore. Left there & was quite well up to two years ago. Is gradually growing worse

Sleep, Appetite, and Bowels, Sleeps well, appetite capricious
Bowels constipated.

Personal and Medical History of Emil Wendland

W. T. WILLIAMSON, M. D., First Assistant Physician.
L. F. GRIFFITH, M. D., Second Assistant Physician.
W. D. McNARY, M. D., Sup't and Physician Cottage Farm.
W. A. CUSICK, M. D., Consulting Physician.

D. A. PAINE, M. D., Superintendent.

OREGON
State Insane Asylum

Address all Communications to
THE SUPERINTENDENT

BOARD OF TRUSTEES.
WM. P. LORD, *Governor.*
H. R. KINCAID, *Secretary of State.*
PHIL. METSCHAN, *State Treasurer.*

Salem, Oregon, Nov. 2nd 1897., 189

Arthur F. Kilbourne, M. D.
Medical Superindent Rochester Hospital,
Rochester, Minn.

Dear Doctor:

I am instructed, by Dr.Paine, to inform you that Emil Wendland was received into this institution June 9,1891, and was discharged,recovered,December 1st '91. He was twenty years of age when here,and when first received was somewhat maniacal- was noisy at times, destructive, inclined to be violent, though not actively so. This condition alternated with a condition of dullness and partial dementia,for a few weeks,when he began steadily to improve becoming industrious., coherent in his manner and conversation, and was quite trustworthy, and after working about the institution some time, was discharged as above stated. We regarded his case as one of masturbational insanity.

Yours respectfully,

L. F. Griffith,
2nd Ass't.Physician.

(Dict.)

degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient admits that in school he was not as bright as others. Now shows only a slight feeblemindedness. Power of attention not good. Behavior eccentric. Attitude slouchy. He says that he is subject to attacks at night occurring at irregular intervals in which he cries out, kicks vigorously & at times loses consciousness. These last 15 minutes or three hours. He says they are accompanied by severe frontal headaches. Says has always been quick tempered. Has Masturbated since 15 yrs. of age. Has attempted suicide because he feared he would never be well.

1898
25 d.
Feb. 8. 1899.
Aproved.

EXAMINA[illegible] Date of Dept 8'97.

RISTICS.

MENTAL ACTIVITY, Cl[illegible]
Fairly clear - do.
MEMORY, Past Events, Good
Recent Events, do.
PERCEPTIVITY, Alert or Dull, Correct or In[illegible]
Dull - Correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Long.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother, Subject to severe headaches
Maternal Relatives,
Brothers and Sisters, One brother epileptic.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Has severe headaches + frequent attacks of vertigo
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
7 mos. in Asylum at Salem Or. Left there & was quite well up to two years ago. Is gradually growing worse
Sleep, Appetite, and Bowels, Sleeps well, appetite capricious
Bowels constipated.

Personal and Medical History of Emil Wendland.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft-8½ PRESENT WEIGHT, ——— USUAL WEIGHT, ——— NUTRITION, Somewhat under his usual weight
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Prompt - Yellowish - light coat over dorsum.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Response to light + accom.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Good. Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None / Slight of Hands
PATELLAR REFLEX, 9 Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Sounds somewhat feeble - Impulse not forcible.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Slight retraction of right apex

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient admits that in school he was not as bright as others. Now shows only a slight feebleminedness. Power of attention not good. Behavior eccentric: Attitude slouchy. He says that he is subject to attacks at night occurring at irregular intervals in which he cries out, kicks vigorously + at times loses consciousness. These last 15 minutes or thereabouts. He say they are accompanied by severe frontal headaches. Says has always been quick tempered. Has Masturbated since 15 yrs. of age. Has attempted suicide because he feared he would never be well.

Personal and Medical History of Emil Wendland

1897

This patient was brought here by Sheriff McDonald in fair physical condition with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First attack came on in 1891 was in Asylum at Salem Oregon for 7 months: benefitted by treatment there: First symptoms of present attack manifested two years ago, began by fits of anger, trying to injure his parents. Disease appears increasing: is variable with irregular rational intervals. Derangement manifested by disposition to injure himself & others. Is destructive of clothing: Has always been ill tempered & passionate. No severe disease or injury to head: Has been confined in hospital & asylum & received treatment in both. Upon personal examination Complains of pain in head & dizziness & says he loses his mind & does not know what he does when in these spells. Seems nervous & excitable.

Sept 7 On admission put upon B3 (2d N. Apt. Complexion light: hair brown: eyes brown: Vaccination marks on both arms & two white spots on left thigh: Is clean: Behavior good.)

Summary Nurses Notes Sept 7 Put upon ward: Given bath & put to bed: Talks rationally

8 Still talks rationally. Tells of having some kind of "spells" which have troubled him for two years past. Temp. Pulse & resp. normal: Bowels somewhat constipated.

9 Appetite good: Sleeps fairly well: Sept 10 Complains of pain in left arm - Thinks it is rheumatism. Sept 11 Says that "spells" occur at night accompanied by severe nervous headaches. Sept 12 Asked for a dose of medicine at bed time which was given him & he claimed that it assisted the spells.

13 Bowels regular: Sleeps well: Appetite good. Sept 14 Habits & dress neat: Behavior quiet & gentlemanly. Sept 15 Has had no more "spells" of late. Seems contented here - shows no inclination to escape. Sept 20 No change either mentally or physically. Has been very quiet & agreable since admission: Does a great deal of work on ward & continually asks for some outside work: Talks rationally on all subjects. Sept 21 Trans to A1.

Summary Notes by Dr Phelps Oct 31 Patient seems quite intelligent: Has been working at slaughter house: Has been given considerable liberty: Seems to feel & behave quite well: Complains of spells similar to epilepsy; calls them fainting spells: Had one Oct 6 reported as resembling epilepsy:

Nov 30 Another spell: Depressed for several days; headache & weakness.

Dec 8 Trans. to A3. Works on dray: Has been quite well of late. Jan 26 Complained of severe headaches: Staid in bed: Jan 28 Again in bed says he feels very bad: fears a spell is coming on. Mch 1 Wt. 175# Mch 30 Had a convulsion at 9:20 & at 10:50 PM. & 2:55 AM. Remained in bed this AM.

Apr 1 Had a spell at 9:15 & 9:45 AM. Apr 4 Trans. to Infirmary 15 Sitting up on ward Not specially sick while here: Vomited some at first: Seems fairly near his normal at present. May 3 Staid in, felt spell coming on: Trans. to

Personal and Medical History of

Infirmary Augr Went home: Has been improving quite rapidly & uninterrupted by since last note.

Discharged

Personal and Medical History of Charles Lips

Whole No. 4866

Residence, Wheeling, Rice Co. Minn.

Date Admission, September 10th 1897.

Admitted by Dr. R. M. Phelps hour, 3 A.M.

How Sent, R. A. Mott J. of P. Rice Co.

Sex, Male Age, 40

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Farmer & Carpenter.

Degree Education, Common school.

Profession, Religion, Yes Methodist Episcopal

Habits, Not intemperate.

Nativity, Nationality, Minnesota (Parents born in Switzerland)

Physicians Committing, Jas. A. Gates & D.M. Cobb

Correspondents,

No. of Years, 33

Insane Relatives, Sister & Paternal Grandfather – Father Suicided

Cause Exciting, a marriage engagement

Cause Predisposing, Heredity.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Sept 1'97.

Duration, 10 days.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 40

Time of Leaving, Sept. 18 1897

Time in Hospital, 8 days

Result, Died – Ex Houston ms Acute mania.

INSANE FROM FEAR

That His Betrothed Was Marrying Him for Money.

Faribault, Minn., Special, Sept. 2[illegible] 1897. Charles Lips, age forty-two years, a few miles east of Faribault, was recently examined and adjudged insane and sent to the hospital at Rochester. Word has been received that he is dead. Last fall, while attending the wedding of a friend in Le Sueur county, he fell deeply in love with a lady, his passion amounting to infatuation. They were soon engaged, but something in the lady's manner led him to believe that she was going to marry him for his money. He brooded over the matter so much that he became violently insane. He was the owner of considerable land in the town of Wheeling.

EXAMINATION ON ADMISSION BY DR. H. A. Herzog Date of Sept. 10'97.

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Refuses to speak. Lies abed. Eyes tightly closed. Head rolling from side to side.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Medical History of Charles Lips.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Much impaired.

s and condition of Skin, Wounds on left wrist, Legs & Arms bromided. Face drawn & pinched.

romptness of Movement, does not protrude: Heavy brown coat: Sordes on teeth.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size dilated. Responds to light & accom-

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Tests not made Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Not tested. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs - Slightly irregular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Right apex distinctly consolidated - all sounds harsh.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is not entirely stuporous: Understands what is said to him: Seems to be suffering pain: Haemorrhoids protruding, rectum prolapsed. Rectum filled with foul smelling soft feces. Return of prolapsus seemed to cause pain. Occasionally tosses limbs about. Abdomen retracted & rigid. He seems to be under the control of some delusion which prevents him from speaking.

Personal and Medical History of Charles Lips

Whole No. 4866	No. of Years, 33
Residence, Wheeling, Rice Co. Minn.	Insane Relatives, Sister + Paternal Grandfather - Father
Date Admission, September 10th 1897.	Cause Exciting, a marriage engagement
Admitted by Dr. R. M. Phelps hour, 3 A.M.	Cause Predisposing, Heredity.
How Sent, R. A. Mott J. of P. Rice Co.	Form,
Sex, Male Age, 40	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single	Suicidal or not, Not.
Children, -	Date of this Attack, Sept 1897.
Age Youngest Child, -	Duration, 10 days.
Occupation, Farmer + Carpenter.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Yes Methodist Episcopal	Age First Attack, 40
Habits, Not intemperate.	Time of Leaving, Sept. 18. 1897
Nationality, Minnesota (Parents from in Switzerland)	Time in Hospital, 8 days
Physicians Committing, Jas. A. Gates + D.M. Cool	Result, Died - Ex haustion in Acute mania.
Correspondents,	

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Sept. 10'97.

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Refuses to speak. Lies abed. Eyes tightly closed. Head rolling from side to side.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles Lips.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Much impaired. Face drawn + pinched.

WOUNDS, Abnormalities and condition of Skin, Wounds on left wrist. Legs + Arms bruised. Skin harsh + dry.

TONGUE, Coatings or Promptness of Movement, does not protrude: Heavy brown coat: Sordes on teeth.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size dilated. Responds to light + accom-

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Tests not made Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Not tested. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs - Slightly irregular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Right apex distinctly consolidated - all sounds harsh.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is not entirely stuporous. Understands what is said to him. Seems to be suffering pain. Haemorrhoids protruding, rectum prolapsed. Rectum filled with foul smelling soft feces. Return of prolapsus seemed to cause pain. Occasionally tosses limbs about. Abdomen retracted + rigid. He seems to be under the control of some delusion which prevents him from speaking.

Personal and Medical History of Charles Lips.

1897

This patient was brought here by Sheriffs deputy Dr. Gates in fair physical condition with the following history:- No history of consanguinity: First symptoms of disease manifested Sept. 1st '97. Tried to escape from house; broke windows & cut his hand to escape the Devil. Disease appears increasing: Is variable but no rational intervals: Thinks the Devil has a crunch on him & is afraid that he will Be lost: Not disposed to injure others, no information concerning filthy or destructive habits: Previous peculiarities:- Has always been very religious & of a tender conscience: No history of intemperance in parents or self: No severe disease or injury to head: Has been watched since commencement of this attack: Has been given Bromides. On personal examination Pulse accelerated - Is growing worse.

Sept 10 On admission put upon B3 (G. Ext. Rpt. Complexion dark: Hair black (is partly bald) Eyes brown: Condition of skin fair Scratches on left hand & wrist was bandaged when he came in: Several scratches on feet. Bruises on both Knees: No vermin: Dirty: Has protruding piles. Very restless)

10 Summary Nurses Notes. Given bath & put to bed.: very restless & had to be held in bed: Drawn to Infirmary at 6:30 PM. & put to bed: Slept 1 hr. during day: none during night. Sept 11 Temp. 98° Pulse 100 Resp. 20 in morning. Temp. 100° in PM. Patient on liquid diet: mouth washed out frequently with listerine & water: Has protruding piles: Quit in bed during day in a semi-conscious condition. Restless & noisy at night. Slept none. Very weak. Bed taken from room.

12 Temp. 99-101° Pulse 108-126 Resp. 20-26 Seemed to be in a stupor all day: Lies quietly in bed: Very hard to get him to swallow. On liquid food only.

13 Seemed more rational today. Took liquid nourishment readily but refused to eat anything. Temp. about normal all day.

14 Temp. 98°-100 Pulse 86-106. Resp 18-22. Fairly quiet during day: Restless & noisy at night. Bed removed from room. as he fell out of it. Refused to eat. Slept one hour. Sup. Strych given hypodermically 3x day. Bowels irregular.

15 Very weak: Takes very little nourishment: Stomach troubles him. Slept 4 hrs.

16 Is growing weaker: It is almost impossible to induce him to swallow anything. Nutrition enema given. Lies quietly in bed today. Sept 17 Patient still very weak - Is very obstinate: Refuses to swallow. Is very stupid: Sponge bath given. Slept 2 hrs. Strychnine given 3 x day also nutrition enemas.

18 Patient grew weaker during day: Could not induce him to swallow: Became unconscious about 7:30 PM. Pulse almost ceased. Temp. fell - Heat was applied to extremities & friction to legs & arms. whiskey given - Patient rallied slightly but never recovered from collapse. Died at 10:20 PM.

"Cause of death exhaustion in acute delerious mania. Food taken was not well assimilated. Patient was scorbutic for a considerable time previous to his death." Note by Dr. Herzog.

Died.

Personal and Medical History of

Personal and Medical History of Frank Panek (or Panick)

Whole No. 4868

Residence, Legal residence not Given

Date Admission, Sept. 10th 1897

Admitted by Dr. P. M. Phelps hour, 6 45 p. m

How Sent, W. L. Eggleston, Jr. of P. Steele & Co

Sex, male Age, 17

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, Laborer

Degree Education, Common School

Profession, Religion, Catholic

Habits, not known

Nationality, Bohemia (parents also)
naturity
Physicians Committing, J. H. Adair & W. B. Eustis
Readmit at State Ho. July 15 1896

Correspondents,

No. of Years, 35 for 7

Insane Relatives, not known

Cause Exciting, Previous attack

Cause Predisposing, Patient is a defective.

Form, Puberscent

Accompanying Bodily Disorder, none

Suicidal or not, not suicidal

Date of this Attack, one week ago

Duration,

No. of Attack, 2nd

No. of Admission, 1 st

Age First Attack, 17 18

Time of Leaving, July 19. 1900

Time in Hospital, 2 yr. 10 m. 9 d

Result, Discharged Aug. 8. 1900
Recovered
July 18-1900. Taken out by Agent Gates and sailed for Europe-V-

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Sept 11 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused, Quick.

MEMORY, Past Events, Fairly good.

Recent Events, do Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

Conversation voluble: Fairly coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Says bowels are inclined to be loose

Personal and Medical History of Frank Panick.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Slightly impaired

WOUNDS, Abnormalities and condition of Skin, Skin small & weak. Has goitre. Veins of chest dilated.
Skin fairly good condition.
TONGUE, Coatings of Promptness of Movement, Fairly prompt. Light brown coat on dorsum.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light & accom-

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, do.

COORDINATION, Arms, Fairly Good Legs, Fairly good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - Slight of tongue: About lips: No general-

PATELLAR REFLEX, 3 - Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted - Apex beat forcible - Slightly irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion limited.
Breath sounds good

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Was reported as sleeping but says he did not.

BOWELS, Present Condition, Constipated.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is quite bright - says his father was a physician in the Old Country. Came over about a year ago - went to work on a farm for his board & schooling. Hands show callosities. Last Wednesday says became very sleepy & lay down on on the street in Oratonna. History from now on is vague. He speaks only Bohemian & interpreter is not first rate. Denies masturbation. Is a little difficult to hold to one subject. Is slightly restless: picks up & examines objects about the room. Power of attention impaired. Is a pubescent case.

Personal and Medical History of Frank Pavick (or Pavlick)

1897

This patient was brought here by Sheriffs Deputy M. A. McAndrews in fair physical condition with the following history:- No history of consanguinity: 1st attack six months ago: of few weeks duration: First symptoms of present attack manifested one week ago. when patient became restless, left home, & at times was quarrelsome: Disease appears increasing: is variable: no history as to rational intervals. Derangement now manifested by patient being restless, irritable, depressed, & inclined to do foolish things: Patient not suicidal, but has shown disposition to injure others & to filthy and destructive habits: no history as to heredity or intemperance in parents or self: no history as to previous peculiarities, nor as to severe diseases or head injury: Has not been restrained or confined: Has received no treatment Patient is a defective. On personal examination no further particulars noted

Sept 10. On admission put upon B³ (G. H. N. Phs. Complexion light: Hair red: Eyes brown: Condition of skin good: vaccinated on right arm: birth mark on right leg: dirty: behavior Good)

Summary Nurses Notes. Put on ward; given bath & put to bed: Slept 7 hrs: Seemed confused & was rather noisy.

11 Bowels regular: Appetite good: Noisy & troublesome today:

12 Is very intimate with patient Jos. Smutny & they together cause a great deal of trouble on ward. Sept 13 No change. Sept 14 Is still troublesome: Carried up lunch from dining room: Keeps room very untidy. Sept 15 No delusions noticeable: Is very stubborn & mischievious Bowels regular: Sleeps well: Appetite good. Sept 16 No change.

17 Continues very noisy & troublesome at times. Sept 18 Does no work but is continually in some mischief Abuses other patients & steals everything they have from them. Sept 23 Patient has gained some in flesh since admission but there has been no improvement in condition. It is hard to make him understand as he speaks no English Summary Notes by Dr Phelps. Oct 31 Patient rather noisy, mischievious active & maniacal: Jany 1/98 Has been at times extremly troublesome but during last month, much better: able to work some on ward.

Nov 19 Trans. to Infirmary: Complained of sore throat Temp 104.5 Feb 20 On his own request removed to B³. Apr 5 Has appeared so much better that he was today sent home: May 11- Returned: Rather depressed in manner Answers questions fairly well: Complains of pain in head. Aug 1 147th Is rather despondent dull & quiet & eating rather poorly: Oct 5 Transferred to Infirmary: Fed by nurse: Nov 1 127th Lying in a quiet, stupid, melancholy condition. Dec. 30 Becoming somewhat restless & active: Has had to be watched some of late. Jan 31/99 Has become very restless & maniacal: Is constantly watched & at times held or put in restraint sheet.

Feb 1. July 31/99. (Dr. Wanous) Patient seems much disturbed. Is maniacal & untidy &

Personal and Medical History of Frank Povick

1899

destructive. Feb 10 Bruised foot kicking own stand. Is filthy at times.

Feb 24 Trans. to B³. Feb. 25 Arm swollen, examined by physicians: a slight bruise found: March 1st Restrained two hours: has habit of kicking over spittoons & tearing down curtains. In restraint frequently-

Aug 1 to Jan 31 1900 Jan 31/1900. (Dr Chapple) Wt. 157½ lbs Nov 1. Wt. 184 lbs Oct 5 Trans to B². Mental condition improved some during period. Physical condition much better. Has been very quiet most of the time, occasionally mischievous: Habits neat works on ward some. Talks very little: Quite depressed at times.

Feb 25 Mar 24 July 18 Wt 186 lbs. Pyr. May 24. Transferred to A¹. July 18. Patient has been in quite good mental condition during whole period, quiet & well-behaved. Speaks very little English, but appears rational and intelligent. Works well on ward & in dining-room. Tidy in habits: always agreable in manner. Seems to have slight asthmatic attacks, at times.

Was today, Taken away by State Agent Gates & deported to Europe

Discharged

Personal and Medical History of Thomas Mc Nichols

Whole No. 4870

Residence, Manannah, Minn.

Date Admission, Sept. 11th 1897

Admitted by A. F. Kilbourne hour, 6 45 p.m.

How Sent, Henry Gallock Cat. Conv. Ramsey Co.

Sex, Male Age, 29

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer

Degree Education, Can read & write.

Profession, Religion, Catholic

Habits, Periodical Drinker

Nationality, Ireland (Parents also) Resident of State 8-9 yrs. Resident of County 2 weeks.

Physicians Committing, John B Darling & Haldor Duenz.

Correspondents,

No. for of Years, 37

Insane Relatives, Brother born mentally defective.

Cause Exciting, unknown

Cause Predisposing, unknown

Form, Acute Mania Delusion

Accompanying Bodily Disorder,

Suicidal or not, Not suicidal

Date of this Attack, One week ago

Duration,

No. of Attack, not 1st.

No. of Admission, 1st

Age First Attack, 12 yrs.

Time of Leaving, Aug. 19. 1898.

Time in Hospital, 11 m. 8d.

Result, Discharged Nov. 8. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. W. S. Leggo. Date of Sept 15th 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish

MEMORY, Past Events, Somewhat impaired.
Recent Events, Considerably imp. Special Subjects, particularly Past mark

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - In the main correct.

REASONING POWER, Ordinary Subjects, Slow but fair
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation fairly voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably long.

ONSET, Gradual or Sudden, Probably sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, 1 brother feebleminded.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had what he calls "sunstroke" 8 yrs. ago.

HABITS, Drinking and Smoking, Drinks at times to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Frequent attacks of vertigo in hot weather.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas Mc Nichols.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 9½ PRESENT WEIGHT, 152½ lbs. USUAL WEIGHT, — NUTRITION, Considerably impaired.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Heavy yellow coat on dorsum. Somewhat slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Response to light & accom. excessive.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fair Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands: of tongue: None of facial muscles or general.

PATELLAR REFLEX, 8 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, 1st pulmonic sound rough. Strength. Sounds somewhat weak. Heart action easily affected by change of position.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is at present considerably confused but not as much as yesterday. He is now able to give a fairly coherent account of himself but memory is still impaired & power of concentrating his thoughts is also impaired. He realizes his condition & thinks he should have been in hospital earlier. He states that while a boy he worked on a farm trying to do a man's work & had an attack of dizziness. About 8 yrs. ago had what he calls a sunstroke - was abed 2 days. Has had frequent attacks since during the hot weather. Was examined as to his mental condition this Spring at Litchfield, evidently had trouble with his father as he signed an agreement to leave the state. He went to Pennsylvania & thence to Dakota. Worked there irregularly up to a couple of weeks ago. Has been recollection - finds himself in jail in St. Paul. Does not eat because of vague fears of poisoning. Does not speak as he cannot collect his thoughts. Is much better now.

Personal and Medical History of Thomas McNichols

1897

This patient was brought here by Sheriffs Deputy Egan in poor physical condition & with the following history. No knowledge of history of consanguinity: First attack occurred when patient was 12 yrs. of age: First symptoms of present attack occurred one week ago when patient became violent: Disease appears to be increasing: variable with irregular rational intervals Derangement now manifested by patient having refused to talk for 2 days: would not eat food until jailor had sampled it: Has shown no disposition to injure others: Is not suicidal: not filthy or destructive: Patients brother was born mentally defective: No knowledge as to previous peculiarities of patient: A periodical drunker: Had sunstroke 4 years ago: Has been confined one week in jail: Has received no treatment.

On personal examination patient appears depressed: Thinks he is insane: Thinks his food was drugged in Dakota.

Sept. 11 On admission put upon B3. (G. H. N. Apt Complexion dark: hair black: Eyes brown: condition of skin normal: no marks, scars &c. no vermin: dirty: no bodily peculiarities: behavior good)

" Summary Nurses Notes Patient given bath & put to bed: Seems rational but memory is very poor: Does not know how he got here or where he came from & does not know where he now is. Sept 12 Temp, pulse & respiration normal: Bowels regular: Seems to be a little suspicious of his food. Sept 13 Put upon medicine 3 x per day. Hesitated a while about taking it but finally consented to do so. Sept 14-15 No change in condition or behavior. Sept 16 Seems to be regaining his memory slowly - Talks some of the past & also of his present surroundings but does not remember how he came here - Sept 19 Has written a couple of letters to friends: Is very anxious to learn here but says he does not know where he would go. Sept 24 Some little mental improvement since admission & has gained a little in flesh.

Summary Notes by Dr Phelps Oct 31 Patient says that he is a great deal better than he was: says that he recognized some of his former ideas as delusions: Is still, however, somewhat puzzled & confused. Dr Cogy Now says that he was chloroformed & brought here: Is confused & dull has worked some with painters: July 1 Visited by brother: Rather dull & quiet but delusions not prominent of late: Aug 19 Sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of Peter M. Buck.

Whole No. 487	No. of Years, 39
Residence, St. Paul, Minn.	Insane Relatives, None.
Date Admission, September 15th 1897.	Cause Exciting, Don't Know
Admitted by Dr. H.H. Herzog hour, 6th P.M.	Cause Predisposing,
How Sent, Hy. Gallick Cert. Com. Ramsey Co	Form,
Sex, male Age, 37.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Married.	Suicidal or not, Not.
Children, - 2 -	Date of this Attack, 2 yrs. ago.
Age Youngest Child, —	Duration, 2 yrs
Occupation, Hard-wood finisher.	No. of Attack, 1st (Continuous)
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Not a church member.	Age First Attack, 34.
Habits, Not intemperate.	Time of Leaving,
Nationality, Canada (Parents also born there, became resident of State in 1871 Pat Co. in 1883)	Time in Hospital,
Physicians Committing, C. Eugene Riggs & Lafayette Woodward.	Result,
Correspondents,	

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* 9.17.97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly sluggish, fairly clear.

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert - correct.

REASONING POWER, Ordinary Subjects, Quite good but a trifle simple

Special Subjects, See Note

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, ~~Transitory~~ Fixed, Special Subjects, See note

Conversation fairly voluble - coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Moderate drinker.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter M. Buck

COPY OF LETTER OF PETER M. BUCK TO HIS SISTER-IN-LAW.

Rochester, Minn, Nov. 26, 1897.

Dear Annie

What in the name of God is the matter with you are you not going to let me out of this cursed hole if not say so here it is snow on the ground and it will soom be the middle of winter and I want to know if your going to do anything ot not I have told you repetdly that I would do what is write with you now is that not enough what do you want me to say to you do you want me to come up and mary you as near as I can if so Then say so and let me out so I can I cant do anything and stay Down here I know that You want me and now is your chance if you Do But I want to say that I dont want you to try to keep me from going to see my children Just as often as I deem necessary for that Write I will reserve if you are going to bee gelles of me going to see Helen then wee might Just as well stop and I want to say that I dont want you or through your influence Have any one to put her up again me or through you or any one else to Have any one to go and see her for I dont want her to ever git married for I dont want them abused and I wont have it for all of the women in St. Paul Now What do you say Do you want me or not you M Might Just as Well Give in and bee dune with it for I will keep at you till you do or if you dont want me let me out and go to my children I Know damed well that you Dont care for me nor never did and I dont care so much for you as I did for sending Me Down here But if you will let me out at once then I will forgive you now Annie Do you want me if you do then write to me and say so and git me out and I will imidatly come to you With your permission and not let any of my folks know anything about it for some time and dont let helen know that I am writing to you I will tell her that I am working Down town for I do reely feel sory for that Woman and I will use her Just as Well as I can and dont you interfere If you do I will have you so now I am going to write to abe a few lines and give you hell as usual but dont mind that if ever I felt that I could apresiate a woman I could now if she is worthy of it so now Annie strike while the iron is hot so now I must close I thought of you all day yesterday so god Bles you I am as you wish

P. M. Buck

I Will give you til monday Pleas write at once

			Peculiarities in Shape,
EXAMINATION URINE, Quantity,	Sp. g.	Reaction,	Color and Appearance,
Albumen,		Sugar,	
Casts and Crystals,			

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient exhibits a paranoia - Seems to be slightly under par intellectually but on the whole talks fairly well. He has for some time past been infatuated with his wife's sister who boarded with him for a time. He persecuted her until she left the house. He went to the country to a farm which was left him by his father but soon returned. He shows no sense of the duties owed to his wife. The girl has not spoken to him for a long time but he waits up & down before her boarding place & her place of business, follows her wherever she goes & has twice while intoxicated tried to get into her boarding place but was refused admittance. He says she tells him to do these things, not directly but through others. claims that she encourages him in spite of the fact that she does not speak to him. Fails to see the absurdity of the idea that she would not speak to him of the notoriety, but would encourage his attentions through others.

Per

Date

Admitted

How Sent, —

Sex, male

Civil Condition, Ma

Children, - 2

Age Youngest Child, —

Occupation, Hard-wood fin

Degree Education, Common sc

Profession, Religion, Not a church

Habits, Not intemperate.

~~Nationality~~ Nativity & Canada (Parents also bor
Became resident of Ont. in 1871 P.E.I. in 1883

Physicians Committing, C. Eugene Riggs & A.J. Wade

Correspondents,

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* 9/4/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly sluggish, fairly clear.

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert - correct.

REASONING POWER, Ordinary Subjects, Quite good but a trifle simple

Special Subjects, See Note

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, ~~Transitory~~ Fixed, Special Subjects, See note

Conversation fairly voluble - coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Moderate drinker.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

onal and Medical History of Peter M. Buck.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 159½ USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Good

TONGUE, Coatings or Promptness of Movement, Light yellow coat. Prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light + accom.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fairly good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands + tongue -

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slightly hesitating - almost a stammer.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs
Slightly rapid
Sounds good. Apex beat somewhat forcible

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient exhibits a paranoia - Seems to be slightly under par intellectually but on the whole talks fairly well. He has for some time past been infatuated with his wife's sister who boarded with him for a time. He persecuted her until she left the house. He went to the country to a farm which was left him by his father but soon returned. He shows no sense of the duties owed to his wife. The girl has not spoken to him for a long time but he tracks up + down before her boarding place + her place of business, follows her wherever she goes + has twice while intoxicated tried to get into her boarding place but was refused admittance. He says she tells him to do these things not directly but through others. claims that she encourages him in spite of the fact that she does not speak to him. Fails to see the absurdity of the idea that she would not speak to him of the matter but would encourage his attentions through others.

Personal and Medical History of Peter M. Buck.

1897

This patient was brought here by Sheriff's deputy P.J. Meisen, in good physical condition, with the following history: No history of consanguinity, heredity or intemperance in parents or self. First symptoms of attack manifested three years ago by sexual monomania, perverted affection for sister-in-law. Has had various attacks during the three years. Disease appears increasing: variable with irregular rational intervals. Derangement now manifested by perverted affection for sister-in-law. Is disposed to injure others & is filthy & destructive in habits. Previous peculiarity religious fervor. No severe disease or injury to head. Has not been confined or restrained. Has received no treatment. No further particulars noted on personal examination.

Sept 15 On admission put upon B.E. (Ward Rpt. Complexion dark. Hair dark brown. Eyes blue. Condition of skin good. Is clean. Behavior good. Talks rationally) ~~nurses notes summary~~ Put on ward. Examined & put to bed. Talks rationally. Sept 16 Talks rationally & acts quite well. Assists some with work. Temp 99. P. 78. R 18. Bowels reg.

17 Appetite good. Bowels regular. Is neat in habits & dress.

18 No change in condition. Sept 19 Behavior good. Temp. Pulse & Resp. normal.

22 His only delusion seems to be one concerning infatuation for sister-in-law. (See preceding page.) Today joined with other patients in a plot to overpower night-nurse in order to escape. Trans. to B. Sept 23 Appetite good. Bowels regular. Was quiet & well-behaved. Sleeps well. Talks & acts rationally. Works a little on ward. Sept 24 Complains of a slight headache. Works in D.R. Habits neat & clean. Sept 26 No delusions detected. Trans to B. Is very agreeable & well-behaved. Talks freely & rationally. Summary Notes by Dr Phelps. Oct 28 Patient very noisy & abusive. Complains because kept on ward. Tries to run away & is in every way very contrary & active. Does not talk of well defined delusions but is thoroughly unreliable in actions. Nov 29 Is at times extremely resistive. Tries to run away in spite of all reason or any chances to get away. Dec 8 Has been at times taken out in restraint so as to prevent his getting away. Has to be held & continually uses all his strength in attempts to get away, even without any chances of effecting his escape. Jan 7 No change in behavior. Oct 31-98 At present is being secluded while not go out on account of his treacherous & maniacal behavior 31 Still on violent ward & has spent a good deal of time in swearing & shouting loudly & has at times actively struggled & fought. Feb 1 - July 31 '99. (Dr. Wanous) Still troublesome, has to be locked in room. Is in habit of refusing his food. Continually complacies & wants to go home. Feb 19 Refused to eat: said he would starve himself. Mch 1 Takes his nourishment irregularly. Mch 25 Threatened to harm physicians. Has to be kept in room when doctors are on ward. May 3. Caught trying to unlock screen.

Personal and Medical History of Peter M. Buck.

1899

July 18. Attempted to escape - planned elopement with assistance of other patients.

July 19 Left on hall by order of doctors. Aug 1 - Jan 31. 1900. (Dr Chapple) Aug 1 - 9. Has become slighly more irrational in conversation. Delusions more apparent. Harangues frequently over abuses heaped upon him. On ordinary subjects talks quite sensibly. Very noisy & abusive in language, particularly toward physicians & occasionally violent. Tried to elope several times. Physical condition uniformly good. Feb 1 - Wt 158#. Pos. June 12. Tooth extracted. July 20. Vaccinated; result good. July 31. No change of importance: has been in fairly good health; eats & sleeps quite well; does a little work on ward. Is extremely stubborn; seldom goes out with other patients, as he will run away at every chance. Usually refuses to go out when nurses attempt to take him out: has been emotionally very noisy & abusive & obscene in language. Stays in his room, most of time; reads some, but is usually talking & haranguing to himself. "Thinks that everyone is against him"; "Thinks that he is being poisoned". Complains of mostly everything imaginable & refuses to do anything that is asked of him. "Thinks it is all a scheme to keep him here". Has been violent & frequently in seclusion for a short time. Habit quite tidy. Augs. Wt 158#. Jany 31/1901. Is rather more delusional, than formerly; "Constantly telling how he is persecuted"; "Think he is being poisoned" - Refuses food at times. "Imagines we want him to starve & accuse his release". Is extremely stubborn & contrary. Very noisy at times, and frequently puts in delusion - Feby 1 1900 Jan 31 Wt 155#: May. Wt 145#: Augt. Wt 133#. Nov 1 Wt 147#: Jany 31/01: no change, mentally, during year: rarely does any work: never has any trouble, but is very stubborn and abusive: constantly complaining "because he is kept here"; "Nothing the matter with him" - Scheme to get him out of the way". Has shown "delusions of poisoning" & hallucinations. Read considerably.

Jan 3/03 (Dr. Chapple). Patient in good health; but does no work. Is somewhat incoherent in talk. Constantly asking permission to go home. Cannot understand what is expected of him. At times is extremely noisy & abusive & expresses marked delusions of persecution.

Personal and Medical History of John Hitchcock.

Whole No. 4873
Residence, Kellogg, Minn.
Date Admission, September 16th 1897.
Admitted by Dr. H.H. Herzog. hour, 6.45 PM.
How Sent, Malcolm Kennedy J. of P. Wabasha Co.
Sex, male Age, 87.
Civil Condition, Married.
Children, Six -
Age Youngest Child, —
Occupation, Farmer -
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nationality, (Nativity) England (Father also born there) Became resident of State + Co. in 1856
Physicians Committing, J.B. Cole + W.H. Lincoln.
Correspondents,
W.A. Mills, Kellogg, Minn. daughter.

No. of Years, 40
Insane Relatives, Father.
Cause Exciting, "Loss of eyesight"
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has talked of it.
Date of this Attack, About March 1897.
Duration, about 5½ months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 87
Time of Leaving, Oct. 28. 1897
Time in Hospital, 1 mo. 12 d.
Result, Discharged Feb. 9. 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* Sept. 1797

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly Confused;- sluggish.
MEMORY, Past Events, Impaired
Recent Events, Much impaired Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull: seems correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed -
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted -
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.
LENGTH INVASION, Long.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of John Hitchcock.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5½ PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, light grayish coat. Moist.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Totally blind: eyeballs withered.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Considerably impaired.
COORDINATION, Arms, Impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands + tongue -
PATELLAR REFLEX, Not tested. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, All sounds soft. Strength sounds weak. Very intermittent
ARTERIES,
Markedly atheromatous.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
All sounds harsh

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is a feeble-minded old man. He is as-ment as could be expected. He has some exaggerated sexual impulses for his age. He had been deceived by his relatives they telling him that he was to have his eyes treated here.

Personal and Medical History of John Hitchcock.

1897.

This patient was brought here by Sheriffs deputy Wa. Mills, in poor physical condition with the following history:- No history of Consanguinity: First symptoms manifested about March 1st 1897. Disease appears increasing: Is variable, patient bring on some days more quiet & rational than on others: Derangement manifested by disposal of property, marriage & change of residence: Is disposed to injure others at times of excitement: Is filthy & destructive in habits: No previous peculiarities noted: Has had no severe disease or injury to head: Has had to be watched for past week: Has received no treatment: On personal examination no facts noted except that patient is extremely talkative.

Sept 16 On admission put upon D. 40. (98.4 Rpt Complexion light: hair gray: eyes blue: Condition of skin good: Is clean: behavior good. T 98° P 70 R. 28)

Summary Nurses Notes. Came on ward, given bath & put to bed: Lies quietly in bed: Seems well except that he is old & blind Sept 17 Lies quietly in bed: Says he was sent here to have his eyes treated. Voided 8 a.m.

Slept 8 hrs. Sept 18 Temp. pulse & resp. normal. Is fairly quiet: Sits on edge of bed part of time talking to himself: Slept 8 hrs. Sept 19 Appetite good. Bowels constipated: Up on ward today. Sits in chair where he is put & does not trouble anyone: Slept 9 hrs. Sept 20 Given enema with good results: Slept 9 hrs. Sept 21 Very restless during night & rolled out of bed several times: Seemed to be very much confused: Slept 2 hrs.

22 Still very much confused: Is at times very noisy. Sept 23 Is at times very restless & noisy no improvement in condition. Bowels irregular

24 No change during past week: Is generally quiet but at times noisy & confused: Sleeps fairly well: Bowels irregular: Appetite good.

30 Is careless & indifferent in personal habits: Memory is very poor & he is quite deaf. Oct 1 Wt. 143 T 98. Visited by son. Oct 2 3 Complains of lameness in small of back, could not walk. Put to bed. Is badly confused & restless, Calls for his wife frequently. Oct 24 Does not appear to have much pain when still but when he moves about he seems to be in considerable pain. Oct 25 Seems to be much better today: Slept 3 hrs. Oct 26 No change: Is quite restless & confused: Back seems as well as usual: Oct 27 Lies fairly quit in bed today. Oct 28 Up & went home with son this P.M.

Discharged.

Personal and Medical History of

Personal and Medical History of John Low.

Whole No. 4875
Residence, Reads Landing, Minn.
Date Admission, September 30th 1897.
Admitted by Dr. A. W. Phelps hour, 2.30 P.M.
How Sent, Mr. Kennedy & Co. of P. Wabasha Co.
Sex, Male Age, 38
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality,~~ Ill. (Father Germany, Mother Ohio)
Became resident of State 6 Yrs. Previous to Nov. 1897.
Physicians Committing, Wm. Mulligan & T. A. Laird.
Correspondents, Maria Low. (mother)

No. of Years, 47.
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing, Nervous attack
Form, Adolescent (?)
Accompanying Bodily Disorder, Very nervous.
Suicidal or not, Not.
Date of this Attack, Sept. 17 1897.
Duration, 1 da.
No. of Attack, 2nd
No. of Admission, 1st here (at Oshkosh, Wis.)
Age First Attack, 37.
Time of Leaving, 11th December 1901
Time in Hospital, 4 yrs 2 mos 21 ds
Result, Transferred to Hastings Asylum

Ok. Gw

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Good.
Recent Events, Imp. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State, Not good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Probably has them tho they are not clear.

HALLUCINATIONS, yes.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Knows nothing of history.
Paternal Relatives,
Mother, living
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid, Lagrippe - Measles Etc

HABITS, Drinking and Smoking, both - says not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no

OCCUPATION, Healthy or not, laborer.

Detail Date, Duration, and Character of Previous Attack, if any,
Was in Oshkosh (Wis about 6 mos - 1 yr ago.

Sleep, Appetite, and Bowels, impaired.

Personal and Medical History of

JOHN LOWE.

Oct. 14th, 1897. Mother writes:- Noticed first symptoms about fifteen years ago. He had nervous spells, was quite weak, and could not sleep. He was treated at Moose Lake and recovered so as to do work, until a little over a year ago, as near as she knows from the Doctor at Moose Lake, he became worse again.

ION, Quite good.

COORDINATION, Arms, good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Good Size, N
Apex Beat, Regularity, Regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. Sounds Normal

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In fairly good physical condition. No lesions discernable. Says he has not been very strong & robust. Has roamed about a good deal. Has always been nervous & had spells when he was extremely nervous & perspired & was afraid - of what he did not know. Says he thought someone had followed him & tried to poison him. Had smelled drugs & seen spots on clothing like some powder. Is also deranged on subjects of religion & masonry.

Personal and Medical hi...

Whole No. 4875

Residence, Reads Landing, Minn.

Date Admission, September 20th 1897.

Admitted by Dr. A. M. Phelps hour, 2.30 P.M.

How Sent, M. Kennedy C. of P. Wabasha Co.

Sex, Male Age, 38

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

~~Nationality.~~ Ill. (Father Germany, Mother Ohio) Because resident of State 6 yrs. in Nov. 1897

Physicians Committing, Dr. Milligan + L. A. Lord.

Correspondents, Maria Low. (mother)

Insan.

Cause Exciting,

Cause Predisposing,

Form, Adolescent.

Accompanying Bodily Disorder, Tryanr.

Suicidal or not, Not.

Date of this Attack, Sept. 17 1897.

Duration, 1 da.

No. of Attack, 2nd

No. of Admission, 1st here (at Oshkosh, Wis.)

Age First Attack, 37.

Time of Leaving, 11th December 1901

Time in Hospital, 4 yrs 2 mos 21 ds

Result, Transferred to Hastings Asylum

Ok. Gen.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Good.

Recent Events, Imp. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert - Correct.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State, not good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Probably has them tho they are not clear.

HALLUCINATIONS, yes.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Gross nothing of history.

Paternal Relatives,

Mother, living

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Typhoid, Lagrippe - Measles Etc

HABITS, Drinking and Smoking, both - says not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, laborer.

Detail Date, Duration, and Character of Previous Attack, if any,

Was in Oshkosh (Wis) about 6 mo. 1 yr ago.

Sleep, Appetite, and Bowels, impaired.

Personal and Medical History of John Lord.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10 3/4 PRESENT WEIGHT, 155 USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, Skin in good condition.

TONGUE, Coatings or Promptness of Movement, Prompt - steady.

PUPILS, Equality, Size, Response to Light, and Accommodation, equal - normal.

SIGHT, good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, good.

COORDINATION, Arms, good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None.

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Good Size, N

Apex Beat, Regularity, Regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair
B. Sounds normal

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In fairly good physical condition. No lesions discernable. Says he has not been very strong + robust. has roamed about a good deal. Has always been nervous + had spells when he was extremely nervous + perceptive + was afraid - of what he did not know. Says he thought someone had followed him + tried to poison him. Had smelled drugs + also spots on clothing like some powder. Is also deranged on subjects of religion + masonry.

Personal and Medical History of John Law.

1897.

This patient was brought here by Sheriff's deputy D.C. McKenzie in fair physical condition, with the following history: No history of consanguinity, heredity or intemperance in parents or self: First attack occurred about one year ago, duration five or six weeks: Was in hospital at Oshkosh Wis. First symptoms of present attack manifested Sept. 17'97. Patient is rational at times - No knowledge as to whether disease is increasing, decreasing or stationary: Derangement manifested on subjects of free-masonry + religion: Patient not disposed to injure others: Not suicidal, filthy or destructive in habits: Mind has run on subject of the Catholic religion: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment.

On Personal Examination he appears very nervous + excitable, talks incoherently.

Sept 20 '97 On Admission put upon B.E. (Fifth Apt. Complexion light: Hair light brown: Eyes blue: Condition of skin good: Vaccination marks on left arm: End of middle finger on left hand gone: Small scar on left side: Is clean: behavior good: Temp. 100° R. 22 P. 68.) Answers some questions rationally concerning physical condition. Sept 21 Has hallucinations: Sleeps well: Appetite good: Bowels regular. Sept 22 Has delusions of persecution dating back to childhood. Sept. 23 Temp. Pulse or Resp. normal: Bowels regular: Appetite very good: Sept 24 Has evidently done no work of late: No change today - Sept 25 Slept 8 hrs. Patient admits that he was confined in Wisconsin hospital some years ago. Oct 3. Is very anxious to go home: Is obstinate + disobedient: Does no work. Is well physically - Summary Nurses Notes by Dr Phelps. Oct 29 Was rather restless at times of coming, has quieted down somewhat. Is rather dull, + quiet + has evidently been a tramp wandering around for a good many years: Says he would go south as far as Texas working back the following Spring. Nov 27 Transferred to Infirmary. Nov 30 Up again today, sickness amounting to very little. Jan 30'99 Has drifted along in the same quiet, stubborn, rather chronic way ever since coming here. Feb 1. July 31'99. (Dr Wanous) Wt. 169#. Patient continues quiet + well - behaved: changes very little from month to month. Wt 139#. Aug 31. Quiet; seldom speaks: says 'he cannot eat food placed before him': Speech shows some incoherence: Works in dining-room. Sept 2. Visited by mother. Dec 30. No special change - March 7/1900 Says 'cannot eat because he is too high up'; wants to go on lower flat. May 8. Transferred to A! East. July 1 Wt 161. p 75 - Patient not vaccinated. Aug 30 Works in dining-room: Asks to go home - Jany 1/1901. Wt 155#. P 80. Jany 31. no change noted in patient's emotion. Health decent good - Feb 1. 155# May 1. 153# Augt 1. 147# Nov 1. 138# Transferred to Dr. Dec 11. Since transferred to Dr, has done a little work on ward: would do nothing before that. Is in fair health: Lazy in habit.

1899 Jan 30 – July 31 – Aug 1/31 – Sept – Dec 30 – 1900 July 1 – Oct 26 – 1901 Jany 31 – Nov 1 – Dec 11

Personal and Medical History of John Low.

1901 April

Dec 11 well-behaved; frequently complaining, however, of his food, and expressing vague delusions. Seems to think food was poisoned &c"

Today, transferred to Hastings State Asylum.

Personal and Medical History of Horace D. Stewart.

Whole No. H 876
Residence, St. Paul, Minn.
Date Admission, September 20th 1897.
Admitted by Dr. H.H.Herzog. hour, 6:45 PM.
How Sent, Hy. Gallick Cat. Com. Ramsey Co.
Sex, male Age, 30
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, R.R. Brakeman.
Degree Education, Fair.
Profession, Religion, Not a church member.
Habits, Patient a cigarette smoker,
Nationality (Nativity), Wisconsin - (Parents Pennsylvania.
Physicians Committing, J. Ohage + J.B.Brimhall.
Correspondents, W.A. Stewart (brother) 93 W. 10th St. St. Paul, Minn.

No. of Years, 43
Insane Relatives, None.
Cause Exciting, Unknown,
Cause Predisposing, Unknown.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 1 wk. ago.
Duration, About one week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 30.
Time of Leaving, Dec. 31. 1897
Time in Hospital, 3 mos. 11 da.
Result, Discharged May 4. 1898
Much Improved.

EXAMINATION ON ADMISSION BY DR. H.H.Herzog. Date of Sept 21/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused: Quick.
MEMORY, Past Events, Some impairment.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert: Illusive
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Much excited.
DELUSIONS, not Systematized, Transitory, Special Subjects, of grandeur
Conversation Voluble. Somewhat incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Drank some. Smoked Cigarettes to excess
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Brother states that he was melancholy for some weeks previous to outbreak of mania
Sleep, Appetite, and Bowels,
Sleep much broken during past week.

Personal and Medical History of Horace D. Stewart.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Fairly good
WOUNDS, Abnormalities and condition of Skin, High arched palate: decayed teeth: anteriorstanding ears.
TONGUE, Coatings or Promptness of Movement, Heavy brown coat: prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Somewhat contracted. Slightly irregular in outline. Respond to accomodation: not to light.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slight impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands: of tongue.
PATELLAR REFLEX, O Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs noted. Sounds fairly good.
ARTERIES,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion Good.
Slight dullness right apex

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Slept little last night
BOWELS, Present Condition, loose.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is restless + talkative: Says he is in perfect health: has invented a cure for consumption: Has plans for engaging in vast business enterprises. Brother says that lately he has been drinking more than usual + associating much with fast women. The delusions of grandeur, the abolished patellar reflex, the immobile pupils + his great appetite would indicate General Paresis, but the general appearance of the patient is not typical. The facies is brighter + the speech disturbance is not what we would expect. He is neat in his clothing + personal appearance.

Personal and Medical History of Horace D. Stewart.

1897.

This patient was brought here by Sheriff Abbuty Wm. Stewart attended by Herbert Stewart in good physical condition, with the following history:- No history of consanguinity heredity or intemperance in parents or self. First attack occurred one week ago, manifested by incoherent talking & singing: Disease appears increasing. Not variable: No rational intervals. Derangement now manifested by financial delusions: Not disposed to injure others. Not filthy nor destructive in habits. No previous peculiarities manifested. No severe disease nor injury to head. Has not been confined nor restrained, has received no treatment.

Sept 20 On personal examination put upon Infirmary Ward (Gen. Rpt.) Complexion light. Eyes blue: Hair dark brown: First finger on left hand crooked. Behavior good but is a little noisy. T. 99 P. 80 R. 20.

Summary Nurses Notes Is very noisy. Talks continually & is very irrational. Temper is agreeable. Has delusions that he is very rich & that he came here to start a bicycle factory. Says he feels "grand". Answers questions with fair intelligence. Is neat & clean in habits. Sept 21 Is very restless. Talks a great deal of the wonderful things he is going to do. Is going to revolutionize everything: Make a great city of Rochester etc. etc. Exaggerates everything he talks about. Writes a great many telegrams to prominent people. The President etc. Is neat & clean in habits.

22 Remains about same. Is fairly agreeable. Bowels regular. Eats well. Temp. 99³ - 98⁹. Pulse 96-112 Resp. 16. Sept 23 Was noisy & abusive during night is fairly quiet today: worked some on ward. 24 Is quite restless today. Talks & sings & is very happy. At times is very irritable. Has very exalted opinion of himself. Is very busy writing letters, telegrams etc. Sept 25 No change. Still very restless & irrational. Sept 26 More restless & irrational today.

27 Still very much disturbed mentally. Very restless & talkative. Sept 29 No change mentally. very much disturbed. Is easily offended & irritated. Is very anxious to go home. Refused supper today.

Oct 5 Appetite good. Bowels regular. Sleeps fairly well. Talks freely but irrationally. Thinks he is very wealthy & plans great things for the future. At times grows noisy & abusive but is easily quieted. Assists some with ward work.

20 Is improving some mentally. Is more quiet & does not talk so much about his delusions. Nov 1 Wt. 123½ lbs. P. 78. Appetite & bowels normal. Sleeps well when there is no noise, is easily wakened. Talks freely & intelligently. Acts a little nervous & flighty at times but there has been a very marked improvement in his mental state. Nov 10 Visited by brother.

Nov 30 Has parole of grounds. Is very well-behaved. Dec 1 Wt. 129 lbs. P. 70. Dec 31 Eats & sleeps well. Bowels regular. No change mentally. Allowed to go home today.

Discharged

Personal and Medical History of

Personal and Medical History of Henry J. Duerre

Whole No. 4877

Residence, Reads Landing, Minn.

Date Admission, September 21st 1897.

Admitted by Dr. A.M. Phelps. hour, 9 P.M.

How Sent, M. Kennedy J.P. Wabasha Co.

Sex, male Age, 23.

Civil Condition, - Single -

Children, —

Age Youngest Child, —

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate. Uses tobacco to excess.

Nationality, ~~Nativity~~ Minn. - (Parents Germany)
Became resident of State & Co. in 1874

Physicians Committing, T.A. Law & W.H. Lincoln.

Correspondents, Duerre Bros., Reads Landing, Minn.

No. of Years, 44

Insane Relatives, None.

Cause Exciting, Worry about business.

Cause Predisposing, Unknown.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, First, about 18 mos. ago.

Duration,

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, 22

Time of Leaving, Oct. 17. 1897

Time in Hospital, 29 d

Result, Discharged Feb. 9. 1898 Unimproved.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog Date of 9/23/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - slightly confused.

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - In the main correct.

REASONING POWER, Ordinary Subjects, Loose

Special Subjects,

Own Mental State, Realizes that he is not right.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation - Voluble - fairly coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
In April 96 had suicidal tendencies.

Sleep, Appetite, and Bowels,
Sleep has been broken.

Personal and Medical History of Henry J. Duerre.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11½ PRESENT WEIGHT, 155 USUAL WEIGHT, 160 NUTRITION, fairly good.

WOUNDS, Abnormalities and condition of Skin, Has scars of numerous boils on buttocks.

TONGUE, Coatings or Promptness of Movement, heavy white coat - prompt

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Respond to light & accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, fairly good. Legs, do Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands - of tongue.

PATELLAR REFLEX, 8 - 9 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs.
Sounds good.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in fair physical health except that he has been troubled with furunculosis. He confesses to masturbation. Lays his trouble to excessive use of tobacco. For past year has been impractical in all actions. Will not stick to anything. Has studied law. Has been west (Butte). Has worked on raft-boat. About 4 mos. ago had suicidal notions. Has the egotism of adolescence in an exaggerated form. Talks loudly & with great assurance.

Personal and Medical History of Henry J. Duerre.

1897

This patient was brought here by Sheriffs Deputy Jas. McCurtie attended by James Micblood in fair physical condition with the following history:-
No history of consanguinity, heredity or intemperance in parents or self:
First symptoms of disease manifested eighteen months ago, in conversation.
Disease appears increasing: Is variable with irregular rational intervals.
Derangement now manifested by delusions of persecution thinks his brothers have cheated him out of money & have not used him right: Has threatened to kill his brothers: Not suicidal, filthy or destructive: Has used tobacco to excess: No severe diseases or injury to head: Has not been confined or restrained: Has received no treatment: On personal examination is very excitable & wandering in his conversation.

Sept 2 On admission put upon B3 / 2 W in Apt Complexion dark: Hair black: eyes brown: Condition of skin good: Vaccination marks on arm: 3 small scars on back. Is clean: Behavior good.)
Summary Nurses Notes Patient given bath & put to bed. Talks rationally on all subjects: Is slightly maniacal in actions: Slept 7 hrs.
22 Temp. 99 P. 78 R. 18. Bowels regular: Appetite good: Sleeps well.
23 Very much excited - walks hall continually. Sept 24 Made an attempt to elope while out this PM. made no resistance when caught & came back very peaceably: Sept 25 Still very maniacal: Slept 8 hrs.
26 Very noisy: walks floor whistling & singing at top of his voice: Bowels regular: Appetite good: Sept 27 No change. Sept 28 Neat & clean in habits & dress: Quite willing to work: Sept 29 Seems bright & intelligent & converses freely on all topics: Sept 30 Continues restless & remains slightly maniacal in his actions Oct 1 No delusions noticeable: Seems rather absent-minded at times.
Oct 4 Continues restless: Is quite obedient: Bowels regular: Appetite good:
7 Wt. 175 Pulse 84. Remains about same mentally: Talks very rationally enough on all subjects but behavior shows that he is not right.
Is very restless, walking floor & laughing to himself - becomes very indignant when spoken to: Oct 16 Very restless today. Oct 17 Eloped thro' window at 9.50 PM. used a piece of wire to lower himself to the ground. Nurse Bair on Supervisory heard him drop to ground: Was last seen going toward railroad track.

Discharged.

Personal and Medical History of

Personal and Medical History of John E. Pollock.

Whole No. H 880
Residence, Mower Co. Minn.
Date Admission, September 25th 1897.
Admitted by Dr. C.B. Eby. hour, 7.30 P.M.
How Sent, O.D. Washburn J. of P. Mower Co.
Sex, Male Age, 53.
Civil Condition, Widowed.
Children, none
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Nationality, North Carolina. (Parents also born there)
Became resident of State prior to 1895.
Physicians Committing, D. J. Lockwood & C.A. Johnson.
Correspondents, Dr. Drager, Lyle Minn. (Family Physician)

No. of Years, 47.
Insane Relatives, Patient says none.
Cause Exciting, Intemperance.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes - Has attempted to cut throat.
Date of this Attack, -
Duration, -
No. of Attack, 2nd (1st Nov. 13'96)
No. of Admission, 1st
Age First Attack, 52
Time of Leaving, Oct 28. 1897
Time in Hospital, 1 mo. 3 da.
Result, Discharged Apr. 28. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John E. Pollock.

JOHN E. POLLOCK.

Geo. Robinson, Postmaster, Lyle, Minn, an acquaintance, Writes: During the past year has seen very little of Mr. Pollock. At times when in twon has seemed as well as usual, except when under the influence of liquor. Is a hard drinker and directly after these sprees does not seem to be in his right mind. Thinks he is a good, trusty workman when sober.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of

Whole No. 4880

Residence, Mower Co. Minn.

Date Admission, September 25th 1897.

Admitted by Dr. Les B. Eby hour, 7.30 P.M.

How Sent, D.D. Washburn J. of P. Mower Co.

Sex, Male Age, 53.

Civil Condition, widowed.

Children, none

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Intemperate.

Nationality, ~~Nativity~~ North Carolina. (Parents also born there) Became resident of State prior to 1897.

Physicians Committing, D. F. Lockwood & C.H. Johnson.

Correspondents, Dr. Frazer, Lyle, Minn. (Family Physician)

No. -

Insane Relatives,

Cause Exciting, 0.

Cause Predisposing, Previous

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Yes - Has attempted to cut throat.

Date of this Attack, -

Duration, -

No. of Attack, 2nd (1st Nov. 13'96)

No. of Admission, 1st

Age First Attack, 52

Time of Leaving, Oct. 28. 1897

Time in Hospital, 1 mo. 3 da.

Result, Discharged Apr. 28. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... Date of .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John E. Pollock.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 10½ PRESENT WEIGHT, 152½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of John E. Pollock.

1897.

This patient was brought here by Sheriffs Deputy Jt Johnson attended by John Flood. In fair physical condition with the following history:- No history of consanguinnity, or heredity: First attack occurred Nov. 13: 96, lasted 2 or 3 days: He had an imperative impulse which he calls a vision to the effect that he must cut his throat, which he did. Disease seems increasing: Is variable, with irregular rational intervals: Derangement now manifested by confusing things + ideas,- thinks that the corn crop is going to spoil in a short time: Becomes pugnacious upon slight provocation: Is disposed to injure others: Not disposed to filthy or destructive habits: No previous peculiarities known: No severe disease or injury to head: Has been confined for two days in jail: No treatment pursued for relief of patient. On personal examination seems excitable + talks irrelevantly about husking corn at night: When people go out of room mentions something about a smell which he connects with the occurrance He took a mean house + later went to see if he was staying where he was put: Not being admitted to the house, he pulled down the screen door. Took hold of the woman of the house + pulled her into the porch. He says that he has ¼ share in the State of Minnesota + has made $200,000. today. Commitment recommended because he has perpetrated acts dangerous to himself + others On Admission Sept 25/97 put upon B's E (9th U. Rpt Complexion light: Hair gray: eyes blue. Condition of skin good: American Coat of Arms Tattooed on right fore-arm, on back + below right knee. Has scars on throat from attempted suicide: Is clean: Behavior good.)

Sept 26 Summary Nurses Notes Seemed rational but despondent: Answered all questions intelligently. Sept 27 Temp. 99 P. 78 Resp. 20. Slept 5 hrs. Bowels regular: Appetite good. Sept 28 Temp. Pulse + resp. normal Slept 4 hrs.

29 Patient says he got into trouble at Austin, was drunk. Says he belongs at Soldiers home - + is now out on furlough: Is very anxious to go back:

30 Appetite good: Bowels regular: Slept 5 hrs. Oct 1 Neat + clean in habits + dress: Does some work on ward: Oct 2 No delusions noticeable: Is very anxious to get away from here Oct 3 Seems fairly good-natured: when not at work plays cards, checkers, etc Oct 4 Has threatened to elope unless allowed to go home. Behavior unchanged. Remains fairly good-natured. Oct 8 Has written several letters to friends. Can see nothing wrong with him mentally. Seems well physically.

10 Seems to have no delusions: Does some little work on ward: Appetite is good. Bowels regular. Oct 26 Patient has seemed perfectly rational for some time past. Has been very anxious to go home: this week as his furlough expires. Was allowed to go today

Discharged.

Personal and Medical History of

Personal and Medical History of Ferdinand Cain.

Whole No. 4881
Residence, Minnesota.
Date Admission, September 25th 1897.
Admitted by Dr. L.B. Eby hour, 6 45 P.M.
How Sent, H. Gallick Ct. Com. Ramsey Co.
Sex, male Age, 18.
Civil Condition, Single.
Children, ——
Age Youngest Child, ——
Occupation, Farmer.
Degree Education, Public school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Canada - (Father U.S. Mother Ireland)
So a resident of State 4 Co. (Looked up by our Agent)
Physicians Committing, J. Leavitt + R.L. Eby.
Correspondents,

No. of Years, 48.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 3 mo ago.
Duration, About 3 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18
Time of Leaving, Jan. 5. 1898
Time in Hospital, 3 m. 12 d.
Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Ferdinand Cain.

FERDINAND CAIN.

Mrs. Hulett writes as follows:- "In the early part of the boy's life he seemed as bright as other children. About a year ago seemed to be getting rather duller than usual. Did not think him crazy till he came from Dakota, where he had gone to work during the harvest. Came home Sept. 21. Had not heard as yet from the people there as to his behavior."

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Ferdinand

Whole No. 4881

Residence, Minnesota.

Date Admission, September 25th 1897.

Admitted by Dr. L. B. Eby hour, 6th P.M.

How Sent, H. Gallick Ct. Com. Ramsey Co.

Sex, male Age, 18.

Civil Condition, Single.

Children, ——

Age Youngest Child, ——

Occupation, Farmer.

Degree Education, Public school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

~~Nativity~~ Nationality, Canada - (Father U.S. Mother Ireland) Is a resident of State 1 Yr. (Landed up to 5 years ago)

Physicians Committing, F. Leavitt - R. L. Bolt.

Correspondents,

No. of Years, 48.

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 3 mos ago.

Duration, About 3 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 18

Time of Leaving, Jan. 5. 1898

Time in Hospital, 3 m. 12 d.

Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Ferdinand Cain.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 7/8 PRESENT WEIGHT, 128 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Ferdinand Cain

1897

This patient was brought here by Sheriffs deputy P. J. Nixon, in fair physical condition with the following history:- No history of consanguinity or Heredity: This is first attack. First symptoms manifested about 3 mos. ago. Disease appears increasing: Not variable: No rational intervals: Derangement now manifested on religious & sexual matters: Not disposed to injure others: Not Suicidal, filthy or destructive: No previous peculiarities manifested: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment.

On personal examination no further facts learned ——

Sept 25 On admission put upon B³ E (Gth Ward) Complexion dark: Hair brown: Eyes Blue. Condition of skin good: Vaccination marks on left arm & scar on right hand across knuckles: Is clean: Behavior good)

Summary Nurses Notes - 25th Talks irrationally & seems very stupid: Slept 2 hrs.

26 Destroyed suit of clothes this A.M. Sits around in stupid manner: Talks none unless addressed. Trans. to Infirmary. Was fairly quiet during day. Restless & out of bed often during night. Acts as if dazed.

27 Is quite stupid & confused: At times is noisy & destructive: Bowels regular: Appetite good: Slept 4 hrs. Sept 28 Has been quiet during day: Still confused at times & has sobbing spells: Answers questions irrationally.

29 More stupid today: Refuses to talk: Temp. 100° P. 104 R 24 in Am. In P.M. T. 100' P 96 R 20. Slept 4 hrs. Sept 30 Very stupid, restless & confused: Also very destructive, does not seem to realize what he is doing.

Oct 1 Wt. 116#. No change. Spray bath 95° given. Oct 2 Temp. Pulse & Resp. normal: Is fairly quiet to-day but very stupid: Refuses to talk or answer questions Bath 95°

3. Allowed to dress today but was so restless & destructive that he was put back to bed Spray bath 95° given. Oct 4 Restless & noisy sobs & calls for water - says he has been poisoned: Spray bath 95°. Has been on medicine since admission. Oct 5 No change.

8 Can see no change in patient: He is confused, stupid & restless. Is fed by nurse. Summary Notes by Dr Phelps. Oct 28 Commenced to work today in Laundry: Has been fairly quiet & well-behaved ever since coming: Is quite intelligent. Jany 5 '98 Went home on trial: Has been doing fairly well. Was in a confused state on coming here but since then has been doing well.

Discharged

Personal and Medical History of

Personal and Medical History of John Iverson

Whole No. 4883

Residence, St. Paul, Minn.

Date Admission, September 29th 1897.

Admitted by Dr. R. M. Phelps hour, 6th PM

How Sent, H. Gallick Ct. Com. Ramsey Co.

Sex, male Age, 47 (44 according to former record)

Civil Condition, married.

Children, Four.

Age Youngest Child, -

Occupation, Day laborer.

Degree Education, none.

Profession, Religion, yes. Catholic.

Habits, Intemperate.

Nationality, Norway. (Parents also born there) Nativity

Physicians Committing, J. B. Brimhall & A. Schwarze. Became resident of State 12 yrs. ago. Of County, 10 yrs ago.

Correspondents,

No. of Years, 50

Insane Relatives, None (?)

Cause Exciting, Alcohol.

Cause Predisposing, Previous attacks.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not

Date of this Attack, About 1 yr ago.

Duration, About 1 year.

No. of Attack, Not first.

No. of Admission, 2nd here. (1st time as Inebriate)

Age First Attack, 41 or 43.

Time of Leaving, Dec. 8. 1897

Time in Hospital, 2 mo. 9 da

Result, Dis. 12/8/97. Recovered.

EXAMINATION ON ADMISSION BY DR. H. N. Herzog *Date of* 9/30/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear. Fairly quick.

MEMORY, Past Events, Fair

Recent Events, Fair. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull - Correct.

REASONING POWER, Ordinary Subjects, Fair but slow.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation - is voluble but coherent. a little silly

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, a moderate drinker died at age of 100

Paternal Relatives,

Mother, died 82 yrs.

Maternal Relatives,

Brothers ~~and Sisters,~~ moderate drinker.
Children - 4 girls Healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Hard drinker

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Changeing not steady work

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John Iverson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7in PRESENT WEIGHT, 146 USUAL WEIGHT, ——— NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, Numerous abrasions & contusions received in fight with police.

TONGUE, Coatings or Promptness of Movement, Brownish coat on dorsum - dry - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Response to light & accom. excessive

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good

COORDINATION, Arms, Slight impairment Legs, Slight impairment Grasp,

TREMORS, Hands, Tongue, ~~Facial Muscles,~~ General, Quite marked of hands & tongue - slight general

PATELLAR REFLEX, 8-9 Equal. Other Reflexes, Right ankle clonus.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
1st mitral sound double "Galloping" sound
~~Apex~~ Beat, Regularity,
1st aortic sound indistinctly blowing
Size slightly enlarged. Apex beat very feeble 5th interspace in nipple line.

ARTERIES,
Pulse soft.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, normal
Left shoulder slightly higher
Forced expiration 36in. at nipple line
Expansion 2in.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient had a fight with policemen - Says was not drunk but shows signs of recent alcoholism. Claims that he feigned insanity to a certain extent to be sent here instead of to workhouse. Seems to want to stay out the Winter. Is mildly demented but no more so than when here last as an Inebriate.

Personal and Medical History of John Iverson.

1897

Sept sheriff says patient had to be carried into court. Very violent for two days.

This patient was brought here by Sheriffs Deputy P.J. Mercer attended by J. Horn in fair physical condition with the following history: No history of consanguinity or heredity given: First attack came on one year ago, has been continuous: Was confined in this (Rochester) Hospital, on Inebriate warrant, from Oct 1 to Nov 26/96 (For further particulars see Vol 32 - Fol 215 - No. 4544) Attack manifested by mania due to alcohol, was almost continually drunk: Disease appears increasing: Is variable with rational intervals at irregular intervals: Is better when free from alcohol tho' very irritable: Derangement manifested by (alcoholic) stupor, tremor, attacks of acute mania: Is always afraid of work: Has shown no disposition to injure others except once, bit a policeman: Is destructive of clothing: Previous peculiarities irritability & great desire for alcohol: Sustained injury to head 2 yrs. ago: Has been confined at this hospital, as stated above, & at workhouse 60 days: On personal examination shows stupor, tremor, attacks of mania.

Sept 29/97 On admission put upon 3rd E (Gth U. Pt. Complexion light: hair light: eyes blue: Condition of skin good: Is clean: Behavior good)

Summary Nurses Notes- Sept 30 Seems rational in every way: Neat & clean in dress & habits: Sleeps well: Appetite good: Oct 1 Is willing to assist in any kind of work: Wishes employment at barn or store-room. Oct 2 Sent to barn to work in care of O. Anderson. Temp. pulse & Resp. normal: Physical condition good.

Oct 6 Trans. to A.3. Works daily at barn, going out at 6½ AM & working until 6 P.M. only coming in for meals.

18 Works in barn & on duty: Is rational in every way: Is very easily irritated Physical condition good: Appetite good: Sleeps well: Has parole.

Nov 2 Wt. 155 lbs. Behavior & physical condition good: Habits neat & clean:

Dec 3 Wt. 157 No change. Dec. 8 - Sent home this morning.

Discharged.

Personal and Medical History of

Personal and Medical History of J. F. Kayser

Whole No. 4884

Residence, Pridwing Minn.

Date Admission, September 29th 1897.

Admitted by Dr. R. M. Phelps hour, 6th P.M.

How Sent, Axel Haller J. of P. Goodhue Co.

Sex, male Age, 36.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Yes Catholic.

Habits, Not intemperate

~~Nationality~~, Nativity, Minn. (Parents born in Germany)

Became resident of State, U.S. in 1870.

Physicians Committing, F. W. Dimmitt + H. H. McKinstry.

Correspondents,

No. of Years, 51

Insane Relatives, None.

Cause Exciting, Family attributes it to blow on chin in Nov. 96.

Cause Predisposing, Previous attack

Form,

Accompanying Bodily Disorder, Nervousness - None Noted.

Suicidal or not, Not.

Date of this Attack, About Sept. 22 1897.

Duration, about one week.

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, 25

Time of Leaving, Nov. 27. 1899

Time in Hospital, 2 yr. 1 m. 28 d.

Result, Discharged May 2/1900 - Improved.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* 9/30/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear + quick

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert + Correct.

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

None Noted.

Conversation fairly valuable + coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Living, Healthy.

Paternal Relatives,

Mother, died heart disease 49

Maternal Relatives,

6 Brothers and 2 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Nov '96 struck on chin. Did no work until Succeeding Feb.

HABITS, Drinking and Smoking, Drinks very little. Uses tobacco moderately.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of J. F. Kayser.

1898

Rochester Jan 1

I take Pleas-
ure in dropping a few lines
To ask you To take Report of
at once & on my release all
you have To do is Write
your Name Under Mr. Kayser
Mrs. [illegible]
and so on which will cause
my release I will give you
until Feb 8th 1898 to sign
these papers if you refuse
why you can suspect trouble
by Feb 8th are willing
To take me here if OK
Return your Envelopes
are only to go to the Papers
and will Forward nothing
if but on the other Envelope

CHARACTERISTICS.

USUAL WEIGHT, 156 NUTRITION, —

retreating. Cranium small. Skin good condition
tion coat: moist prompt.
Equal: Size normal. Response to light + accom-

do. Grasp,

of hands + tongue.

Other Reflexes, Abdominal exaggerated.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient appears quite intelligent talks quite rationally. Explains his actions with considerable show of reason. Said had no trouble with anyone. After rec'd the blow last Fall he was unable to work until the following spring. Lived at the hotel as the proprietor owed his father. Says has worked right along since. That last Friday he went to superintend a funeral for his father 12 miles, then returned + did a little work for his employer then drove to Frontenac 11 miles. On the way back at night, tried to take a short cut through the fields. There was no road tho he thought at first that there was one. The horse became frightened + broke the buggy. He says the livery man claimed a man must be crazy who would drive there. However he explains his actions well + on this first examination made a good impression.

Personal and Medical History of J. F. Kayser

Whole No. 4884

Residence, Redwing Minn.

Date Admission, September 29th 1897.

Admitted by Dr. F. M. Phelps hour, 6th P.M.

How Sent, Axel Haller J. of P. Goodhue Co.

Sex, male Age, 36.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Yes Catholic.

Habits, Not intemperate

~~Nativity~~ Nationality, Minn. (Parents born in Germany)
Became resident of State & Co. in 1870.

Physicians Committing, F. M. Dimmitt & H. L. McKinstry.

Correspondents,

EXAMINATION ON ADMISSION BY DR. H. H.

MENTAL CHARAC

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert & correct.

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
None Noted.
Conversation fairly valuable & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

you reuse. I demand a New Trial if you want more Trouble bring me this which I ask of you and you find Trouble, Plenty. Your Very Rus.
Hon. J. P. Kayser
Rochester
Minn.
S. H.

Personal and Medical History of J. F. Kayser.

HARACTERISTICS.

USUAL WEIGHT, 156 NUTRITION, —

retreating; Cranium small. Skin good condition
Tow coat: moist: prompt.
Equal: Size normal: Response to light & accom-

do. Grasp,
of hands & tongue.

Other Reflexes, Abdominal exaggerated.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Spes, Paralysis, Syphilis, Epilepsy, Insanity, Consumption),

Father, Living, Healthy.

Paternal Relatives,

Mother, died heart disease 49

Maternal Relatives,

6 Brothers and 2 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Nov. 96 struck on chin. Did no work until succeeding Feb.

HABITS, Drinking and Smoking, Drinks very little. Uses tobacco moderately

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient appears quite intelligent talks quite rationally. Explains his actions with considerable show of reason. Said had no trouble with anyone. After sick the floor last Fall he was unable to work until the following spring. Lived at the Hotel as the proprietor owed his father. Says has worked right along since. That last Friday he went to superintend a funeral for his father 12 miles, then returned & did a little work for his employer then drove to Frontenac 11 miles. On the way back at night, tried to take a short cut through the fields. There was no road tho he thought at first that there was one. The horse became frightened & broke the buggy. He says the livery man claimed a man must be crazy who would drive there. However he explains his actions well & on this first examination made a good impression.

Personal and Medical

Whole No. 4884

Residence, Redwing Minn.

Date Admission, September 2.

Admitted by Dr. R. W. Phelps

How Sent, Axel Haller J. of P.

Sex, male Age, 36.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common School.

Profession, Religion, Yes Catholic.

Habits, Not intemperate

~~Nationality~~ Nativity, Minn. (Parents born in Germany) Became resident of State, Co. in 1870.

Physicians Committing, F. W. Dimmitt + H. McKinstry.

Correspondents,

1st

First Attack, 25

Time of Leaving, Nov. 27. 1899

Time in Hospital, 1 yr. 1 m. 28 d.

Result, Discharged May 2/1900 - Improved

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of 9/30/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear + quick

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert + correct.

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation fairly valuable + coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Living, healthy.

Paternal Relatives,

Mother, died heart disease 49

Maternal Relatives,

5 Brothers and 2 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Nov. '96 struck on chin. Did no work until succeeding Feb.

HABITS, Drinking and Smoking, Drinks very little. Uses tobacco moderately.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

and Medical History of J. F. Kayser.

PHYSICAL CHARACTERISTICS.

HT, 5 ft. 11 in. PRESENT WEIGHT, 154 USUAL WEIGHT, 156 NUTRITION, —

OUNDS, Abnormalities and condition of Skin, Forehead retreating. Cranium small. Skin good condition

TONGUE, Coatings or Promptness of Movement, Light yellow coat. Moist. Prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Response to light + accom.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands + tongue.

PATELLAR REFLEX, 5-6 Equal. Other Reflexes, Abdominal exaggerated.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Sounds slightly reversed. " " 5th interspace ½ in. ~~f~~ right of nipple

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Chest sym. good. Slight retraction above + below clavicles. At nipple line expiration 33 in. inspiration 34½ in. Breath sounds good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient appears quite intelligent talks quite rationally. Explains his actions with considerable show of reason. Said had no trouble with anyone. After rec'd the blow last Fall he was unable to work until the following spring. Lived at the hotel as the proprietor owed his father. Says has worked right along since. That last Friday he went to superintend a funeral for his father 12 miles, then returned + did a little work for his employer. Then drove to Frontenac 11 miles. On the way back at night, tried to take a short cut through the fields. There was no road tho he thought at first that there was one. The horse became frightened + broke the buggy. He says the livery man claimed a man must be crazy who would drive there. However he explains his actions well + on this first examination made a good impression.

Personal and Medical History of J. P. Kayser.

1897

This patient was brought here by sheriff's deputy P. J. Lundquist in fair physical condition with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First attack manifested in November, 1896, lasted about one month: First symptoms of present attack manifested about Sept. 22 1897; became nervous, irritable & morose: Disease appears stationary: Is variable, no regular rational intervals: Derangement now manifested as follows:- Is nervous & irritable, says he will "git even" with his supposed enemies: Goes away from home: Threatens to injure others, has never done so: Not suicidal, filthy or destructive: No previous peculiarities except a quick temper: No severe disease or injury to head, except a blow upon chin in Nov. 1896. Has not been confined or restrained, has received no treatment.

Sept 29 On personal examinations shows nervousness & irritability of temper: Pulse 95. Says he does not sleep well & has nose-bled.

On admission put upon B3/Gtt Rpt. Complexion dark: Hair & eyes brown: Condition of skin good: Is clean: Behavior good.

Summary Nurses Notes. Talks rationally: seems to have no delusions:

30 Does a great deal of work on ward: Appetite good: Bowels regular: Sleeps well. Oct 1 Habits & dress neat & clean: Converses freely on all topics:

Oct 2 Visited by father this P.M. Slept 5 hrs. Oct 3 Works very willingly on ward: Thinks he would like a position here when discharged.

4 No change mentally. Oct 5 Is very agreeable generally: Is evidently gaining physically. Oct 7 Trans. to A'. Oct 8 Went out to work with painter today. Oct 10 Very restless last night complained of tooth-ache.

12 More quiet today: Says very little: worked at paint shop as usual.

Summary Notes by Dr. Phelps. Oct 13 Is restless today & slightly incoherent with vague delusions: Is rather restless in his ways & uncertain in behavior although with a fair appearance of intelligence. 28 Still restless & more uncertain than at last note: Does mischievious things Oct 1'98 M 182#

1898 Jan 31 Behavior somewhat better. Jan 31'99 Behavior has been fairly good all winter: Very quiet & well-behaved: Mental state a trifle dull but not noticeably so. Feb 1 - July 31'99 (Dr. Wamons.) Patient quiet & well behaved

Feb 1 to July 31 Works on ward: Is interested in games: Apr 15 Went home: Apr 21 Retd.

Apr 24 Working with gardener: Is a very good helper. May 1 On parole.

May 31 Visited by friend. July 3. Trans to A'. Aug 1 Is quiet & well behaved. Works

Aug 1 to 2 in Greenhouse & has parole. Aug 2. Went camping. Sept 4 Returned from camp. Oct 21. Complained

Oct 21/30 of pain in side: relieved by plaster. Oct 30. Has had parole & been working steadily in greenhouse

Nov 24 Patient was sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Peter Pastoret.

Whole No. 4886
Residence, West Concord, Minneapolis.
Date Admission, Sept. 29th 1897.
Admitted by Dr. Bob Eby hour, 7:35 P.M.
How Sent, Sheriff Olson J. of P. Dodge Co.
Sex, male Age, 29.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Teacher.
Degree Education, College Graduate.
Profession, Religion, yes Catholic.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Germany (Parents also born there)
Became resident of State Yrs.
Physicians Committing, S.A. Faulkner + Bob. Wright
Correspondents,

No. of Years, 53
Insane Relatives, None.
Cause Exciting, None mentioned
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None Mentioned
Suicidal or not, No information
Date of this Attack, "
Duration, "
No. of Attack, ?
No. of Admission, ?
Age First Attack, ?
Time of Leaving, Oct. 20. 1897
Time in Hospital, 21 da.
Result, Dis. Apr. 20. 1898 Rec.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Pastoret.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 PRESENT WEIGHT, 135 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Peter Pastoret.

1897

This patient was brought here by Sheriff's Deputy Joel Tucker attended by A. Collins, in fair physical condition, with the following history:
No history of consanguinity or heredity, or intemperance in parents or self. Very little information given in papers as to number of attack. When & how first symptoms were manifested: Disposition to injure others or homicidal tendencies: or concerning previous peculiarities: State that disease is increasing: Not variable: Derangement is now manifested by delusion that someone is going to kill him. Has sustained no injury to head: no severe diseases. On personal examination could get nothing from him.

Sept 29 On admission put upon B^3 (Gtt. Pjt. Complexion light: eyes blue: hair brown: Condition of skin good: Vaccination marks on both arms: Is clean: Behavior good)

Summary Nurses Notes. Talked incoherently & actions peculiar. Says trouble is due to a protracted spree during which he drank alcohol.

30 Appetite good: Bowels regular. Slept 2 hrs. Temp. 100° P. 84 Resp. 18.

Oct 1 Is much improved mentally: Talks & acts in a rational manner.

2 Offered to assist with work today. Physical condition seems good.

3. Reads a great deal & spends a great deal of time at the organ singing with other patients. Oct 4 No delusions noticed. Appetite good: Bowels regular: Sleeps well. Oct. 5 Seem improved physically.

9 Seems anxious to go home: Continues to assist with work upon ward. Is good-natured & agreable. Trans. to A^3. Wt. 142½ P. 76.

10 Habits & dress neat & clean: Appetite good: Sleeps well: bowels regular: works on ward: Is on parole. Oct 20 Went home this A.M.

Discharged.

Personal and Medical History of

Personal and Medical History of Patrick Boyne

Whole No. 4887
Residence, Winona Co. Minn.
Date Admission, Sept. 29th 1897.
Admitted by Dr H.H. Herzog. hour, 10:45 P.M.
How Sent, H.L. Buck Jr. Sup. Winona Co.
Sex, Male Age, 37.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Very slight.
Profession, Religion, Catholic
Habits, Not intemperate. Used tobacco to excess.
~~Nativity~~, ~~Nationality~~, Ohio. (Parents Ireland)
Because resident of State 30 yrs. ago.
Physicians Committing, W.J. English & H.H. McConaughey
Correspondents, Eugene Shepard 803 George St, No. Lacrosse, Wis (brother-in-law)

No. of Years, 54.
Insane Relatives, None.
Cause Exciting, Masturbation
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, Spasmodic jerking of head & arms
Suicidal or not, In March '97 took Camphor suppposing it to be Carbolic Acid.
Date of this Attack, Sept. 22' 1897.
Duration, one week.
No. of Attack, Has had several.
No. of Admission, First.
Age First Attack, About 39.
Time of Leaving, ~~November~~ June 5 1900.
Time in Hospital, 3 yrs. 8 mos. 7 da.
Result, Discha. Imp. Feb. 6 1901.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused
MEMORY, Past Events, poor
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Dull
REASONING POWER, Ordinary Subjects, } poor
Special Subjects, }
Own Mental State, }
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted at times.
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Does not remember
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Patrick Boyne

PATRICK BOYNE.

Eugene Shepherd , LaCrosse, Wis., writes:

First in 1883 at his father's death became excited, said he saw lights, and began singing at the funeral. Soon recovered, however, and nothing of note happened until 1889, when he commenced talking about the Freemasons as after him and things of that kind. Has been kept on the farm ever since. Has had spells off and on at various times.

...TION, Good.

...t light.

...Squint, Ptosis Senilis, or other troubles,

HEARING, Good.
COORDINATION, Arms, finger to nose - good Legs, On one foot - unsteady ~~Grasp~~, Eyes shut fairly steady
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands - slight of tongue
PATELLAR REFLEX, diminished Other Reflexes, do
ARTICULATION, Slurred, Hesitating, Slow, fairly clear
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal –
Resp. normal –

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, good.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient exceedingly well-nourished. Has a very poor memory; does not remember anything about his family. Very violent & pugnacious at times; Disposition variable: Will often attack strangers.

Personal and Medical History of Patrick Boyd

Whole No. 4887
Residence, Winona Co. Minn.
Date Admission, Sept. 29th 1897.
Admitted by Dr H H Heryang. hour, 10th P.M.
How Sent, H.L. Buck J.P. Winona Co.
Sex, Male Age, 37.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Very slight.
Profession, Religion, Catholic
Habits, Not intemperate. Used tobacco to excess.
~~Nativity~~, ~~Nationality~~, Ohio. (Parents Ireland)
Because resident of State 40 yrs. ago
Physicians Committing, W.T. English & H.H. Heryang
Correspondents, Eugene Shepard 803 George St, No. Labrosse, Wis (brother-in-law)

No. of Years, 54.
Insane Relatives, None.
Cause Exciting, Masturbation
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, Spasmodic jerking of head & arm
Suicidal or not, In March '97 took Camphor suppposing it to be Catholic creed.
Date of this Attack, Sept. 22. 1897.
Duration, one week.
No. of Attack, Has had several.
No. of Admission, First.
Age First Attack, about 29.
Time of Leaving, ~~November~~ June 5th 1900.
Time in Hospital, 2 yrs. 8 mos. 7 days,
Result, Discharged Imp. Feb. 6 1901.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events, poor
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull
REASONING POWER, Ordinary Subjects, } poor
Special Subjects, }
Own Mental State, }
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted at times.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Does not remember
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Patrick Boyne.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 PRESENT WEIGHT, 152 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Vaccination scar on right arm.
TONGUE, Coatings or Prompttness of Movement, With all present prompt & clear
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal - responds to light.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, finger to nose - good Legs, On one foot - unsteady ~~Grasp~~, eyes shut fairly steady
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands - slight of tongue
PATELLAR REFLEX, diminished Other Reflexes, do
ARTICULATION, Slurred, Hesitating, Slow, fairly clear
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal –
Resp. normal -

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, good.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient exceedingly well-nourished. Has a very poor memory: does not remember anything about his family. Very violent & pugnacious at times: Disposition variable: Wild after attack strangers.

Personal and Medical History of Patrick Boyne.

1897

This patient was brought here by Sheriff A.H. Fuhrman in fair physical condition, with the following history: No history of consanguinity, heredity or intemperance in parents or self: First attack came on eight years ago: has had several attacks of two or three weeks duration since: Never sent to hospital: First symptoms of present attack manifested by jerking of head + body, great nervousness + fear of bodily harm, on Sept. 21 1897. Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested as follows: Talks very little: Thinks a great deal: moves uneasily: Disposed to injure others? Not filthy or destructive: Previous peculiarity: has always avoided society: No severe disease or injury to head: Has not been confined or restrained Has been treated off + on for eight years by physicians + has been relieved temporarily. On personal examination shows spasmodic jerkings of muscles of head + arms: Very irritable + restless.

Sept 29 On admission put upon B3 (G.H.U. Rpt Complexion dark: hair black: eyes blue: Condition of skin good: Vaccination marks on right arm: Is clean: Behavior good.)

Summary Nurses Notes Given bath: very stubborn: clothing had to be removed by force. Sept. 30 Temp. 99° P. 79. R. 20. Appetite poor: bowels regular: Sleeps well. Oct. 1 T. 99° P. 78 R 20. Goes through peculiar motions when approached by anyone. Oct. 2 Appetite improving a little. Temp. normal.

Oct. 3 Cares for his room, also assists with work on ward at times. Is quite slovenly in habits + dress. Oct. 4 Thinks someone controls his mind by electricity. Oct 5 Temp. 100° P 84 R. 22. Seems quite contented here; + says he feels well: Bowels regular: Appetite fair: Sleeps fairly well. Oct 6 More obedient last few days + behavior more rational. T 100°. P. 90. R 21.

7 Very much excited today. maniacal in behavior Temp 100.

8 Temp. 99° Slept 5 hrs. Appetite remains fair. bowels regular.

9 Much better today but still behaves queerly at times.

13 Seems much better mentally than when he came: Answers questions quite rationally: Fairly neat in dress: Does no work: Appetite good.

Summary Notes by Dr. Phelps. Oct 26 Today very noisy + slightly maniacal: Says it is one of his crazy spells. Apr 23'98 Quieted down somewhat but still very slovenly untidy + demented. May 23'98 Trans to Infirmary: Has been refusing to eat. May 28 Temp. normal. Does not seem very sick: Is eating better. June 13 Visited by Mother. Jan 28'99 Wt 174#. Drifting along in a rather quiet, melancholy, demented way. Is at times inclined to be a little violent: Was visited by Mother + sister on Nov. 29.

Feb-July 3 1899 (Dr Warsons) Wt 176# Has delusions + is inclined to be restless + noisy also pugnacious. Apr. 22. Visited by sister + June 7 by friends. July 13 Struck

Personal and Medical History of Patrick Boyne

1899

Augs by patient + eye discolored. Augs Wt. 193# Nov 2 Wt. 180. Very little change during period: ordinarily talks rationally + intelligently: disposition changable. Becomes angry if asked about his mental condition, showing delusions of persecution. Is quick tempered + occasionally violent. Habits clean: Works about ward: Aug 15 Visited by friend, + on 16 by Mother. Oct 29 + Nov 20 by brother. Febys Wt 184# Pg6. June 5. Behavior improved during past few months: Has been very quiet, but talking some to himself, at times, and has been known to make attacks on nurses. Works on ward. Answers questions fairly well, but becomes irritated + angry, if questioned about his own condition. Has delusions of persecution + thinks he is hypnotized. Habits are quite tidy. —

Oct 19/30 1900 Febys

June 5

Today, Taken Home by mother + sister

Discharged

Personal and Medical History of Charles Heller

Whole No. 4888
Residence, St. Paul, Minn.
Date Admission, September 30th 1897
Admitted by Dr. A. A. Herzog. hour,
How Sent, Hy Gallick Crt. Com. Ramsey Co.
Sex, male Age, 35.
Civil Condition, Married.
Children, - One -
Age Youngest Child, -
Occupation, Glass cutter.
Degree Education, Common school.
Profession, Religion, Yes. Catholic.
Habits, Intemperate.
~~Nationality~~ Native, Germany. (Parents also born there.)
Became resident of State of Minn. in 1887. T. F. Hawkins.
Physicians Committing,
Correspondents,

No. of Years, 55
Insane Relatives, None.
Cause Exciting, Alcohol.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, Anaemic.
Suicidal or not, Yes. Attempted with revolver & razor.
Date of this Attack, One year ago.
Duration, About one year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 34
Time of Leaving, Nov. 6, 1897
Time in Hospital, 1 mo. 7 da.
Result, Discharged May 4 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Mrs. Chas. Heller
#638 Virginia St.
St. Paul
Minn.

...ON,

...l and kind husband,
...or me, and he has
...he was taken to the
...pretext that there
...ew me down, tied my
...he would kill me if
...ok out a razor and
... the truth. To save
... night after I think
... of some neighbors
...m. He is a constant
... burden for me. I
...ar too good to him.
It is my desire that he should stay where he is for some time to come. He may not act as a crazy man, but he is nevertheless dangerous.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Charles H[illegible]

Whole No. 4888

Residence, St. Paul, Minn.

Date Admission, September 30th 1897.

Admitted by Dr. H. H. Herzog. hour,

How Sent, Hy Gallick Ct. Com. Ramsey Co.

Sex, male Age, 35.

Civil Condition, married.

Children, One

Age Youngest Child,

Occupation, Glass cutter.

Degree Education, common school.

Profession, Religion, yes. Catholic.

Habits, Intemperate.

Nativity, Nationality, Germany. (Parents also born there.) Became resident of State of Ge. in 1887.

Physicians Committing, G. Stamm. T. P. Hawkins.

Correspondents,

No. of Years, 55

Insane Relatives, None.

Cause Exciting, Alcohol.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, Anaemic.

Suicidal or not, yes. Attempted with razor.

Date of this Attack, One year ago.

Duration, About one year.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 34

Time of Leaving, Nov. 6, 1897

Time in Hospital, 1 mo. 7 da.

Result, Discharged May 4 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

[illegible]nal and Medical History of Charles Heller

CHARLES HELLER.

Given by Mrs. Heller:-

My husband has been up to two years ago a good and kind husband, but these last two years he has made life unendurable for me, and he has several times threatened to kill me. The night before he was taken to the Hospital he induced me to go into the cellar under the pretext that there were some rats there. As soon as I came inside he threw me down, tied my hands and feet with a rope, and choked me. He told me he would kill me if I would not confess to some certain things, etc. He took out a razor and told me he would cut my throat if I would not tell him the truth. To save my life I admitted something which was not true. The night after I think he would have killed me if it had not been for the help of some neighbors and the interference of a policeman. I am afraid of him. He is a constant and hard drinker and a very jealous man. He made life a burden for me. I have never given him cause to complain, in fact, I was far too good to him. It is my desire that he should stay where he is for some time to come. He may not act as a crazy man, but he is nevertheless dangerous.

[illegible]ON,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Ch.

Whole No. 4888

Residence, St. Paul, Minn.

Date Admission, September 30th 1897.

Admitted by Dr. H. H. Herzog. hour,

How Sent, Hy Gallick Crt. Com. Ramsey Co.

Sex, male Age, 35.

Civil Condition, married.

Children, - One -

Age Youngest Child, -

Occupation, Glass cutter.

Degree Education, Common school.

Profession, Religion, Rpo. Catholic.

Habits, Intemperate.

Nationality, Germany. (Parents also born there.)
Became resident of State of Ge. in 1887.

Physicians Committing, G. Hamm. T. P. Hawkins.

Correspondents,

No. of Years,

Insane Relatives,

Cause Exciting, U

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Anaes

Suicidal or not, Yes. Attempted with ×

Date of this Attack, One year ago.

Duration, About one year.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 34

Time of Leaving, Nov. 6, 1897

Time in Hospital, 1 mo. 7 da.

Result, Discharged May 4 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. ..... Date of .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

al and Medical History of Charles Heller.

PHYSICAL CHARACTERISTICS.

IGHT, 5ft. 7½ in PRESENT WEIGHT, 132½ lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Charles Heller

1897

This patient was brought here by sheriffs deputy P.J. Miesen, in fair physical condition with the following history: No history of consanguinity or heredity: First symptoms of disease manifested one year ago by jealousy: Disease appears increasing: Is variable with regular rational intervals: Derangement is now manifested by being jealous of his wife: Patient is disposed to injure others: Has attempted to kill himself with a revolver & with a razor: Not filthy or destructive in habits: No knowledge concerning previous peculiarities: No severe disease or injury to head: Has not been confined or restrained: Has been given bromides. On personal examination is anaemic and depressed.

Sept 30 On admission put upon B³ (Q.H.W. Ret. Complexion light: Hair brown: eyes blue: Condition of skin pimpled: vaccination marks on both arms: Scar on left thigh: eruption on back & shoulders. Is clean: behavior good: Summary Nurses Notes. Patient is exceedingly clean in habits & dress: Has no noticeable delusions: Converses very freely on all subjects. Bowels regular: Appetite good: Sleeps well. Oct 1 Temp. 99. P 78 R. 19. Says he assaulted his wife & was adjudged insane - rather reticent concerning his domestic affairs.

Oct. 2 Slightly restless at times & wants his liberty: Oct 3 Temp. 99° P 79 R. 19- Assists willingly with ward work & is very well behaved: Sleeps well.

7 Patients mental condition does not change: Is improving physically- Wt. 134½ lb.

14 Remains quiet & agreable: Neat in habits & dress & very willing to work: Acknowledges that he did wife an injustice: Talks very rationally but there seems to be an indescribable peculiarity about him still: Habits & dress neat. began work in dining room today. Dec 1 Still works in dining-room. Seems quite intelligent - no apparent delusions: Is neat & tidy in habits & dress: Works in Comp. D.R. & also helps with ward work. Appetite good: Bowels regular. Nov 4 Wt. 139 lbs. Nov 6 Eloped today.

Discharged

Personal and Medical History of

Personal and Medical History of Alexander N. Hayes

Whole No. 4889
Residence, St. Paul, Minn
Date Admission, October 2nd 1897.
Admitted by Dr. L.B. Eby hour, 6.45 PM.
How Sent, Hyllalick Ket Conv. Ramsey Co
Sex, male Age, 47 yrs.
Civil Condition, widower
Children, Three.
Age Youngest Child, ——
Occupation, Master-builder
Degree Education, Good common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nationality, Nativity Iowa (Father Ireland. Mother Penn.)
Physicians Committing, Haldor Sveen & A Schrygley.
Correspondents,

No. of Years, 56
Insane Relatives, None.
Cause Exciting, None given.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, Exaggerated reflexes. Tremors.
Suicidal or not, Threatens continually.
Date of this Attack, Sept. 97.
Duration, One month.
No. of Attack, 2nd.
No. of Admission, 1st Adm. (St. Josephs Hospital St Paul)
Age First Attack, 47.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick.
MEMORY, Past Events, good.
Recent Events, Special Subjects, was railroading
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert & correct on some subjects.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Good over disposition
DELUSIONS, Systematized, Transitory, Special Subjects,
Believes the world has all gone wrong.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Since May 1897.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
First attack in may'97 lasted one month.
Sleep, Appetite, and Bowels,

Personal and Medical History of Alexander N. Hayes.

Mrs. L.A. Edgerly
193 Grove St.
St. Paul
daughter a Hayes

RACTERISTICS.

USUAL WEIGHT, NUTRITION, Good-
deformed. Left first finger, slighter shorter than normal
ad on forearm. Scars from burns on legs.

Grasp,
& tongue.
PATELLAR REFLEX, Very slight.
Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, fair Size,
Apex Beat, Regularity,
Normal
ARTERIES,
Full & regular
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical & well developed

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Digestion & appetite good- fair Appetite good.
BOWELS, Present Condition, Mon twice daily

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a very good physical condition, has two sores on head which are probably due to constant picking with fingernails.
He will talk rationally if not allowed to stray from the subject of his experiences; if he does he becomes incoherent.

Personal and Medical History of Alexander

Whole No. 4889
Residence, St. Paul, Minn.
Date Admission, October 2nd 1897.
Admitted by Dr. L. B. Eby hour, 6.45 P.M.
How Sent, Hyllallick left town. Ramsey Co.
Sex, male Age, 47 yrs.
Civil Condition, widower
Children, Three.
Age Youngest Child, ——
Occupation, Master-builder
Degree Education, Good common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nationality, (nativity) Iowa (Father Ireland. Mother Penn.)
Physicians Committing, Haldor Sveen & A. Schrygley.
Correspondents,

No. of Years, 56
Insane Relatives, None
Cause Exciting, None given
Cause Predisposing, Previous
Form,
Accompanying Bodily Disorder, Exaggerated
Suicidal or not, Threatens continually
Date of this Attack, Sept. '97.
Duration, One month.
No. of Attack, 2nd.
No. of Admission, 1st Adm. (St. Josephs Hospital St Paul)
Age First Attack, 47.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick.
MEMORY, Past Events, Good.
Recent Events, Special Subjects, Was railroading
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert & correct on some subjects.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Good own disposition
DELUSIONS, Systematized, Transitory, Special Subjects,
Believes the world has all gone wrong.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Since May 1897.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
First attack in May '97 lasted one month.
Sleep, Appetite, and Bowels,

Personal and Medical History of Alexander N. Hayes.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 in. PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Left little finger deformed. Left first finger, slightly shorter than normal. Bullet wound scar on forearm. Scars from burns on legs.
TONGUE, Coatings or Promptness of Movement, N.
Teeth - all absent.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, N.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, N.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue.
PATELLAR REFLEX, Very slight. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, C
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, fair
Apex Beat, Regularity,
Normal
ARTERIES,
Full & regular
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical & well developed

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
Digestion & appetite good.
SLEEP, Present Amount and Character, fair Appetite good.
BOWELS, Present Condition, Mon. twice daily

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a very good physical condition, has two sores on head, which are probably due to constant picking with fingernails.
He will talk rationally if not allowed to stray from the subject of his experiences; if he does he becomes incoherent.

Personal and Medical History of Alexander N. Hayes.

1897

This patient was brought here by Sheriff's deputy Bj Miesen attended by C. Gibbs, in fair physical condition, with the following history: No history of consanguinity or heredity: First attack occurred in May '97 & lasted one month Patient was confined at St Joseph's Hospital St Paul, during attack: First symptoms of present attack manifested Sept. 97 by sleeplessness & mental depression: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by Restlessness, sleeplessness, worrying, depression, hopelessness & inability to work: Not disposed to injure: no filthy or destructive habits: Threatens suicide continually but has never attempted it: Previous peculiarity was an ardent Spiritualist: No severe diseases: Received injury to occiput four years ago: Was confined at home one day: Has been given hypnotics & ingestions. On personal examination has dilated pupils, exaggerated reflexes: tremors of hands and tongue.

Note On way to hospital patient, without any cause, jumped out of car window. after that did not make any further effort to escape.

Oct 2. On admission put upon B³ E (G.H.U. Ppt. Complexion dark: Hair dark brown: eyes blue: Condition of skin good: Several scratches on forehead from jumping off train: Is clean: Behavior good: Temp. 100 Resp. 26 Pulse 96)

2 Summary Nurses Notes. Complains of pain in shoulder: Answers questions fairly well but conversation is irrational Oct 3 Temp. 99⁶ P 66 R 18. Complains of soreness in chest: Is quite depressed & is also restless: Slept 4 hrs.

4 T. 99² P 80 R 18. Appetite good: Bowels regular: Worries a great deal about his family & friends: Has delusions that he has done them very much harm: Was considerably confused today. Oct 5 Is extremely despondent to day: Sleeping dose given at bed-time: Slept 7 hrs. Oct. 6 T. 99² P 88-68 R 16-18. No change: today: Lies very quietly in bed. Oct 7 Complains of soreness in side & arm: Visited by daughter: Is quite excited today Oct 8 Upon ward: soreness in side & limbs has almost left him: Answers questions quite intelligently but Conversation is irrational: Is depressed & melancholy. Oct. 9 Very despondent today: walks floor most of time: Appetite seems failing - has to be coaxed to eat Seems to be suffering a great deal mentally & is very nervous.

10 Remains very despondent & nervous & grows excited at times - at times will not answer when spoken to. Slept 5 hrs. Oct 11 Appetite poor - has to be urged to eat. Oct 12 Says he feels worse & worse every day: Talks very little & is quite melancholy. Oct 13 Visited by daughter & friends today, was taken out for a walk by them accompanied by nurse. Oct 14 Is failing somewhat physically: Is nervous & melancholy.

31 Is being given massages & rubs: Appetite poor: Bowels constipated: Is very melancholy & depressed: Sits on ward brooding over his troubles most of time. Is careless about his appearance Jan 1 '98 Wt. 143# Patient has delusions: Is fairly quiet about them but occasionally has been violent & noisy Resisting on the Nurses seeing & the visitors whom he imagines are about. June 2 '98 Wt. 157# Still complains about visitors; Talks at random about various delusions & is rather untidy & careless. Oct 15 '98 Trans. to B¹. Has maintained almost exactly the same behavior. Jan. 28 '99 Patient has been steadily growing more trying & more untidy & demented: He is still talkative & delusions still have some fairly definite form.

1899 Feb 1 - July 31 1899. Delusions) 165# Restless & destructive; has to be kept in bay: untidy & filthy. Feb 4. Had a bad cold. Apr. 13. Swallowed a lead pencil 3½ in. long. Apr 15. Passed pencil. Is suicidal & has many delusions. July 31. Little change in patient.

Aug 7 Wt. 145# Nov. 7 Wt. 161. Aug 5 Struck by Frank Abbott, causing wound over eye. Dec 19. Visited by friend. No change of importance. Has continued very demented. Thinks there are millions in the hospital, but when questioned will talk very rationally. Habits very untidy - Has to be kept in bay. Frequently picks himself causing sores on head & elsewhere. Has been occasionally violent.

1900 Feb 7 - July 31 1900. Wt 165# P 77. Mar 13. Visited by friend. June 13. Visited by friend. - Vaccinated. July 31. Condition remains about same: Health fairly good: no illness: no medicine. Is very irrational & incoherent in conversation. Talks to himself. Thinks there are millions in the Institution and talks about "fooling with the sun" and the like; but, if questioned, is capable of talking very rationally & intelligently. Memory seems to be perfect. Is very slouchy & untidy in Habits: Has habit of striking & picking himself, causing sores. Is kept in "bay" and receives meals on tray. Does no work: occasionally violent to other patients & has attempted to commit suicide. Attempts to cause the barber to cut his throat, while being shaved.

Aug 1 - Nov 28 1901. Wt 159#. Aug 13. Visited by brother. Augs. Attempted to climb down dust-Chute: (is evidently suicidal): Nov 24. Was struck in back of head by J. A. Wallen, with scrub-brush, causing gash 2 inches in length: Same Stitched & dressed. Nov 25. Transferred to TW: Wound on head infected: face swollen: wet antiseptic dressings applied. Dec 4 Wound healed and patient transferred to B¹. — Dec 1 - June 31 1901. No change mentally: very deluded & mind constantly preoccupied. Talks about: "fooling with the Sun": Thinks there are millions of people in the building". Has habit of picking himself constantly: Habits very slouchy: will Answer very rationally & intelligently on ordinary subjects. Tries to escape frequently. Is suicidal. Feby. Wt 163#: May Wt 156#: Aug 1 Wt 153#: Nov. Wt 164#: -

1901 - Jan 31 No change, mentally or physically. Constantly expressing his delusive ideas, and continually picking his head & legs. Is rather slovenly in dress: Does no work: Goes out with crowd for exercise & constantly watching for opportunity to escape - occasionally attends amusements.

Jan 31/02 Physical health quite good, except for incontinence of urine. Is slouchy in appearance - Constantly rubbing & picking himself & has numerous sores on scalp & body. As a result; very delusional, constantly talking in an incoherent manner, tho' at times seems quite bright & witty

Personal and Medical History of Alexander N. Hayes.

Personal and Medical History of Theodore E. Brems.

Whole No. 4890

Residence, Lanesboro, Minn.

Date Admission, October 4th 1897.

Admitted by Dr. R. M. Phelps. hour, 3 P.M.

How Sent, Ex. Farrington Jo. P. Fillmore Co.

Sex, male Age, 21.

Civil Condition, Single.

Children, —

Age Youngest Child, –

Occupation, Farm Laborer.

Degree Education, Common School.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nationality, Nativity Minn. Became resident of State Co. at birth.

Physicians Committing, Jno. Phelps Lanesboro.

Correspondents,

No. of Years, 57

Insane Relatives, None

Cause Exciting, Unknown.

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not suicidal.

Date of this Attack, One week ago.

Duration, One week.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 20

Time of Leaving, July 19th. 1902

Time in Hospital, This time 4 yrs 9 mos 15 ds

Result, Died: Pulmonary Tuberculosis - 8 mos.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Theodore E. Brems.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Impaired

WOUNDS, Abnormalities and condition of Skin, Teeth decayed + crowded together. Narrow high arched palate - Nevus - brown discoloration about right nipple. Acne about back & shoulders.

TONGUE, Coatings or Promptness of Movement, Heavy. dirty White coat. Tongue large + slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Slightly contracted. Responses to light excessive. Tobacco.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good

COORDINATION, Arms, Fair Legs, do Grasp,

TREMORS, Hands, ~~Tongue~~, ~~Facial Muscles~~, ~~General~~, Slight of hands

PATELLAR REFLEX, 6 - 7 equal. Other Reflexes, Abdominal slightly exaggerated.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Nomurmurs noted. All sounds feeble. Apex beat felt 5th interspace 1/2 in. to right of nipple line. Circulation poor. Extremities poor. Epigastric pulsation.

ARTERIES, —

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Left shoulder higher. Expansion at nipple line. Forced expiration 3 2½ in. expansion 1½ in. Breathing shallow. Sounds feeble.

Color and Appearance,

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a silly indifferent state. Does not speak. Grins sillily if addressed. All movements very sluggish.

Personal and Medical History of Theodore E. Brenno.

1897

This patient was brought here by George Elsrud attended by Julius Christenson in fair physical condition, with the following history: No history of consanguinity, or heredity: First attack occurred about one year ago & patient was confined in this hospital from Sept 15'96 to Apr. 26'97 (For further information see vol. 35. p 29 29/35) First symptoms of present attack were manifested about one week ago by melancholia. Disease appears increasing: Is not variable. Derangement now manifested by delusions; thinks he has been dead & come to life again: Is not suicidal, filthy or destructive: Has shown no disposition to injure others during this attack: No previous peculiarities noted: No severe disease or injury to head: Has been confined at this hospital, as above stated.

On personal examination patient sits very still, will say nothing: Is melancholy.

Oct 4 On admission put upon B³ E (Dr. Kay, Dr. Pl.) Complexion light: Eyes blue: hair brown: Condition of skin good: Is clean: behavior good.

Summary Nurses Notes. Refuses to talk: Is very mischievous: Slept 6 hrs.

5 T. 99⁶ P. 72 R 20. Bowels regular: Appetite good: Slouchy in dress & habits: Sleeps well.

6 no change. Oct 7. Does no work: remains in same condition: Is very troublesome at times: Slept 6 hrs. Oct 8 Appetite fair: Bowels regular: Sleeps well. Oct 9 Is mischievous & troublesome on ward at times - picks tiling off around fireplace - turns on water in wash room - takes "extra" dishes away from other patients at meals, etc. etc. Oct 11 Physical condition not very good: Shows no delusions: Is out of bed many times every night. Oct 17 No change in condition either mentally or physically - has to be watched constantly to keep him out of mischief - Summary Note by Dr. Phelps. Oct 31 Patient seems to have improved somewhat in behavior & is not quite so silly & destructive as at time of coming

Jan 1 '98 Had a vomiting spell & slight chill. T. 95 & as well as usual, up on ward.

Feb 1 '98 Wt. 141#. Patient very silly, dull, rather inactive & mischievious; has to be watched a good deal. Jan. 29'99 No change of special importance in condition drifts along quietly: Was visited by brother on Jan 18th.

Feb 1 - July 31 '99. (Dr. Wanous) Wt. 134#. Patient a demented: untidy & filthy. Apr. 10 Complained of sore throat. Trans. to Infirmary. Right side of face sore & swollen: Is spitting some blood. Apr. 17 Complained of ear during night: improved under treatment Apr. 30 Remains up on ward: Trans. to

1900 Bⁿ on May 3rd, Augt - Jan 31' 1900 (Dr. Chapple) Wt. 137#. Is becoming more

Jan 31 untidy in dress & habits: Appears slightly more demented. Speech incoherent. Talks & laughs to himself in a silly manner. Behavior fairly good, is at times stubborn & troublesome. Has been very

Feby 1 inactive. Jan. 31 Trans. to Annex. Feby 1 1900. Wt 144#. P 80. Mar 15. Ten days temperature was

June 26 practically normal. June 26. Ran away from farm, but returned of his own accord. July 20. Vaccinated:

July 29 result good. July 31. Health fairly good, during period. Is very quiet; habits slouchy & untidy.

" 31 Talks but little; is rather silly & demented. Has been working on farm since May. —

Personal and Medical History of Theodore E. Brenno

1900

Aug 1 1900 Wt 137#. Sept 10. Transferred to D¹. Sept 13. To D⁴. Jan 31/1901. Works regularly on farm. Appears

Jan 31 quite Demented; rarely speaks: is very untidy and slouchy in habits. Physical condition good:

Oct 1 Wt 134#: May 1. Wt 147#: Augt 1. 151#: Nov 1 - Physical condition not so good, but is

Nov 17 still working about grounds - Is very untidy & incoherent. Nov 17. Coughed up Considerable

18 quantity of blood. Transferred to TW, and put to bed - Nov 18. Haemorhage from lungs Continues -

19-20 Repeated haemorhages: small quantity from lungs: not sufficient, however, to show much constitutional effect: Has low fever & accelerated pulse. (Tuberculosis probably

1901 present). Jany 1/01 Wt 117#. Jany 31. Apparently, slowly failing: has fair appetite:

Jan 2/31 bowels & urine regular. Coughs considerably & has low fever - Is still in bed.

July 19/02 Patient has been in bed constantly since last note, growing weaker & emaciated with pulmonary tuberculosis - No special incidents of importance. Died today at 7¹⁵ P.M.

Personal and Medical History of Adam Miller

Whole No. 4891.
Residence, Austin, Minn.
Date Admission, October 4th 1897.
Admitted by Dr. H. H. Herzog. hour, 7.45 P.M.
How Sent, D.D. Washburn J. of P. Mower Co.
Sex, male. Age, 38 yrs.
Civil Condition, Married
Children, - 7 -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession Religion, Yes catholic
Habits, Uses tobacco.
~~Nativity~~ ~~Nationality~~,
Physicians Committing, D. D. Washburn + A. W. Allen. Became resident of State in March '97 - of Co. in October '97.
Correspondents, Mrs. Theresa Miller (wife) Austin, Minn.

No. of Years, 58.
Insane Relatives, Father.
Cause Exciting, Was affected by heat in July.
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4 mo. ago.
Duration, About 4 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to East migs. J.K.H.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* 10/5/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Slightly confused, sluggish.
MEMORY, Past Events, Impaired
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Dull - Seems correct.
REASONING POWER, Ordinary Subjects, Very slow -
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects, Not systematized - Fixed of infidelity + persecution
HALLUCINATIONS,
ILLUSIONS, Very reticent
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably 3 to 6 mos.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, No history of Insanity.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says was overheated 3 mos. ago.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Has had some supra orbital headaches.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, constipated Appetite poor Sleep at times broken.

Personal and Medical History of Adam Miller

ADAM MILLER.

J. E. Flood, Austin, Minn., writes:-

Mr. Miller's first appearance of mental disturbance was in May, 1897. He had lost some money; talked about it a good deal, then become morose and silent. Avoided people. Would sit at home with his head down and say nothing. Later become somewhat violent; struck his wife, and choked the children. He seemed to know his mind was failing and to fear going to the Hospital. Has been a hard working, temperate and prudent man. Father was once insane and in the Rochester Hospital for a few months.

PHYSICAL CHARACTERISTICS.

PATELLAR REFLEX, 0 Other Reflexes, ON, Impaired - Quite anaemic, dry + scurfy - tooth marked. Respond to light + ac. accommodation aggravated.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, 2nd mitral sound quite rough - Size
Apex Beat, Regularity, Enlarged Impulse heart forcible - 5th interspace nipple line - Rapid - slightly irregular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Right apex retracted Motion limited - 5 2½ at nipple line expans. ¾ in. All sounds somewhat harsh - Over 2nd rib and 2nd interspace right side quite bronchial. Dulness over this region.
EXAMINATION URINE, Quantity, Sp. g. Reaction,
Albumen, Sugar,
Casts and Crystals,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,
Color and Appearance,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

He shows a melancholia with inclination to stupor. Sits with head down. Answers in monosyllables after repeated questioning. Has vague ideas as to infidelity of wife + neighbors persecuting him. Is inclined to resist physical examination.

Personal and Medical History of A a

Whole No. 4891.
Residence, Austin, Minn.
Date Admission, October 4th 1897.
Admitted by Dr. H. H. Herzog. hour, 7.15 P.M.
How Sent, D.S. Washburn J. of P. Mower Co.
Sex, male. Age, 38 yrs.
Civil Condition, Married
Children, - 7 -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession. Religion, Yes catholic
Habits, Uses tobacco.
~~Nationality.~~ Nativity.
Physicians Committing, C.A. Washburn + A. W. Allen. Became resident of State in March '77 - Of Co. in October '87.
Correspondents, Mrs. Theresa Miller (wife) Austin, Minn.

No. of Years, 58.
Insane Relatives, Far
Cause Exciting, Was affected
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, None mentio
Suicidal or not, Not.
Date of this Attack, 4 mo. ago.
Duration, About 4 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hast injo. Okpm

EXAMINATION ON ADMISSION BY DR. H.H. Herzog Date of 10/5/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused + sluggish.
MEMORY, Past Events, Impaired.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Seems correct.
REASONING POWER, Ordinary Subjects, Very slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Not systematized - Fixed
Of infidelity + persecution
HALLUCINATIONS,
ILLUSIONS, Very reticent
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably 3 to 6 mos.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, No history of insanity available.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says was overheated 2 mos. ago.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Has had some supra orbital headaches.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, constipated Appetite poor
Sleep at times broken.

Personal and Medical History of Adam Miller

PHYSICAL CHARACTERISTICS.

HT, 5 ft. 6½ PRESENT WEIGHT, ~~~ USUAL WEIGHT, NUTRITION, Impaired - Quite Anaemic
UNDS, Abnormalities and condition of Skin, fingers clubbed. nails thickened - Skin dry + scurfy -
ONGUE, Coatings or Promptness of Movement, Clean. light yellow coat - large - pale - tooth marked.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size slightly contracted - Respond to light + ac -
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Some impairment Legs, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands + tongue - Slight general.
PATELLAR REFLEX, 8 Other Reflexes, abdominal exaggerated.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, 2nd mitral sound quite rough - size
Apex Beat, Regularity, Enlarged
Impulse heart forcible - 5th interspace nipple line - Rapid - slightly irregular
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Right apex retracted
Motion limited - 5 2½ at nipple line expans. ¾ in. All sounds some what harsh - Over 2nd rib and 2nd interspace right side quite bronchial - Dulness over this region.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

He shows a melancholia with inclination to stupor. Sits with head down Answers in monosyllables after repeated questioning. Has vague ideas as to infidelity of wife + neighbors persecuting him. Is inclined to resist physical examination.

Personal and Medical History of Adam Miller

1897

This patient was brought here by Sheriffs deputy P. E. Flood, in fair physical condition with the following history: No history of consanguinity: First symptoms manifested about four months ago: Disease appears increasing: Is variable but there are no rational intervals: Derangement is now manifested on all subjects: Is disposed to injure others: No filthy or destructive habits: No previous peculiarities noted: Has had pneumonia, no head injury: Has not been confined or restrained: Has had some medical treatment but derived no benefit from it: On personal examination was quite nervous & seemed morose.

Oct 4/97 On admission put upon B 3 E (9 Hr Apt. Complexion dark: hair brown: eyes brown: Condition of skin good: Is clean: Behavior good.)

5 Summary Nurses Notes Temp. 100 P. 78 R. 19. Is not willing to talk about his commitment here: Sleeps well: Appetite is quite poor: Oct 6. Slept 7 hrs. No change. Oct 7 Temp. 99 P. 78 R. 19. Bowels somewhat constipated. Does no work. Sits about ward in a stupid way Oct 8 No change of any kind.

9 Is very melancholy & non-communication. Oct 10 Habits neat & clean: Is not at all troublesome: cares for his own room: Oct 13 Is somewhat brighter today: Talks more & seems more cheerful.

14 Continues to improve mentally & physically. Talks rationally about going home: Assists with work when asked.

Summary Notes by Dr. Phelps. Oct 31 No special change in behavior: Is perhaps somewhat brighter in manner than when he came: Talks in a fairly rational way

Jan 1/98 Is quite well behaved; altho has at times seemed to have some delusions which he has not talked about. Mch 10 Trans. to B. Is fairly quiet & well-behaved since last note. Jan 30 '99 Wt. 151 lbs. Rather melancholy in appearance, does not talk much; quiet in behavior.

1899

Feb 1 - July 31. (Dr Wanous) Patient quiet & well behaved: Goes walking with crowd:

Aug 1 July 1. Little change in patient. Aug 1. Quiet, well-behaved, neat in habits & dress. Talks to

Sept 1 himself. Sept 1. Works in center Dining-room. Nov 30. Continues about as above described.

1900

April 7 Wt 137 lbs. P. 80. Continues to work in Dining-room. Plays games on ward.

" 26 Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Aloysius Walsh

Whole No. 4897
Residence, Mount Pleasant, Minn
Date Admission, October 6th 1897.
Admitted by Dr. H. H. Herzog hour, 1:50 P.M.
How Sent, M. Kennedy J.o.P. Wabasha Co.
Sex, male Age, 19
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farming.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Uses tobacco to excess.
~~Nationality~~ Nativity, Minn. (Father Ireland. Mother Ky.)
Physicians Committing, O.H. Bayley & Chas. J. Wilson.
Correspondents, Laurence Walsh, Lake City, Minn. (Father) Box 399.

No. of Years, 59.
Insane Relatives, None
Cause Exciting, Tobacco & masturbation.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, "Tobacco heart."
Suicidal or not, Not.
Date of this Attack, April 1896.
Duration, 1 yr 6 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 17.
Time of Leaving,
Time in Hospital,
Result,

Became resident of Minn. 19 yrs. ago.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog. Date of Oct. 7/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish
MEMORY, Past Events, Impaired.
Recent Events, do - Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Correct.
REASONING POWER, Ordinary Subjects, Slow
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - Slightly depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation - reticent - incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
No history.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Uses tobacco to excess
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

A. WALSH.

Father writes that in his opinion the boy was quite bright up to the past year approximately. At ten years of age he got deaf from the effects of swimming. During the past months has complained of heart trouble and has been generally hypochondriacal, morbid and feebleminded. Has had morbid, half-delusional ideas about his physical ailments, and concerning some trouble with a girl. At one time had a misunderstanding with his doctor about an operation.

ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Rapid & irregular, nothing tumultuous - Sounds strong. Apex beat forcible
ARTERIES,
Extremities cold - Hands clammy.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is an adolescent. Power of attention impaired - Look shifting - Behavior restless. Will get up & examine things about the room. Careless about appearance. Denies masturbation - undoubtedly practices same excessively.

Personal and Medical History of Aloysius

Whole No. 4894

Residence, Mount Pleasant, Minn

Date Admission, October 6th 1896.

Admitted by Dr. H. H. Herzog hour, 1:50 P.M.

How Sent, M. Kennedy J. of P. Wabasha Co.

Sex, male Age, 19

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farming.

Degree Education, Common school.

Profession, Religion, Roman Catholic.

Habits, Uses tobacco to excess.

~~Nationality~~ Nativity, Minn. (Father Ireland. Mother Ky.)
(Became resident of State 19 yrs. ago.)

Physicians Committing, C. K. Bayley & Wm. F. Wilson.

Correspondents, Laurence Walsh, Lake City, Minn. (Father) Box 399.

No. of Years,

Insane Relatives,

Cause Exciting, Tobacco

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Tobacco

Suicidal or not, Not.

Date of this Attack, April 1896.

Duration, 1 yr 6 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 17.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Oct. 7/96.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish

MEMORY, Past Events, Impaired.

Recent Events, do - Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - correct.

REASONING POWER, Ordinary Subjects, Slow

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation - reticent - incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, No history.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Uses tobacco to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

al and Medical History of Aloysius Walsh

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, 140 USUAL WEIGHT, NUTRITION, Somewhat impaired.

WOUNDS, Abnormalities and condition of Skin, High arched palate, assymmetry of face - nose deviates to right
Hair coarse & grows in a rough swap.

TONGUE, Coatings or Promptness of Movement, Slow - Edges clean - dirty yellow coat at base.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Rise normal. Excess response to light & accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good

COORDINATION, Arms, Fair Legs, Fair. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - of tongue - None of face or general.

PATELLAR REFLEX, Equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs
Rapid & irregular, action tumultuous - sounds strong Apex beat forcible

ARTERIES,
Extremities cold - hands clammy.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is an adolescent. Power of attention impaired - Look shifting - Behavior restless. Will get up & examine things about the room. Careless about appearance. Denies masturbation - undoubtedly practices same excessively.

Personal and Medical History of Aloysius Walsh.

1899

This patient was brought here by Sheriffs deputy Dyfsoley in fair physical condition with the following history: No history of consanguinity or heredity: First symptoms of attack manifested by nervousness & indifference in April, 1896. Disease appears increasing, not variable, no rational intervals: Derangement now manifested by being morbid, morose & indifferent, unwilling to work: Keeps solitude: Not disposed to injure others: Not suicidal, filthy or destructive: Attack began with religious impressions: Has confessed masturbation: Has been addicted to excessive use of tobacco: Has not been confined or restrained: Has received no treatment On personal examination looks demented & obstinate. Does not talk plainly Conversation rambles.

Oct 6/99 On admission put upon B³ E (Off. Rpt. Complexion dark: hair black: eyes blue: Condition of skin good: Is clean: behavior good.)
Summary Nurses Notes Is stubborn & ill-tempered. Talks very irrationally;
7 Appetite poor: Medicine given 3× day. Spent greater part of day lying on bench
8 Does not notice anyone unless addressed & then talks very little: Appetite poor:
9 Very careless about dress & person: eats almost entirely with fingers: Has no noticeable delusions: Sleeps well: Oct 10 Does little work upon ward: No
change in condition. Oct 11 Says he wants to go home & get drunk.
12 Is slightly backward & sullen about responding when spoken to: No change.
14 Is quite restless, has not tried to escape but says he is going home.
15 Untidy about his dress. Is much confused when spoken to
17 Blister applied to penis: Slept worse. Oct 18 Is improving slightly: Not so drowsy as formerly: Physical condition good. Summary Continued by Dr Phelps. Oct 31 Patient is slouchy in dress & habits; Confused & restless; mutters to himself. Jan 1 98 Is considerably improved in mental state: Talks quite freely & does some work.
Mch 7 Visited by mother & brother who took him home. July 12 98 Returned on ward Does not talk much, is rather demented: While out on trial killed his mother. Says he did it because she wanted him to work & he was sick & unable to work. Oct 22 99 In bed: Is more silly, sullen & quiet: laughs & talks to himself a great deal. 17 Patient still rather dull & restless: No very prominent delusions.
Feb 1 July 31 99 (Dr Wanous) Patient dull & stupid greater part of time. Mch 14 Refused nourishment. Complained of stomach Refused nourishment until
1900 the 19th. Made several attempts to escape in June Aug 1 to Jan 31 1900 (Dr Chapple)
Ja 1 Wt. 137# Pulse 88 Nov 8. Wt. 140 Pulse 76 Very little change during period
Jan 31 Physical condition fair tho there is considerable general debility
Feby 28 Patient lounges about on beds, is rather sullen & stubborn: seldom talks
May 1 unless addressed. Assists in dining rooms. Feby 1900. Wt 143# Pst. Mar 14. Tooth extracted.
July 31 No change to note, during period. Very quiet; Talks but little: Habits slouchy. Works on ward and in ward dining room. Inclined to be stubborn & sullen in manner.

Personal and Medical History of Aloysius Walsh

1901

Aug 1 Wt 139# Jan 31/1901. Very little change: is slouchy: untidy in habits: talks irrationally: is surly
Jan 31 and violent, at times: talks to himself, a good deal. Works on ward: physical condition good.
Feby 28 Wt 134#: May 1. Wt 132#: Aug 16. To B¹ Sept 18. Pugnacious: was transferred to G¹.
May 1 Very little change noticeable, during year. In fair health: works some on ward: careless
Jan 31 and indifferent in manner. Very pugnacious at times: Soliloquizes inaudibly, but is very incoherent in conversation.

Jan 31/03 Has been in fairly good health; works about ward and buildings with nurse; manner is indifferent and careless; occasionally pugnacious; has but little to say & talks in a rambling, incoherent manner.

Personal and Medical History of F. J. Roberts

Whole No. 4894

Residence, St. Paul, Minn.

Date Admission, October 17th 1897.

Admitted by Dr. R. M. Phelps hour, 6.45 P.M.

How Sent, T. Willrich J. of P. Ramsey Co.

Sex, Male Age, 45 yrs.

Civil Condition, Married.

Children, one.

Age Youngest Child, —

Occupation, Laborer

Degree Education, Can read & write.

Profession, Religion, Not a church member.

Habits, Took opium.

~~Nativity~~ Nationality, Michigan. (Father Ny. Mother ?)

Physicians Committing, G. N. Amy & J. G. Hunter

Correspondents,

No. of Years, 61

Insane Relatives, None.

Cause Exciting, Injury to head & insomnia.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Insomnia & Anaemia

Suicidal or not, Yes. Took Laudanum

Date of this Attack, Oct. 1st 1897.

Duration, 7 days.

No. of Attack, 1st

No. of Admission, 1st (Was at Bethesda Hosp. St. Paul)

Age First Attack, 45 yrs.

Time of Leaving, Apr. 12. 1898

Time in Hospital, 6 m 5 d.

Result, Discharged Aug. 10. 1898
Much Improved

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of F. J. Roberts

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of F. J. Roberts.

1897

This patient was brought here by Douglas Donsley in fair physical condition, with the following history:- This is first attack, patient has been confined at Bethesda Hospital St Paul since Oct 1st 97. First symptoms manifested by attempt at suicide with laudanum. Disease appears stationary. Is variable with rational intervals. Is melancholy at times. Derangement now manifested by tendency to suicide, + melancholia "diabolicus in a Creator, a strong argument for suicide" Not disposed to injure others. Neither filthy nor destructive in habits. Has always been of a highly irritable temperment, would get up at night after retiring, dress + go out to walk on street. Took opium for sleep. Has not been subject to any severe disease but fell 4 yrs. ago + sustained injury to head. Has been confined since Oct 1st as above stated. Has received tonic treatment. On personal examination shows anaemia + insomnia.

Oct 7/97 On admission put upon B.S.E (Gen. N. Rpt Complexion dark: eyes blue: hair brown: Condition of skin good: "F.R" tattoed on left fore arm: First finger of right hand. off Is clean. Behavior good: Physical condition poor.)

8 Summary Nurses Notes Appetite good. Bowels regular: Seems despondent but does not mention his troubles: Talks freely on all subjects. No delusions noticed. Oct 9 Is very particular about his person + dress: Sleeps well, + appetite is good. Oct 11 Is quite restless: Walks up + down hall a great deal. Oct 14 Seems much better physically + is more cheerful + communicative than when he came: Assists very willingly with work.

20 Has improved a great deal. Seems quite contented here but is anxious to go home as soon as possible. Summary continued by Dr. Phelps. Oct 31 Talks in a rational way: Works some. At times rather despondent. Is, however, most of time rather cheerful in manner. Jan 1'98 Works in dining room. Complains a good deal of being nervous + gets excited, talking about it. Is anxious to get away. Feb 1'98 Wt. 179# Looks quite accurately + well upon most subjects Is perhaps not as nervous as he was.

Apr 12'98 Went home. Looks slight dementia probably, altho nothing very marked

Discharged.

Personal and Medical History of

Personal and Medical History of T. J. Rottger

Whole No. 4896

Residence, —— not given

Date Admission, October 17th 1897.

Admitted by Dr. RM. Phelps. hour, 6⁴⁵ P.M.

How Sent, Herman Blackmer Jail Freeborn Co.

Sex, male Age, 35

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, Harness-maker.

Degree Education, Common school

Profession, Religion, Not a church-member.

Habits, Addicted to drink.

Nationality, (Nativity U. S. Became resident?) (Parents Germany.

Physicians Committing, G.W. Banks - S. Mussey

Correspondents, ~~S.S. Hinman, San Francisco, Cal.~~

John Gooch, Bunker Hill, Ill.

Wm. Rottger Farmington St Francois Co. Mo.

No. of Years, 63

Insane Relatives, Do not know.

Cause Exciting, "

Cause Predisposing, "

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes. Tried to knock brains out.

Date of this Attack, Unknown.

Duration, Unknown.

No. of Attack, Unknown

No. of Admission, 1st here.

Age First Attack, Unknown.

Time of Leaving, Oct. 2. 1897.

Time in Hospital, 9 da

Result, Discharged Apr. 2/98 Recovered.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of Oct. 13/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish.

MEMORY, Past Events, Fairly good

Recent Events, do. Special Subjects, last not on two blank.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert - Correct.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

~~Has~~

HABITS, Drinking and Smoking, Has drank hard for past 7 yrs.

HEADACHES, VERTIGO, OR CONVULSIONS,
Convulsions noted in history - Patient state never had any before

OCCUPATION, Healthy or not,
Is a harness maker - ragnant habit

Detail Date, Duration, and Character of Previous Attack, if any,
Had delirium tremens once before.

Sleep, Appetite, and Bowels,

Personal and Medical History of T. J. Rottger.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10½ PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Scalp wound horizontal over vertex 3 in. long. Cut got sutures scalp infiltrated fairly well united. a few drops of pus. Right foot amputated Chopart amputation left arm. Partial ulnar paralysis.

TONGUE, Coatings or Promptness of Movement, Clean - slow -

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Respond to light accom-

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, good.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands & tongue - slight general.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No Murmurs noted - Sounds ~~Strong~~. apex beat forcible

ARTERIES,
Pulse rather soft

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems fairly well mentally this morning. Still slightly confused. Remembers coming to Minneapolis about two weeks ago. does not remember how he got to Albert Lea nor what happened there. Says he is much clearer mentally today than yesterday. Does not wish to suicide now. Apparently mania a potu.

Personal and Medical History of T. J. Pattgen.

1897

This patient was brought here by Sheriffs deputy W.C. Mitchell & T. Clemmons in fair physical condition with the following history:- No information concerning Consanguinity, heredity, no. of attack, When or how first symptoms were manifested. Previous peculiarities or cause of disease: Disease is variable with rational intervals: Derangement now manifested by lack of memory: Tried to bite his watchers: Tried to knock his own brains out against an iron wall: Is destructive of clothing & furniture: Filthy in habits: Is addicted to drink. Had two or three convulsions last night while the cut across top of his head was being dressed: In straight jacket since last night: Has received no treatment: On personal examination cannot get much out of his answers says he does not remember anything.

Oct. 12 On admission put upon W. (Ward) Pat. Complexion Dark: Hair dark brown: eyes blue: Condition of skin Clean: Tattoo marks on both fore-arms: Slight scar on left knee: Slight eruption on back: Head bruised & cut bandaged has not been removed: Behavior good Conversation fairly intelligent: Right foot amputated at instep.)

Oct 13 Note by D. Phelps Patient brought in from Country-town. Residence not known: Says now had been drinking & had a similar spell about 8 mos. ago.

13 Talks quite intelligently: Is quiet & well-behaved Temp. 100°-100° P. 96-68

14 Bowels regular: Appetite good: Slept 7 hrs. Cut on head is healing nicely: discoloration & swelling disappearing: Lies quietly in bed. Oct 15 T. 99°-99° Talks rationally. Says trouble was caused by a prolonged spree:

16 Up on ward today: Is quiet & well-behaved. Oct. 17 Wound almost healed: Patient's physical condition good: Eats & sleeps well: bowels regular. Temp. Pulse & Resp. normal. Oct 19 Is quiet & well-behaved. Trans. to A³.

19 Behavior good: Habits neat & clean: Appetite good: sleeps well: bowels regular. Physical condition good. Does no work: Is on parole.

21 Was sent home today.

Discharged.

Personal and Medical History of

Personal and Medical History of Robert Hanson

Whole No. 4897
Residence, Rice Co, Minn.
Date Admission, October 13th 1897
Admitted by Dr. L. L. Phelps hour, 3 P.M.
How Sent, R.A. Mott J. of P. Rice Co.
Sex, male Age, 24 yrs.
Civil Condition, S
Children, none.
Age Youngest Child, -
Occupation, Farm Laborer
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, not intemperate.
~~Nationality~~ Nativity, Sweden (Father Sweden - mother also)
Because resident of state — Co.
Physicians Committing, C.A. Smith & W.W. Cornell.
Correspondents,

No. of Years, 66
Insane Relatives, one half sister.
Cause Exciting, Masturbation.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, 2 yrs ago.
Duration, 2 yrs.
No. of Attack, 1st Continuous.
No. of Admission, 1st
Age First Attack, 22.
Time of Leaving, May 10, 1901 To Scandinavia. (Deported)
Time in Hospital, 3 yrs. 6 months. 27 days
Result, Improved. (Discharged) July 29/1901
O.K. pw

EXAMINATION ON ADMISSION BY DR. H.S. Herzog *Date of* 10/14/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused + sluggish.
MEMORY, Past Events, Fair
Recent Events, not so good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - correct.
REASONING POWER, Ordinary Subjects, Fair but slow
Special Subjects,
Own Mental State, do.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted
Conversation coherent - reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, Sister + step father insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Has been a sailor, lately farmer
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep impaired. Bowels sluggish

Personal and Medical History of Robert Hanson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 5½ PRESENT WEIGHT, 143½ lbs. USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Clear - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Respond to light + accomodation
SIGHT, Seems good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good
COORDINATION, Arms, Good Legs, Do. Grasp,
TREMORS, Hands, ~~Tongue~~, ~~Facial Muscles~~, ~~General~~, Slight of hands -
PATELLAR REFLEX, 1-2 equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Good sign
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patients manner is dull, hangs head, realizes he is not right. Says his head troubles him - no pain but he cannot think well. Says masturbated at puberty, stopped - 2 yrs. ago began again, unable to stop. Unable to think clearly - unable to work well. Slightly despondent.

Personal and Medical History of Robert Hanson

1899.

This patient was brought here by Jas. Andrean Marshall, in good physical condition, with the following history:- First symptoms of disease appeared two years ago, has been continuous: Symptoms manifested by aberration + by religious mania: Disease appears increasing: Is variable but it is doubtful if there are rational intervals: Patient not disposed to injure others. Not suicidal: Is filthy + destructive in habits: No knowledge concerning previous peculiarities: Has been intemperate(?) Had spasms when 17 years old - Petit mal. Has not been confined or restrained: Has received no treatment: On personal examination cannot diagnose case as he is a stranger

Oct. 13 On admission put upon 3rd E. (Yth. Rpt. Complexion light, eyes blue hair light: Condition of skin clear: Tattoo mark (anchor) on left hand: Vaccinated on left arm: Two small scars on small of back + two on left forearm: No bruises: Is clean: Behavior good: Converses with fair intelligence)

14 Summary Nurses Notes. Talks rationally about himself + his condition: No delusions noted - Seems slightly simple. Oct 15 Very neat + clean in habits: Seems very fond of cleaning - scrubs + works constantly:

16 Bowels regular: Appetite good: Temp. pulse + resp. normal. Sleeps well.

17 Physical condition very good. Oct 18 Seems quite contented here - Answers all questions, but never says anything about himself unless spoken to. Oct 22. Very quiet: disturbing or interfering with no - ones.

26 No change of note. Behavior good: Physical condition good: Talks rationally but laughs foolishly when addressed.

Summary Continued by Dr Phelps. Oct 28 Works some on ward: Is very slow: Has to be prompted to go to meals + to bed. Laughs foolishly at times

Jan 1'98 Seems to be improving some: Is, however, rather dull + apparently somewhat demented. July 30 '98 Not much change either mentally or physically Is fairly well behaved, dull + quiet. Jan 31'99 Comparatively little change in condition: Still dull, altho answers questions with fair accuracy. Complains a good deal of pain for which there seems to be no foundation.

Res. - July 31'99. (Dr. Wanous) Wt. 128#. Is fairly well behaved: Has delusions + is incoherent: Does no work. Aug 1 - Jan 31 1900 (Dr. Chapple) No important change. Has numerous hypochondriacal delusions + delusions of persecution: Talks very incoherently + is silly but when questioned does not seem so demented. Has been violent + pugnacious on several occasions: Was given daily baths + hypodermics of atroph. for some time without effect. Feby 1 1900. Wt 127#. P 84. Feby 6. Transferred to B 13. - Threw cups through a window: was transferred to C. May 3. Was transferred to B 2. May 5. Threw cups through dining-room window; transferred to C. June 11. Transferred to W. Circumcised + rectum treated. July 3. Transferred to B 1. July 20. Vaccinated. July 31. No change to note. Health quite good.

Personal and Medical History of Robert Hanson

1900 Cont'd

July 31 but is constantly complaining, in hypochondriacal manner, of his head + various other sickness: Eats + sleeps well; behavior nearly always good. Inclined to be constipated. Masturbates frequently. Wt 126# - Jany 15 - 31/1901. Received static electricity daily. Very little change. Severy deluded and hypochondriacal - Says "the Devil makes him do things he does not want to" - Constantly Complaining of trouble in his head and of "masturbation sickness" - Talks, at times, very rationally - Works on ward - Is irritable + occasionally attacks others without any provocation.

Aug 1 1900 - Jany 15 - 31

Feby 25 - May 10 Wt 139#: 2 Apr 25. Has been receiving daily electrical treatment. Today, to 110: Has severe cold. May 10. No change. In good health: Patient constantly talking of trouble with his head". Is very hypochondriacal. At times, will talk quite pleasantly and freely of his previous life: Habits tidy: Is well - behaved.

Was, today, Deported to Europe, in charge of Dr. Haywood

Discharged

Personal and Medical History of Andrew Rode.

Whole No. 4899

Residence, Town of Woodbury, Washington Co. Minn.

address Box a. St. Paul, P.O.

Date Admission, October 16th 1897.

Admitted by Dr. H. St. Herzog. hour, 6.45 P.M.

How Sent, T. Wilson Jail. Washington Co.

Sex, male. Age, 44.

Civil Condition, married.

Children, Four.

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Com. school + one term at College.

Profession, Religion, Not a church member.

Habits, Not Intemperate

~~Nativity~~ Nationality, Indiana. (Parents Germany)

Physicians Committing, E.B. Freleigh + W.A. Page.

Correspondents, Geo. Rode (brother)

G.A. Schoch, grocer. St. Paul. Minn.

No. of Years, 66.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, July '97.

Duration, 3 mo.

No. of Attack, 1st.

No. of Admission, 1st.

Age First Attack, 44

Time of Leaving, Apr. 27. 1898

Time in Hospital, 6 m. 11 d.

Result, Discharged Aug. 10, 1898

Much Improved.

EXAMINATION ON ADMISSION BY DR. H. St. Herzog. Date of Oct. 17/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused. Sluggish.

MEMORY, Past Events, Impaired.

Recent Events, Quite markedly Impaired. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Dull - Illusive.

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects,

Own Mental State, do.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted.

DELUSIONS, ~~Systematized~~ slightly, ~~Fixed~~ Transitory, Special Subjects, of persecution.

Conversation reticent - incoherent

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, —

ONSET, Gradual or Sudden, —

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), —

HABITS, Drinking and Smoking, —

HEADACHES, VERTIGO, OR CONVULSIONS, —

OCCUPATION, Healthy or not, —

Detail Date, Duration, and Character of Previous Attack, if any, -

Sleep, Appetite, and Bowels, —

Personal and Medical History of Andrew Rode

Notify

Benjamin Sternkamp

390 E. 7th St.

St. Paul. Minn.

In case of illness or death of Andrew Rode, asking him to notify relatives.

...RISTICS.

...VEIGHT, NUTRITION, Considerably Impaired.

...n right scapula as if skin were rubbed off frontal position ...ack condition

...t - slow.

...ghtly larger - Size normal. Respond to light + accom.

...ternal squint.

Grasp,

...ed of tongue. General - None of facial muscles.

PATELLAR REFLEX, Q Equal. Other Reflexes, Abdominal absent.

ARTICULATION, Slurred, Hesitating, Slow, Slightly slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted - Sounds loud but not clear. Apex beat feeble - Rapid + slightly irregular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Sym. seems good. Detailed examination impossible.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Pt complains of soreness at 5th rib just to right of sternum. Can see nothing except slight recent bruises noted which look as if received by being rubbed either on floor or someone kneeling on him or lying across him. At first he would not speak or look up. Later said he was assaulted this morning. At first on 3d last night, this morning refused to dress. Nurses report trouble getting him to dress but patient says he was not taken down. Nurses on infirmary report trouble in taking temp. Was on bed all of time. Dr. Phelps called + examined patient. Undue violence not suspected. Patient says various influences principally electricity are playing on him. No history obtainable.

Personal and Medical History of Andrew Rode

Whole No. 4899

Residence, Town of Woodbury, Wash Co. Minn

address Box a. St. Paul. P.O.

Date Admission, October 16th 1897.

Admitted by Dr. H.S. Herzog. hour, 6.45 P.M.

How Sent, T.J. Wilson Jail St. Wash Co.

Sex, male. Age, 44.

Civil Condition, Married.

Children, Four.

Age Youngest Child, -

Occupation, Laborer.

Degree Education, Com. School & one term at College.

Profession, Religion, Not a church member.

Habits, Not Intemperate

~~Nationality~~ Nativity, Indiana. (Parents Germany)

Physicians Committing, E.B. Twitchell & W.H. Page.

Correspondents, Geo. Rode (brother)

G.A. Schoen, grocer. St. Paul. Minn.

No. of Years, 66.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, July '97.

Duration, 3 mo.

No. of Attack, 1st.

No. of Admission, 1st.

Age First Attack, 44

Time of Leaving, Apr. 29. 1898

Time in Hospital, 6 m. 11 d.

Result, Discharged Aug. 10, 1898

Much Improved.

EXAMINATION ON ADMISSION BY DR. H.S. Herzog. *Date of* Oct. 17/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused. Sluggish.

MEMORY, Past Events, Impaired.

Recent Events, Quite markedly Impaired. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Dull - Illusive.

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects,

Own Mental State, do.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted.

DELUSIONS, ~~Systematized~~ Slightly Systematized, ~~Transitory~~ Fixed, Special Subjects, of persecution.

Conversation reticent - incoherent

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, —

ONSET, Gradual or Sudden, —

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), —

HABITS, Drinking and Smoking, —

HEADACHES, VERTIGO, OR CONVULSIONS, —

OCCUPATION, Healthy or not, —

Detail Date, Duration, and Character of Previous Attack, if any, —

Sleep, Appetite, and Bowels, —

Personal and Medical History of Andrew Rode

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 in PRESENT WEIGHT, 129½ USUAL WEIGHT, NUTRITION, Considerably Impaired.

WOUNDS, Abnormalities and condition of Skin, Has slight bruise on chest & over right scapula as if skin were rubbed off frontal portion occipito frontalis muscle contracted on right side. Skin harsh condition

TONGUE, Coatings or Promptness of Movement, Heavy yellowish coat - slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Right very slightly larger - Size normal. Respond to light & accom.

SIGHT, Seems good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight left external squint.

HEARING, Seems good.

COORDINATION, Arms, Considerably impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - Quite marked of tongue - general - None of facial muscles.

PATELLAR REFLEX, 9 Equal. Other Reflexes, Abdominal Absent.

ARTICULATION, Slurred, Hesitating, Slow, Slightly slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs noted - Sounds loud but not clear. Apex beat feeble - Rapid & slightly irregular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Sym. seems good. Detailed examination impossible.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Pt complains of soreness at top of just to right of sternum Can see nothing except slight recent bruises noted which look as if received by being rapped either on floor or someone kneeling on him or lying across him. At first he would not speak or look up - Later said he was assaulted this morning - At first on 3d last night, this morning refused to dress. Nurses report trouble getting him to dress but patient says he was not taken down. Nurses on infirmary report trouble in taking temp. Was on bed all of time. Dr. Phelps called & examined patient - Indicates violence not suspected. Patient says various influences principally electricity are playing on him. No history obtainable.

Personal and Medical History of Andrew Rode

1897

This patient was brought here by Sheriffs deputy A. Fazendin in fair physical condition, with the following history: No history of consanguinity or heredity: This is first attack. First symptoms were manifested in July '97. By strange ideas upon religion: Disease appears increasing: Is variable with rational intervals: Derangement now manifested principally upon magnetism & upon religion: Not disposed to injure others: Neither suicidal, filthy nor destructive: No previous peculiarities noted: At age of four years had a fall with a slight fracture of skull: No severe diseases noted: Has not been confined or restrained: Has received no treatment: On personal examination the patient laboring under strong mental hallucinations imagines himself to be the Holy-ghost etc. C

Oct 16 On admission put upon 2/3 Q 4 Hr. Rpt. Complexion dark: Hair brown: eyes blue: Condition of skin good: Vaccination mark on left arm: No bruises: scars on left ankle: Is fairly clean: Behavior restless & at times noisy: Temp. 99° Pulse 94: Resp. 17.)

17 Summary Nurses Notes. Trans. to Infirmary & put to bed: Was noisy & profane-

18 Temp. 99-99° P. 96-78 R. 18-20. Examined by Drs. Herzog & Phelps. Several small scratches found on chest & side. Refused to take medicine or nourishment: Lies with eyes closed. Oct. 19 Talks quite sensibly this A.M. Answers questions quite freely. Has occasional stupid, sullen spells. When not in spell converses quite intelligently. Thinks that nurses mesmerize him.

20 Quiet today talks rationally: Asked for his clothes: Oct 21 Up on ward today: Is quiet & well behaved. Appetite good: Bowels irregular:

22 Seems bright & talks rationally: Slept 8 hours & Is neat & clean in habits & dress.

25 Is becoming quite restless, wanders about from place to place but seems very contented here. Oct. 25 Is very cheerful & well-behaved. Oct. 26 Converses freely & intelligently: Is nervous & watches everyone suspiciously.

30 Not so nervous of late: Still holds to delusion that he was being hypnotized.

Summary continued by Dr. Phelps. Dec. 1 Wt. 141 lbs. Patient quiet & well-behaved: Has more of Lay manneral behavior as at time of coming: Talks quite intelligently; on close questioning however he still believes that he was hypnotized.

Apr 98 Has kept along up to date, in a fairly quiet way & altho still believes in hypnotism it does not seem to influence him much. Sent out on trial today

Discharged.

Personal and Medical History of

Personal and Medical History of Gustav Carlson

Whole No. 4900

Residence, New Richland, Minn.

Date Admission, October 21st 1897.

Admitted by Dr. T. M. Phelps hour, 6:45 P.M.

How Sent, G.A. Wilson J.of P. Waseca Co.

Sex, male Age, 33 yrs.

Civil Condition, Single.

Children, none

Age Youngest Child, -

Occupation, Farm Laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity
Nationality, Sweden. (Parents also born there)
Became resident of State, etc in Sept. 94.

Physicians Committing, E. J. Bachelder + J.B. Lewis.

Correspondents, -

No. of Years, 67.

Insane Relatives, Unknown.

Cause Exciting,

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, None attempted - propensity active.

Date of this Attack, About Aug 1'97.

Duration, Nearly 3 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 33 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear.

MEMORY, Past Events, Quite good.

Recent Events, Fair. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert Correct.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Quite good.

DELUSIONS, Systematized, Transitory, Special Subjects,

Delusions of persecution + mutilation. etc

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, both.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Gustav Carlson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 PRESENT WEIGHT, 194 USUAL WEIGHT, NUTRITION, good.

WOUNDS, Abnormalities and condition of Skin, Large scar on hip. Skin clear + healthy.

TONGUE, Coatings or Promptness of Movement, prompt. clean.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses good.

SIGHT, Apparently good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, good.

COORDINATION, Arms, Quite good Legs, good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Very slight of hands.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Fair N

Apex Beat, 5 Regularity, regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Chest symmetrical.

Breath Sounds,
Expansion fair
B. sounds feeble.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient well built + well nourished Physical condition apparently good. Speaks very little English. but talks quite volubly in Swedish. Says he was sick - has delusions of persecution, mutilation etc. Relatives all in Sweden - Mental grade rather low.

Personal and Medical History of Gustav Carlson

1897.

This patient was brought here by sheriffs deputy Geo. Goodspeed in fair physical condition with the following history:- No history of consanginity: First attack: first symptoms were manifested about August 1st by insomnia: Disease appears increasing: Not variable, no rational intervals: Derangement manifested by delusions of persecution & mutilation: Not disposed to injure others, not filthy or destructive in habits: No knowledge concerning heredity, previous peculiarities or cause of disease: No severe diseases nor injury to head: Has not been restrained or confined: Has been given sulfonal & sod Bromide for insomnia. On personal examination says he has had spermatic cords cut off and wants an operation to replace them.

Oct 2 On admission put upon 3 & E (9th Ward Rpt. Complexion light: hair light: eyes blue: Condition of skin clear: Two moles on small of back: Has scar 4 inches long on right thigh just below groin: Several small scratches on on both legs. Is fairly clean: Quiet & well-behaved)

2 Summary Nurses Notes. Slept 6 hrs. Bowels regular: Appetite good: Has delusions - Thinks people were poisoning him - Oct 23 Tells strange story of some one cutting him across abdomen with a knife & "destroying the "nerve things." Oct 24 Temp. pulse & respiration normal: Bowels regular: Appetite good: Sleeps well. Oct 25 No change. Oct 26 Is contented & good-natured: Works upon ward: Habits & dress fairly neat.

27 Is quiet today - Still heeds to his delusions. Oct 28 Talks a great deal in Norwegian - does not speak English. Oct 30 During night had quite a severe coughing spell. Oct 31 Acted strangely during day: Refused medicine. Nov 1 Does not seem quite so well as he did a few days ago. Is rather suspicious of medicine offered him.

Oct 3 Refused to work today: Is ugly when spoken to.

Jan 31'99 Summary Continued by Dr Phelps. Wt. 194.# Rather uneasy. Tries to run away. Seems to be changing almost none Jan. 31'99 Patient in fair health. Works in center dining room. Is, however, about the same in every way as at time of coming. Feb 1 - July 31'99 - (Dr. Wanous) Wt. 203.# Feb 14 Visited by friends. Patient has delusions & talks a great deal: Works in center dining room. Made six attempts to elope from dining room. Aug 1 - Jan 31'1900 (Dr Chapple) Wt. 214½# Very little change noted: Physical condition excellent. Does not understand English. Seldom speaks unless addressed. Is quiet, well behaved & tidy: Assists with work at times. Very little appearance of mental derangement. Feby 1900. Wt 205.# 8¾. July 7. Became angry at blacksmith & threw hammer at him: was brought up to the ward. July 17. Vaccinated; result good very little change: has been in very good physical health: quiet & well-behaved, except as above noted: has worked on ward; in kitchen & in blacksmith-shop. Talks & laughs some to himself; appears fairly rational: Habits tidy.

1900 Aug 1 to Jan 31 Feby 1 July 7 / 17 - 31

Personal and Medical History of Gustav Carlson

1901

Aug 1 1900 Wt 201# — Jany 31/901. Health excellent: habits quite tidy - Talks very little English. Does nothing

Jan 31 Talks & laughs to himself at times. Is well-behaved. Effys. Wt 201.#: Feb 13. Tried to elope,

May 1/1 by jumping in a sleigh: was very pugnacious. May 1. Wt 195.# May 21. Is working on farm.

Aug 1 1900 Wt 195.#: Health excellent; habits neat: does nothing. Is taken early. Nov. Wt 200.# Dec 12 to 15. Attacked nurse Swan Monson; throwing him on floor; and kicking him: said he would kill him

Jan 14 1901 no change. Is very indolent. Though usually well behaved, has occasional outbursts of violence -

31 31/03 Patient has been in excellent health; very indifferent; does no work except worked on farm for a short time. No incidents of importance

Personal and Medical History of Thomas N Nelson Williamson

Whole No.	4904	No. of Years,	71.
Residence,	Unknown.	Insane Relatives,	Unknown.
Date Admission,	October 30th 1897.	Cause Exciting,	"
Admitted by	Dr. H. Hoffzog hour, 3rd P.M.	Cause Predisposing,	"
How Sent,	T. A. Mott Supt. Price Co.	Form,	"
Sex,	male Age, about 40 yrs.	Accompanying Bodily Disorder,	Unknown
Civil Condition,	Unknown Refuses to talk	Suicidal or not,	"
Children,	"	Date of this Attack,	"
Age Youngest Child,	"	Duration,	"
Occupation,	"	No. of Attack,	"
Degree Education,	"	No. of Admission,	1
Profession, Religion,	"	Age First Attack,	"
Habits,	"	Time of Leaving,	
Nationality,	"	Time in Hospital,	
Physicians Committing,	P. A. Smith & W.H. Robilliard.	Result,	
Correspondents,			

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, } Will not answer.
Recent Events, } Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Repressed

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Could not obtain

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Will not talk.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas Williamson

G. C. G. Williamson.
308 La Salle Ave. Chicago.
Bro. Thos. Williamson

RISTICS.

VEIGHT, NUTRITION, Good

eft knee + little finger of left hand. Vac. scar on r. arm.

size normal -

Grasp,

Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite clear

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal 78.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Resp. rr Normal

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient very profane but otherwise very quiet - does not use profanity unless spoken to - He seems to understand all that transpires around him, but will not answer normally he do what he is told. Is an epileptic.

Personal and Medical History of Thomas N. Nelson

Whole No.	4904
Residence,	Unknown.
Date Admission,	October 30th 1897.
Admitted by	Dr. H. H. Harper hour, 3 P.M.
How Sent,	T. A. Mott Sheriff Pric Co.
Sex,	male Age, about 45 yrs.
Civil Condition,	Unknown. Refuses to talk
Children,	
Age Youngest Child,	
Occupation,	
Degree Education,	
Profession, Religion,	
Habits,	
Nationality,	
Physicians Committing,	P. A. Smith & W. H. Robilliard.
Correspondents,	

No. of Years,	71.
Insane Relatives,	Unknown
Cause Exciting,	
Cause Predisposing,	
Form,	
Accompanying Bodily Disorder,	Unknown
Suicidal or not,	
Date of this Attack,	
Duration,	
No. of Attack,	
No. of Admission,	
Age First Attack,	
Time of Leaving,	
Time in Hospital,	
Result,	

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Will not answer. Special Subjects,
Recent Events,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Repressed

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Could not obtain.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Will not talk.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas Williamson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft. 9½ PRESENT WEIGHT, 144½ USUAL WEIGHT, NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, Scars on front of neck & left knee & little finger of left hand. Vac. scar on r. arm.

TONGUE, Coatings or Promptness of Movement, Clear.

PUPILS, Equality, Size, Response to Light, and Accommodation, Teeth two out above & in below. Equal - size normal -

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Will not test Legs, do Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, could not get.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite clear

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal 78.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Resp. ~ Normal

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Good.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient very profane but otherwise very quiet - does not use profanity unless spoken to - He seems to understand all that transpires around him, but will not answer normally he do what he is told. Is an Epileptic.

Personal and Medical History of Thomas Williamson

1899

This patient was brought here by Sheriffs deputy J.B. Thompson in fair physical condition with the following history: Nothing whatever is known concerning patient: "After hours of investigation it is impossible to ascertain anything about him. He seems to be a case of paralytic dementia." The name "N. Nelson" was found on his collar after admission. Was admitted as an "unknown person" no name given.

Oct 30 On admission put upon B3 E (Asst. Rpt. Complexion light: Hair brown: Eyes gray: Condition of skin good: A few small marks on back + vaccination on left arm: Small scratch on left arm: So clean: Behavior good: Will not talk.)

Oct 31 Summary Nurses Notes Still refuses to talk: Has evidently been in some Hospital before. Nov 1 Temp. 99 P.78 R.19. Very neat + tidy in dress + habits: Has not spoken since admission. During 2nd, 3rd + 4th no change whatever in patient either mentally or physically. Nov. 5 Eloped sometime during morning through ventilator. Nov. 6 Brought back by Nurse Howe: bath given + clothing searched; had a small piece of glass in each shoe.

Nov. 7 Became very abusive when asked his name today: Physical condition good. Nov. 9 So stubborn + abusive, will not give a civil answer to any questions. Sits with hand over eyes but so that he can see all that goes on. On evening of the 8th was quite ready to talk with Nurse Howe. Remarks denote loss of memory. Nov. 12 Pugnacious + troublesome: Had trouble in wash room with Hague today. Was taken to bay + held.

Summary Continued by Dr Phelps. Dec 28 Had a convulsion while out with crowd: Convulsions rather infrequent: Is rather dull, quiet + stubborn. Will hardly talk any as a usual thing, altho when excited will scold a good deal. Jan 31'99 Has drifted along with very little if any change: Occasionally inclined to be violent: Usually rather dull + sullen.

Feb 1. July 31'99 (Dr. Wanous) Wt. 164. Patient abusive, pugnacious + stubborn Feb 19. Visited by brother: Taken to center: became very abusive would not shake hands nor promise to write to him.

1900 Is subjects to hard convulsions. Aug 1 - Jan 31'1900 (Dr. Chapple) Wt. 165 lbs No
Augs change during period: Has had occasional convulsions. Is for the
- Jo- most part very quiet but occasionally becomes angry: Never
Jany 31 speaks unless addressed + then always is very irrational + abusive
Feb 1 Tidy in habits + dress: Does nothing: Physical condition good.
July 31 Wt 161 lbs Past. May 1. Transferred to Annex. July 30. Vaccinated; result negative. July 31. No
change Has quite frequent "Epileptic Seizures": Health Otherwise good: does nothing; is very
inactive: Extremely Obscene + abusive in language: never speaks civilly: quite frequently
Augs pugnacious: Habits quite tidy: Eats + sleeps well: Wt 148 lbs (augs/1900) - Sept 10 To Dec
1901 Jany 31 No Change. Subject to severe convulsions. Never speaks rationally. Savvy profane and

Personal and Medical History of Thomas Williamson

1901 cont'd

Jan 31 obscene in language. Irritable + quarrelsome. Does nothing. Habits quite tidy.
July 1/2 Wt 147 lbs. July 31. To Wk. Had severe convulsion: remained in stupid condition.
Mar 4/99 Sept, on ward + as well as usual. March 5. To Dr. March 9. Becoming exalted +
10 said "he was not going to eat any more" - Mar 10. Is eating regularly again. May 1. 147 lbs
July 29/99 Escaped, while outside - July 28. Was brought back at 5 PM. Augs. 145 lbs. Nov. 147 lbs
Jan 31 No change, mentally or physically: Has occasional severe epileptic convulsions.
Is easily angered; will fight at least provocation. Is profane + abusive in language.
" 31/13 Has been very inactive during number of wks.; At times is stubborn; Is extremely abusive and ugly, when addressed; but not otherwise troublesome, unless molested. Is quite neat in personal appearance; Occasionally has epileptic convulsions but otherwise is in fair physical condition

Personal and Medical History of Wallis Lowater

Whole No. 4905	No. of Years, 7 yr.
Residence, Redwing, Minn.	Insane Relatives, Mother - sister Half uncle.
Date Admission, October 30th 1897.	Cause Exciting, —
Admitted by Dr Le B. Eby hour, 6th P.M.	Cause Predisposing, Heredity.
How Sent, Axel Haller J. of P. Goodhue Co.	Form,
Sex, male Age, 28.	Accompanying Bodily Disorder, Muscular tremors.
Civil Condition, Single.	Suicidal or not, Not.
Children, —	Date of this Attack, 3 mo. ago.
Age Youngest Child, —	Duration, 3 mo.
Occupation, Clerk.	No. of Attack, 2nd
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Methodist Episcopal.	Age First Attack, 25 yrs.
Habits, Not intemperate.	Time of Leaving, July 14. 1900
Nationality, Minn. (Father Canada - mother N. Hampshire) Became a resident of State + Co. at birth in 1869.	Time in Hospital, 2 yr. 8 mo. 14 d.
Physicians Committing, B. Jacking — J. T. Anderson.	Result, Discharged Nov. 7. 1900 Improved
Correspondents, Mrs. S. J. Lowater, Redwing, Minn.	

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, Sister Ethel Lowater died here

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Wallis Lowater

WALLIS LOWATER.

His mother writes,- Gives description of his early life as having been fairly well, of a willing disposition, and with no signs of insanity. In the Spring of '89, however, after a spell of sickness, he was rather peculiar and morbid in some ways that she notes, although she did not consider him insane. Moreover, I had some delusive ideas about a young lade with whom he was associated some four years ago. Since that time he has been to all apearances rather queer and stubborn, but not maniacal or definitely melancholy, or with very marked delusions, until quite recently. Mother, after stating that there is no insanity in the family, admits what she would call a kind of supernatural state of mind in herself after the birth of one of her children, which, however, was evidently marked insanity, and also that one daughter died at this Hospital of epilepsy, which, however, she says was caused by a fall from a swing.

Consider 1st attack Continuous

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical His

Whole No. 4905

Residence, Redwing, Minn.

Date Admission, October 30th 1897.

Admitted by Dr Le B. Eby hour, 6.30 P.M.

How Sent, Axel Haller J. of P. Goodhue Co.

Sex, male Age, 28.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Clerk.

Degree Education, Common School.

Profession, Religion, Methodist Episcopal.

Habits, Not intemperate.

Nationality, Minn. (Father Canada - mother N. Hampshire)
Became a resident of state + Co. at birth in 1869

Physicians Committing, B. Jacking — J. Anderson.

Correspondents, Mrs. S. J. Lowater, Redwing, Minn.

Acco.

Suicidal

Date of this

Duration, 2

No. of Attack, 2-

No. of Admission, 1st

Age First Attack, 35 yr

Time of Leaving, July 1,

Time in Hospital, 2 yr. 8 m. 14 d.

Result, Discharged Nov. 7. 1900
Improved

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, Sister Ethel Lowater died here

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

sonal and Medical History of Wallis Lowater

PHYSICAL CHARACTERISTICS.

IGHT, 6 ft 1½ PRESENT WEIGHT, 183 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Wallis Lowater.

1897

This patient was brought here by sheriffs deputy John Lundquist attended by E. Tebbinn, in fair physical condition, with the following history:- No history of consanguinity: First attack occurred three years ago & lasted six months: First symptoms of present attack noted three months ago by fear of burglars: Disease appears increasing: Is variable, with irregular rational intervals: Derangement manifested on subject of religion: Not disposed to injure others: Not suicidal, filthy or destructive in habits: Mother had puerperal insanity, sister died at this hospital: one half uncle insane: No previous peculiarities noted: No severe disease or injury to head: Has not been confined or restrained: Has received no treatment. On personal examination says he remains in bed by order of the Almighty. Tongue dry coated - Muscular tremors Talks irrationally.

Oct. 30 On admission put upon 33 E (G.U. Rft. Complexion dark: Hair black. Eyes blue: Condition of skin good: Vaccination marks on left arm: Is clean: Behavior good: Would not eat, said food was drugged)

Oct 31 Summary Nurses Notes. Talks irrationally: Habits filthy: Trans. to Infirmary at 10 A.M. & put to bed. Talks quite freely - has delusions of poisoning: also thinks water is impure: Lies fairly quiet in bed: Is rather stubborn. Slept 2 hrs.

Nov. 1 Wt 171 lbs. Temp. 100° P 70 R 24. Lies quietly in bed. Thinks that food & water are drugged. Nov. 2 Appetite rather poor: bowels irregular: Patient is quite troublesome, is out of bed often: Is quite fastidious & exacting. Nov. 3 Temp. 99⅘ - 101. Bowels constipated: Lies quietly in bed: Says God told him not to eat.

4 No change. Nov. 5 Receives liquid nourishment between meals: Is stubborn & does not like to obey requests but does not resist: Sleeps well.

6 Lies quietly in bed: Appetite improving some: Answers questions more readily: Still holds to delusions Nov. 7 Bowels irregular: Is very quiet: Answers question quite freely but is reticent in conversation: Nov 8 Patient was ordered up on ward but refused to dress: Says clothes are full of arsenic.

9 Still refused to dress: Nurses dressed him, he would not assist but did not resist at all. Nov. 10 Patient fairly quiet: Plays games & reads some: Appetite good. Sleeps well. Nov. 11 Answers questions quite intelligently: Does not talk much.

12 Sits about: Seems to keep aloof from other patients. Nov 13 Did not want to get up this morning: Seems to wish to be left alone to amuse himself - Has an air of indifference or superiority: Is very reticent: Is not troublesome.

Summary continued by Dr Phelps. Wt 175# Sailor sings to himself some: occasionally noisy: Has been slightly maniacal. Mch 1 Wt. 178# Very feeble; much more quiet: Has delusive ideas. Apr. 10 Visited by mother July 31 By friend. Jan 31'99 Patient sits around in a dull quiet way & seems to be occupied by delusive ideas

Feb 1 - July 31'99. (Dr Manross) Patient quiet & well-behaved. Works on ward. Writes to himself.

Personal and Medical History of Wallis Lowater

1899

July 31 Says his stomach is filled with insects which live on him. July 8 Visited by mother. Wt 207# Pat. Is delusional; quietly behaved; neat in habits; Works on ward. Oct 10 Visited by friends.

Nov 30 Visited by brother & sister. April 6/1900. Frequently expresses desire to go home. Talks rationally & intelligently

July 6/1900 Wt 191# Pat. Mental & physical conditions good. July 14 Sent home.

Discharged

Personal and Medical History of Bartholomew Hayes

Whole No. 4908

Residence, St. Paul, Minn.

Date Admission, November 3rd 1897.

Admitted by Dr. H.H. Herzog. hour, 6.45 P.M.

How Sent, G. Wilbrich G. of P. Ramsey Co.

Sex, male Age, 68

Civil Condition, married

Children, one son

Age Youngest Child, –

Occupation, Contractor.

Degree Education, Can read & write.

Profession, Religion, Catholic.

Habits, Intemperate.

Nativity Nationality, Ireland. (Parents also born there) Became resident of State & Co. in 1855.

Physicians Committing, Fred Leavitt & Haldor Sneve

Correspondents, D.J. Hayes (Son) Two Harbors, Minn.

No. of Years, 75

Insane Relatives, None known.

Cause Exciting, –

Cause Predisposing, –

Form,

Accompanying Bodily Disorder, Insomnia.

Suicidal or not, Not.

Date of this Attack, About one week ago.

Duration, One week.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 68.

Time of Leaving, Sept. 7. 1898

Time in Hospital, 10 m. 4 da.

Result, Discharged Nov. 9 '98 Improved.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* 11/3/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Slightly confused & sluggish

MEMORY, Past Events, Somewhat impaired

Recent Events, Markedly impaired Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Fairly alert & correct.

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Slightly depressed.

DELUSIONS, ~~Systematized~~, seemingly Transitory, Special Subjects,

Thinks persons are entering his room.

Conversation slightly incoherent - does not always answer questions

HALLUCINATIONS, of sight.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Has drank a good deal of late.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Bartholomew Hayes.

Copy of notice for hearing petition for appointment of Bridget Hayes, as guardian for Bartholomew Hayes, insane - duly received & time admitted Dec – 97.

Filed with commitment papers.

ISTICS.

IGHT, NUTRITION, Fairly good.

ze normal. Respond to light & accomodation

well marked.

marked. Grasp,

nds & tongue. Considerable general tremor

PATELLAR REFLEX, 5-6 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

No distinct murmurs but all sounds are weak

Apex Beat, Regularity,

Apex beat forcible - Slight irregularity

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Respiratory murmur harsh

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Nov 10/97

EXAMINATION URINE, Quantity, Sp. g. 1016 Reaction, acid Color and Appearance, Yellow. clear except small amt. flaky sediment.

Albumen, Trace by Tanrets. None heat nor HNO_3 Sugar, None by Fehlings

Casts and Crystals, Uric acid crystals. pus cells. Fat droplets. ox. lime crystals Spermatozoids. A few red blood cells & epithelial cells (squamous & round) Foreign matter

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient shows senile changes more marked than would be expected by his age. He is quite neat & tidy. Of late has been drinking considerable. Complains of pains in the lower limbs & some dizziness. Saw men coming into his room & walking about.

Personal and Medical History of Bartholomew [illegible]

Whole No. 4908
Residence, St. Paul, Minn.
Date Admission, November 3rd 1897.
Admitted by Dr. H.F. Herzog. hour, 6.45 PM.
How Sent, J. Willrich & J. of P. Ramsey Co.
Sex, male Age, 68
Civil Condition, married
Children, one son
Age Youngest Child, –
Occupation, Contractor.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Intemperate.
~~Nativity~~ Nationality, Ireland. (Parents also born there) Became resident of State & Co. in 1855.
Physicians Committing, Fred Leavitt & Haldor Sneve
Correspondents, D.J. Hayes (Son) Two Harbors, Minn.

No. of Years, 75
Insane Relatives, None
Cause Exciting, –
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, Insomnia.
Suicidal or not, Not.
Date of this Attack, About one week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 68.
Time of Leaving, Sept. 7. 1898
Time in Hospital, 10 m 4 da
Result, Discharged Nov. 9 '98 Improved.

EXAMINATION ON ADMISSION BY DR. H.F. Herzog *Date of* 11/4/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish
MEMORY, Past Events, Somewhat impaired.
Recent Events, Markedly impaired Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert & correct.
REASONING POWER, Ordinary Subjects, Fairly good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, Systematized, ~~Transitory~~ seemingly Transitory, Special Subjects,
Thinks persons are entering his room.
Conversation slightly incoherent - does not always answer questions.
HALLUCINATIONS, of sight.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Has drank a good deal of late.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Bartholomew Hayes.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slow - clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light & accomodation
SIGHT, Considerably impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Arcus senilis well marked.
HEARING, Do.
COORDINATION, Arms, Slight impairment Legs, Rather more marked. Grasp,
TREMORS, Hands, Tongue, ~~Facial Muscles~~, General, Quite marked of hands & tongue. Considerable general tremor
PATELLAR REFLEX, 5-6 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No distinct murmurs but all sounds are weak
Apex Beat, Regularity,
Apex beat forcible - Slight irregularity
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Respiratory murmur harsh

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

Nov 10/97
EXAMINATION URINE, Quantity, Sp. g. 1016 Reaction, acid Color and Appearance, Yellow. clear except small amt. flaky sediment.
Albumen, Trace by Tsuretz. None heat & HNO3 Sugar, None by Fehlings
Casts and Crystals, Uric acid crystals. pus cells. Fat droplets - ox. lime crystals Spermatozoids. A few red blood cells & epithelial cells (squamous & round) Foreign matter
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient shows senile changes more marked than would be expected by his age. He is quite neat & tidy. Of late has been drinking considerable - Complains of pains in the lower limbs & some dizziness. Saw men coming into his room & walking about.

Personal and Medical History of Bartholomew Hayes.

1897

This patient was brought here by Sheriffs Deputy Jno B. Arend in fair physical condition with the following history:- No history of consanguinity or heredity: This is first attack: First symptoms were manifested about one week ago, thought a lot of people were in his house + called in the police: Disease appears increasing: Derangement now manifested by imagining that all sorts of people appear to him: minstrels, ministers, cats etc: they came in through the roof: By insomnia: Not disposed to injure others: Not suicidal Some disposition to destruction of furniture: Previous peculiarities - under the influence of alcohol mental equilibrium has been disturbed of late years. Patient has been a moderate drinker, of late has been drinking more than usual: No severe disease or injury to head: Has been confined for past six days in county jail: Has been given sulfonal:
On personal examination patients manner is rational but conversation irrational: Has hallucinations of sight-

Nov. 3 On admission put upon B3 E (9 H.u. Rpt. Complexion light: Hair gray: eyes blue: Condition of skin good: Bruise on left leg: Is clean: Behavior good: T. 99.4 P. 72 R. 24)

4 Summary Nurses Notes- Talks rationally. Complains of pain in legs: Troubled with dyspnoea when lying down, also has severe headaches. Nov 5 Temp 99 P. 72 R 28 Liniment applied to legs three times per day. Appetite good: Bowels regular. Nov 6 No apparent delusions: Is very quiet + very tidy in habits + dress. Nov. 7 Temp. 99' P 80 R 30. Slept 6 hrs. Nov 8 Complains of a severe cough which kept him awake during night Nov 9 Must to bed this morning. Slept 2 hrs. Transfered to Infirmary at 10 Pm. Complains of soreness in chest + pain in head: Put upon medicine: Lies quietly in bed.

10 Patient lies quietly in bed today: Talks quite rationally: Is clean in habits: Soreness in chest + pain in head better today: Appetite good.

11 Says he feels about the same: Lies quietly in bed: Slept 7 hrs. Appetite good.

12 Complains of not sleeping well last night: Lies quietly in bed: Answers questions freely. Nov 13 Is quiet + seems to be in good humor: Moved to B hall. Slept 3 hrs.

14 Complains of sore throat + difficulty in breathing: No delusions noticed. Nov 17 Lies quietly in bed. Sleeps some during day: Talks quite freely. a little depressed at times. Says he is sore + lame from inactivity. Expectorates a little. Appetite is good. Still has difficulty in breathing at times. Summary continued by Dr. Phelps. Jan 1'98 Patient is quite restless at night, is at times, however, very much worse. - Thinks people are going to kill him.

Apr 1 Wt. 151# Patient does not talk quite so much about hallucinations at night. Is rather more quiet in every way. Sept 7'98 Visited by Son + Father from home. Has changed very little while here: Has had delusions that people were about at night trying to persecute him but not very prominent of late.

Discharged.

Personal and Medical History of

Personal and Medical History of Adolph Heim

Whole No. 4909

Residence, West St. Paul, Minn.

Date Admission, November 3rd 1897

Admitted by Dr. H. H. Herzog hour, 6th P.M.

How Sent, G. Willrich & Co's Ramseybox.

Sex, male Age, 36.

Civil Condition, Married

Children, 2

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Fair

Profession, Religion, Lutheran.

Habits, Not intemperate.

~~Nationality~~ Nativity, Germany. (Parents also born there. Became resident of State 14 yrs ago.

Physicians Committing, J. Chase & O. A. Beal.

Correspondents, Wife - 676 Hall St. St. Paul, Minn.

No. of Years, 76

Insane Relatives, None.

Cause Exciting, Epilepsy.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Not.

Date of this Attack, 5 yrs ago following epileptic seizures

Duration, 5 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31

Time of Leaving, Dec. 13. 1897

Time in Hospital, 1 mos. 10 da.

Result, Died - Uremia

EXAMINATION ON ADMISSION BY DR. H. H. Herzog. Date of Nov. 5/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish

MEMORY, Past Events, much impaired

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Is reticent & very dull.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, No information obtainable.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had convulsions for several years - don't seem to know anything about them

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Adolph Heim.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft. 4½ PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Right hand burned. ulner side. Lower lip cut.
Skin greasy

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation, Slow. Heavy white coat. foul breath.
Equal - somewhat contracted - respond to light & accom.

SIGHT, Seems good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Seems good.

COORDINATION, Arms, Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None

PATELLAR REFLEX, 7- 8 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sounds good.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

12/13/97 EXAMINATION URINE, Quantity, — Sp. g. 1022 Reaction, Acid Color and Appearance, Light - cloudy

Albumen, by heat. Tannets & Nitric Acid Sugar, None.

Casts and Crystals, Small amount Amorphous urates. Large amount fatty & granular casts

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is extremely dull. Can get no information from him - Epileptic dementia.

Personal and Medical History of Adolph Heinz

1894

This patient was brought here by Sheriffs deputy F. M. Bott in fair physical condition with the following history: No history of consanguinity or heredity: First symptoms manifested five years ago following epileptic seizure: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by stupor after attacks - Imbecility: Not disposed to injure others, not suicidal filthy or destructive: No previous peculiarities noted: No injury to head: Is an epileptic - Has not been confined or restrained: Has received no treatment.
On personal examination looks stupid, careless & feeble-minded.
(Note on papers "We recommend patients transfer to Faribault" signed J Sharp M.D. & O.V. Beal M.D.)

Nov 3 On admission put upon B & E (J.H.U. Rpt. Complexion dark: hair black: eyes blue: Vaccination marks on both arms: Bad burn on right hand: Is clean: Behavior restless: T. 101' P. 90 R. 30

4 Summary Nurses Notes. Slept none last night: was noisy & restless: Slept 1 hr. Bowels regular: Appetite good. Hand dressed. Nov 5 Restless & maniacal all day: dancing up & down ward & when sitting moves feet constantly.

6 Temp., pulse & respiration normal: Slept 5 hrs. Appetite good.

7 Patient improved today: Is quiet & well-behaved but is somewhat stupid.

8 Speaks no English but understands and obeys promptly when spoken to.

10 Continues to improve mentally: Seems quite rational: Nov 11 Habits & dress fairly tidy: Does some little work. Nov. 12 Has had no convulsions. Hand continues to improve Is dressed daily. Nov 15 Continues to improve both mentally & physically. Nov. 16 Patient appears rational: Has no delusions: Does some little work on ward. Dec 3 Had a convulsion at 2 P.M. Dec 4 Convulsion.

Dec. 5 3 Convulsions during night. Dec 6 3 Convulsions - Seems stupid today - Has to be told to go to meals etc. Dec. 7 Confused & irrational: Hand dressed - Removed dressing - was taken to Bay & closely watched. 5 Convulsions during day.

8 2 convulsions. Became pugnacious during night & was transferred to C.

9 Taken back to Infirmary. Very restless - put in protection sheet - Struggled continually & perspired freely. Scratch on back of neck & both arms bruised from holding. On liquid diet. Taken out of sheet at 8 A.M. Urine dark. Slept none. Dec. 10 Restless & out of bed often during night: Extremely restless & pugnacious In sheet 8:30 to 10:30 held by nurses during day. Habits filthy: Both legs bruised from kicking - Slept none. Dec 11 Restless during night Slept one hour: More quiet this forenoon: In afternoon slept 4 hrs. Takes milk freely. Takes irrationally. Dec 12 Very little change in patient: Requires constant attention of nurse. Dec 13 Temp. 97 P. 72 R 30. Very restless during night. quieter this morning: A sudden change in patient at 9:30 Seemed to have a collapse - Comatose. Hot sandbags applied to feet. Dr Herzog notes - "Patient in a comatose condition: pulse tense but very small. Taken to hot air bath 112°. Given hot water & whiskey

Personal and Medical History of

left in bath about one hour. Perspiration slight - came but slightly out of coma - Put to bed wrapped in blankets - Sand bags applied - no avail- Sank & died at 11:45 A.M. Cause of death Uraemia"

Died

Personal and Medical History of James Thompson

Whole No. 4910

Residence, Lemond, Steele Co. Minn

Date Admission, November 4th 1897

Admitted by Dr. R.W. Phelps hour, 645 Pm.

How Sent, W.A. Eggleston & J. of P. Steele Co.

Sex, male Age, 31 yrs.

Civil Condition, married

Children, Three.

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Norwegian Lutheran.

Habits, not intemperate.

~~Nationality~~ Nativity, Norway - Nationality, Norway.

Physicians Committing, J.P. Johnston & B. M. Cowlin.
Became resident of state Co. in August 1870.
Correspondents,

No. of Years, 77

Insane Relatives, None

Cause Exciting, Religious excitement

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not suicidal.

Date of this Attack, July '97.

Duration, about 3 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, Mar. 19. 1899

Time in Hospital, 1 yr. 5 m. 15 d.

Result, Died Exhaustion in Chronic Melancholia.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* Nov. 5th 97.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. correct.

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Is somewhat reticent - coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably 2 - 3 yrs.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, died at age of about 65

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), la grippe 6 yrs. ago. was overcome by heat last July. did not lose consciousness - able to work next morning.

HABITS, Drinking and Smoking, Formerly drank some - has not had a drink for a year. A moderate smoker.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Says sleep good. Appetite has been impaired. Bowels not regular but better now

Mrs. James Thompson
Brein, Minn.
Wife of Jas. Thompson
Moved from Lemond Minn

ISTICS.

EIGHT, NUTRITION, Face somewhat pinched of forehead. also lower lip.

: normal. Respond to light + accom.

COORDINATION, Arms, Fairly good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None.

PATELLAR REFLEX, 6 - 7 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
no distinct murmurs. Slight blowing Apex Beat, Regularity, with all 1st sounds. Strength sounds very loud. Impulse forcible - & slightly irregular.

ARTERIES,
Circulation poor: extremities cold.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Seem good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient will give no history of any nervous trouble in the family. Thinks he was as bright as the average children - Has been married 4 yrs. Paid off a large part of mortgage on farm of 160 acres. Says has nothing to worry about but that at times the "Melancholy" comes down on him. Has not been able to do his work real well for past two years. Some days is better than others.

Personal and Medical History of James Thompson

Whole No. 4910

Residence, Limonds, Steele Co., Minn

Date Admission, November 4th 1897

Admitted by Dr. R.W. Phelps hour, 645 P.M.

How Sent, W.A. Eggleston or J. of P. Steele Co.

Sex, male Age, 31 yrs.

Civil Condition, married

Children, Three.

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Norwegian Lutheran.

Habits, not intemperate.

~~Nationality~~ Nativity, Norway - Norway.

Physicians Committing, C.P. Johnston & B. Mayo Hamlin.
Because resident of state over six months in August 1870.

Correspondents,

No. of Years, 77

Insane Relatives, None

Cause Exciting, Religious excitement

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, not suicidal.

Date of this Attack, July '97.

Duration, about 3 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, Mar. 19. 1899

Time in Hospital, 1 yr. 4 m. 15 d.

Result, Died Exhaustion in Chronic Melancholia.

EXAMINATION ON ADMISSION BY DR. H.H. Kenyon Date of Nov. 5th '97

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. correct.

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Is somewhat reticent - communicative.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, Probably 2-3 yrs.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, died at age of about 65

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), La Grippe 6 yrs ago.
Was overcome by heat last July. did not lose consciousness - able to work next morning.

HABITS, Drinking and Smoking, Formerly drank some - has not had a drink for a year. A moderate smoker.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Says sleep good. Appetite has been impaired. Bowels not regular but better now

Personal and Medical History of James T.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3 PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Face somewhat flushed

WOUNDS, Abnormalities and condition of Skin, Small scar left side of forehead. also lower lip.
Skin fairly good condition.

TONGUE, Coatings or Promptness of Movement, Clean - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Rise normal: Respond to light + accom.

SIGHT, Good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Fairly good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None.

PATELLAR REFLEX, 6 - 7 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Clear.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
no distinct murmurs. Slight blowing
Apex Beat, Regularity,
with all 1st sounds. Strength sounds
very loud. Impulse forcible. Is slightly
irregular.

ARTERIES,
Circulation poor extremities cold.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Seem good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient will give no history of any nervous trouble in the family. Thinks he was as bright as the average children - Has been married 4 yrs. Paid off a large part of mortgage on farm of 160 acres. Says has nothing to worry about but that at times the "Melancholy" comes down on him. Has not been able to do his work real well for past two years. Some days is better than others.

Personal and Medical History of James Thompson

1899

This patient was brought here by Sheriffs deputy Caspar Thompson in fair physical condition with the following history:- No history of consanguinity or heredity. First symptoms manifested about one year ago. In July last he received a partial sunstroke: Disease appears increasing: Is variable, with irregular rational intervals: Derangement manifested on subject of religion by excessive study & poring over religious subjects: often despondent & melancholy. Not disposed to injure others: Not suicidal, filthy or destructive: No previous peculiarities manifested. No severe disease or injury to head: Has not been confined or restrained in any way: Has received treatment from local physicians without any results.

On personal examination is dull & listless with tendency to avoid answering questions. Is melancholy & broods over religion.

Nov. 4 On admission put upon Bd E (Wm Rpt. Complexion dark: Hair black: eyes blue: Condition of skin good: Has a long scratch on abdomen: Is clean: Behavior good.

5 Summary Nurses Notes. Seems quite rational: Answers all questions intelligently: Temp. 100 P 80 R. 19. Put on medicine 3 x day. Nov 6 Somewhat despondent today: Examined medicine closely before taking it. Appetite poor today.

7 Appetite a little better today. Temp. 99. Bowels regular. Sleeps well.

8 No change. Nov 9 Visited by friend. Seems to be declining mentally.

10 When conversing talks in a whisper: Stands about stupidly on ward & pays no attention to surroundings. Nov 11 Will do a little work when asked: no change in condition. Nov 12 - 17 No change of note in patient. Is very stupid: Does not talk unless addressed; lags behind the rest when out walking: has to be told to go to bed &c. Habits & dress fairly neat. Sleeps & eats fairly well. Bowels regular. Seems very despondent at times.

Summary Notes by Dr. Phelps. Jan 1'99 Wt. 178.5 Patient restlessly paces up & down: Is careless of appearance: Rather dull in mental state & depressed in manner: Mch 6 Is eating very little: Trans. to Infirmary. Mch 12 Visited by Sister. Mch 18 Eating well again: Trans. to B3. Very depressed May 28 Went home on trial: Rather confused but has changed somewhat for the better & has brightened up considerably. Returned Aug 14. & placed upon Infirmary: No special bodily symptoms noted. Aug 30 Became much more stupid this afternoon: refused to go to dining room or to eat or walk. Sept 1 Is lying in bed in a dull, quiet, stupid, melancholy condition. Sept 30 Trans to B3. Is again eating fairly well. Oct 8 Again refusing to eat. 14 In bed again: Fed by tube. Dress Still fed daily by tube. Jan 31'99 Is fed by tube: Visited by brother yesterday. Is receiving oil inunctions: Still lying quietly in bed.

Feb. Mch 19'99. (Dr Wanous) Patient in bed. Mak; Pale, emaciated: Refuses nourishment; fed by tube. Mch 17-18. Visited by wife. Took no notice of her on 18th Failed until the 19th of March when he died. Bed sores on body & on left hip. Scar on hip, from bed-sore.

Died

Personal and Medical History of

Personal and Medical History of Daniel Hildebrand.

Whole No. 4911
Residence, St. Paul, Minn.
Date Admission, November 4th 1897.
Admitted by Dr. Lewis B. Eby hour, 6:45 P.M.
How Sent, G. Merrick & P. Ramsey Co.
Sex, male Age, 22 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Telegraph operator.
Degree Education, Public school.
Profession, Religion, Not a church member.
Habits, Uses tobacco to excess.
~~Nationality~~ Nativity, St Paul (Father Ohio - Mother St Paul)
Became a resident of State Co. at birth
Physicians Committing, A.B. Aucher & Arthur Searing.
Correspondents,

No. of Years, 78
Insane Relatives, None
Cause Exciting, —
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About Oct 28' 97.
Duration, about one week.
No. of Attack, 1st
No. of Admission, 1st (Was born at City Co. Hosp.)
Age First Attack, 22 yrs.
Time of Leaving, Dec. 13. 1897
Time in Hospital, 1 m. 9 d.
Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Nov. 5/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, quick.
MEMORY, Past Events, Much impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - at times correct.
REASONING POWER, Ordinary Subjects, none.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Impaired -
DELUSIONS, Systematized, Transitory, Special Subjects,
Voluble + coherent in speech
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, No history obtainable.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Daniel Hildebrand

DANIEL E. HILDEBRAND.

Statement from his father: Patient was working a night telephone operator in the Central Police Station; became nervous and could not sleep during the day in the hot weather of September. Went to the country for ten days; came back looking well, but worried about being out of work; used large quantities of chewing tobacco; on Oct. 26th discontinued use of tobacco; was worse the next day; physician called; patient refused medicine; by orders of physician father forced him to take medicine and from that time patient became violent and was removed to the County Hospital on the 30th. Father states that patient never used intoxicating liquors. Was always at home when not at work; had no bad habits. Father denies any insanity in either branch of the family.

N Much impaired.
y + Lurch.
reacts light + ac—
Sluggish

PATELLAR REFLEX, To - equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Weak
Apex Beat, Regularity,
Irregular. Examination not successful.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Restlessness forbids a good examination.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, Acid Color and Appearance, Yellowish red - Slight Cloudiness
Albumen, Present {Heat Nitric Acid} Sugar, absent {Fehling's Bismuth Trommer}
Casts and Crystals, Urates + uric acid crystals in excess - Mucus present - Blood cells - Many Casts - hyaline granular, few fatty - Pus cells + fat droplets Epithelium present. Urea much increased.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is much emaciated. Seems to have been fairly intelligent. Is now in an acute maniacal condition, delirious, talking constantly, repeating senseless phrases.

Personal and Medical History of Dan

Whole No. 4911
Residence, St. Paul, Minn.
Date Admission, November 4th 1897.
Admitted by Dr. Lewis B. Eby hour, 6:45 P.M.
How Sent, G. Millrich & Jos Ramsey Ins.
Sex, male Age, 22 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Telegraph operator.
Degree Education, Public school.
Profession, Religion, Not a church member.
Habits, Uses tobacco to excess.
~~Nativity~~, ~~Nationality~~, St. Paul (Father Ohio - Mother St. Paul)
Physicians Committing, A.B. Aucher & Arthur Searing.
Because a resident of State Hospital at birth
Correspondents,

No. of Years,
Insane Relatives,
Cause Exciting, —
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None
Suicidal or not, Not.
Date of this Attack, About Oct 28' 97.
Duration, about one week.
No. of Attack, 1st
No. of Admission, 1st (Taken at City & Co. Hosp.)
Age First Attack, 22 yrs.
Time of Leaving, Dec. 13. 1897
Time in Hospital, 1 m. 9 d.
Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. H. A. Herzog *Date of* Nov. 5/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, quick.
MEMORY, Past Events, Much impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - at times correct.
REASONING POWER, Ordinary Subjects, none.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Impaired -

DELUSIONS, Systematized, Transitory, Special Subjects,

Voluble & coherent in speech
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, No history obtainable.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Daniel Hildebrand

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9 PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Much impaired.
WOUNDS, Abnormalities and condition of Skin, Marks of wristlets & anklets. Skin dry & harsh.
TONGUE, Coatings or Promptness of Movement, Heavy gray coat. Slow. does not protrude.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Much dilated. Responds to light very sluggish
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Right internal squint.
HEARING,
COORDINATION, Arms, Much impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue None of face.
PATELLAR REFLEX, to. equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Beat
Apex Beat, Regularity,
Irregular. Examination not successful.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Restlessness forbids a good examination.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, Acid Color and Appearance, Yellowish red - Slight Cloudy
Albumen, Present {Heat Nitric Acid} Sugar, about {Fehling's Bismuth Haines}
Casts and Crystals, Urates & uric acid crystals in excess - Mucus present - Blood cells - Many casts - hyaline granular, fine fatty - Pus cells & fat droplets Epithelium present. Urea much increased.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is much emaciated. Seems to have been fairly intelligent. Is now in an acute maniacal condition, delirious, talking constantly, repeating senseless phrases.

Personal and Medical History of Daniel Hildebrand.

1897

This patient was brought here by sheriffs deputy Jno. B Arend, attended by John Wagner in poor physical condition with the following history:- No history of consanguinity or heredity: First symptoms manifested about Oct. 28'97. by maniacal demonstrations: Patient was in City + Co. Hospital, St. Paul, left unimproved: Disease appears increasing: Is not variable: No rational intervals: Derangement manifested by general delusions + incoherence: Patient not disposed to injure others: not suicidal, filthy or destructive: Was always of a highly nervous temperment: Is addicted to excessive use of tobacco: Patient has been under restraint + sedatives has been given. On personal examination no further facts ascertained: patient was brought from City + Co. hospital in an ambulance.

Nov. 4 On admission put upon I.W.E (Fifth Ward Pat. Complexion light: hair black: eyes blue: Condition of skin good: Bruises on both elbows + several small ones on legs: Is dirty: behavior good: Is quite emaciated. Temp. 100° Pulse 110 Resp. 16.) Answers questions intelligently but is confused + conversation is irrational Is delirious + restless. Very restless greater part of night. S. 3 hrs.

5 Summary Nurses Notes. Temp. 99°-99. P 93-84 R 24. Is upon liquid diet: Lies fairly quiet in bed. Restless at times: Talks irrationally. Is quite weak + emaciated: Bowels constipated. Nov 6 Lies quietly in bed. Improving. Talks more rationally. Sores on elbows healing. Nov 7 Upon liquid diet still. Bowels irregular. Licorice powder + enema given. Nov 8 Temp. normal. Talks intelligently but is slightly depressed. Complains of being hungry: Is gaining in strength + improving mentally. Medicated fomentation of Buchu over Kidneys Nov 9 Continues to improve. Sleeps well: bowels very constipated. Nov 10 Up on ward this Pm. Given some solid food. Behavior very good + patient seems quite contented, altho he is depressed. Bowels obstinate.

11 No change of note. Nov 12 Eats + sleeps well: bowels still constipated.

13 Given Seidlitz powder - Glyc. Sup. + Enemas - Complained in P.M. of severe pain in abdomen.

14 very restless + excited - Said he was drugged + poisoned before he came here - Nov 14 Slept best part of night

15 Says he is feeling better today. Given full diet. Nov 16 Out for short walk today. Behavior quiet. Talks quite freely + sensibly. Nov 17 Patient walks about ward. Helps carry trays to + from D.R. Behavior good. Rec'd clothes from home. Nov 18 Is gaining in weight + looks brighter: Helps some on ward. Is very quiet + orderly. Sores on elbows are about healed.

Summary Notes by Dr. Phelps. Dec 1 Wt. 177# Has been part of time rather quiet: does not talk much unless spoken to altho complains at times. Dec 13 Patient sent home this noon. Seems to have improved very much.

Discharged.

Personal and Medical History of

Personal and Medical History of Andrew Frederickson

Whole No. 494	No. of Years, 81
Residence, Vernon Dodge Co., Minn.	Insane Relatives, None.
Date Admission, November 9th 1897.	Cause Exciting, Epilepsy.
Admitted by Dr. A.M. Phelps hour, 6th P.M.	Cause Predisposing, Chronic attacks.
How Sent, Saint Olaf Co. of Dodge Co.	Form, Dementia Epileptic
Sex, male Age, 35 yrs.	Accompanying Bodily Disorder, Epilepsy.
Civil Condition, married.	Suicidal or not, Yes. also homicidal.
Children, 4.	Date of this Attack, one week ago.
Age Youngest Child, —	Duration, About one week.
Occupation, Farmer.	No. of Attack, Not 1st
Degree Education, Common school.	No. of Admission, 3rd
Profession, Religion, Lutheran.	Age First Attack, ?
Habits, Intemperate?	Time of Leaving, June 1st 1902
~~Nationality~~ Nativity, Minn. Parents Norway.	Time in Hospital, (This time) 4 yrs 6 mos 23 ds
Physicians Committing, J. Bednut MD & C. Phillips.	Result, Died: Epilepsy: Suffocation in a fit
Correspondents,	

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* Nov. 10/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Much confused - Sluggish.

MEMORY, Past Events, Seems much impaired.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Is extremely dull

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Copy of Notice for hearing petition for appointment of Guardian, - Furnished Co. Frederickson, for Andrew Frederickson, insane. Served upon Arthur F. Kilbourne, Supt. April - 98.

Filed with Commitment Papers.

STICS.

GHT, NUTRITION,

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Physical examination is impossible. patient is in protection sheet face flushed; tongue coated, breath foul. Struggles against the sheet. Does not seem to understand anything.

Personal and Medical History of Andrew Frederickson

Whole No. 4914
Residence, Vernon Dodge Co., Minn.
Date Admission, November 9th 1897.
Admitted by Dr. R.M. Phelps hour, 6:45 P.M.
How Sent, Asst Olcott Sup't Dodge Co.
Sex, male Age, 35 yrs.
Civil Condition, married.
Children, 4.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Intemperate?
~~Nationality~~ Nativity, Minn. Parents Norway.
Physicians Committing, J. Bednut MD & C. Phelps.
Correspondents,

No. of Years, 81
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, Chronic attack
Form, Dementia Epileptic
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, Yes. also homicidal.
Date of this Attack, one week ago.
Duration, About one week.
No. of Attack, Not 1st
No. of Admission, (this time) 3rd
Age First Attack, ?
Time of Leaving, June 1st 1902
Time in Hospital, 4 yrs 6 mos 23 days
Result, Died: Epilepsy: Suffocation in a fit

EXAMINATION ON ADMISSION BY DR. K.K. Herzog. *Date of* Nov. 10/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Much confused. Sluggish.
MEMORY, Past Events, Seems much impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Is extremely dull
DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Andrew Frederickson.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Physical examination is impossible: patient is in protection sheet: face flushed: tongue coated, breath foul. Struggles against the sheet. Does not seem to understand anything.

Personal and Medical History of Andrew Fredericksen.

1897

This patient was brought here by Sheriffs deputy J. Zucker attended by Wick Condo & Lant Ayers in fair physical condition with the following history: No history of consanguinity & heredity. Was in this (Rochester) hospital from July 16th 97 to Aug 3 97 & again from Aug 3rd 97 to Sept. 12 97 (For further particulars see Vol 17 p. 113 No. 7766 & Vol. 20 p. 73 No. 10194)
First symptoms of present attack manifested about a week ago: became violent with intent to kill: Disease appears increasing: Is variable: Derangment manifested on various subjects: Is disposed to injure others almost killed his father & attempted to kill all the family: Not disposed to filthy or destructive habits: No previous peculiarities noted: Is an epileptic: No injury to head: Has been confined in this hospital as above stated: Has been given bromides. No further particulars noted on personal examination.

Nov. 9 On admission put upon T.W.[E] (N.Y.N. Rpt. Complexion light: eyes blue: Hair light brown: Condition of skin good: Has several scratches on face & arms: a few slight bruises: Is clean: behavior quiet but was restless & confused when he came in: was given bath & put to bed.)
Summary Nurses Notes - put in protection sheet - struggled a good deal: Both wrists marked by straps or hand-cuffs: Slept none during night.
10 Taken up at 7:30 Am - but was so confused & excited that he was put back again. Very irrational during day: Slept none during night. Nov 11 Taken out of sheet - Quite confused but lies quietly in bed: Complains of neck being stiff -
12 No change. Nov. 13 Patient very quiet: Acts sullen & depressed: Will answer questions but is not communicative Nov. 14 Lies quietly in bed: Seems demented & sullen: Given dose salts. Bowels irregular: Appetite fairly good. Sleeps well Nov 15 Trans. to 6[1].
16 Has been quiet & well-behaved since on ward: Has a very poor memory:
17 Had some trouble with patient Swartwoudt who struck & kicked him. Nov. 19 Patient quiet & well-behaved: Sleeps well: Bowels irregular: Appetite good.
Summary Notes by Dr. Phelps. Dec 1 Wt. 185[#] Patient drifting along in the same quiet dull way No special change, still needs continuous watching July 1 Wt. 200[#] Patient is an epileptic & mental state is changeable, therefore kept under continuous watching
Aug 1 Trans. to B[3]. Rather more quiet of late. Jan 31 99 Has been comparatively quiet of late, has, however, been at times somewhat irritable & once or twice violent.
Feb 1 - July 31 99. (Dr. Wanous) Wt. 200[#] Is pugnacious & irritable: Has convulsions: May 4. Visited by brother-in-law & taken home. June 2 Returned. Much depressed: objected to coming back. Continues to have almost
1900 Aug 1 daily convulsions. Aug 1 - Jan 31 1900. (Dr. Chapple) No apparent change. aside from epilepsy, general health very good. Has frequent severe convulsions. often bruises head & face: Condition variable. Most of time very well behaved & agreeable. Has attacks of extreme excitement

Personal and Medical History of Andrew Fredericksen

1900

Jan 31 & becomes very noisy, violent & deluded. Necessary to keep him in restraint at such times - spells last four or five days: Habits tidy -
Feby 1/98 visited by wife on Sept. 1 99. Feby 1 1900. Wt 192[#]. Pht. Febry 4. Visited by some friends.
Apl 3 Transferred to 6[1]. May 2. Transferred to B[2]. June 6. Visited by wife & daughter. July 17. Vaccinated.
July 31 No change of importance: Has frequent epileptic attacks & at times becomes very confused and maniacal, & troublesome, attacking nurses or patients: Quite good-natured, when not in spells. Is constipated and receives cathartics frequently: Habits tidy: Works on ward: Health, aside from Epilepsy, very good. Frequently talks about his family & wants to go home. Is rather childish.
Aug 1 Wt 198[#] - Dec 20. Visited by wife & Daughter - Dec 24. Visited by wife - Jany 25/1901.
1901 Jan 25/24 Transferred to T.W.: very maniacal, noisy & violent - Jan 28. Has become quiet & is
29/3 improved - Jany 29. Transferred to 6[1] - Jan 31. Physical Condition excellent - Is stubborn: subject to epileptic attacks, after which he becomes very confused & violent. At other times is well behaved & agreeable, but somewhat demented. Does not appreciate his condition.
Feb 1/23 Wt 196[#] Feb 11. One tooth extracted. Feb 23. visited by sister Mary - Visited by relative
May 10 struck by George Wright on hand, cutting it quite severely: Wound Stitched.
18 Visited by friends - Sept 1. Wt 199[#] - Nov 2 Wt 196[#] - Jany 31/01. Has been in
1901 Jan 31 good health during year, except for epileptic seizures: which are quite frequent, and severe. Behavior very changeable: has spells of extreme maniacal excitement, when he is very noisy & violent: When quieter, does a little work, and is quite agreeable.
May 3-15/02 Visited by sister and relatives.
' 31/02 Had been in his usual health apparently. Occasionally had very severe epileptic seizures. Fairly well behaved; but occasionally had periods of excitement, mania & violence. Found dead in bed by night nurse Bingham. (Had apparently died from convulsions).

Personal and Medical History of Albert Beyer

Whole No. 4917

Residence, Jefferson Tp. Houston Co. Minn.

Date Admission, November 11th 1897.

Admitted by Dr. R. M. Phelps hour, 3 1/2 P.M.

How Sent, Thos. Ryan J. of P. Houston Co.

Sex, male Age, 59 yrs.

Civil Condition, married

Children, 7

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Good.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nationality, Germany (Parents also born there) Became resident of State & Co. in Sept. 95.

Physicians Committing, W.W. Freeman — Ry. Ferguson M.D.

Correspondents,

Family physician Dr. Hatter, New Albion, Minn.

No. of Years, 84

Insane Relatives, None

Cause Exciting, Religious enthusiasm.

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, —

Duration, —

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, 57.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. M. Phelps Date of Nov. 11/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish.

MEMORY, Past Events, Fair

Recent Events, Not as good Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Quite correct. Illusive.

REASONING POWER, Ordinary Subjects, Slow.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
See Note.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Red blow on head at 19 yrs. of age, slightly stunning him

HABITS, Drinking and Smoking, Moderate.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Albert Beyer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6 PRESENT WEIGHT, 146 USUAL WEIGHT, NUTRITION, Fairly good. Has peculiar pallor of skin.

WOUNDS, Abnormalities and condition of Skin, 2 scars about 1/16 in length over crown of head. Missing finger back of left hand.

TONGUE, Coatings or Promptness of Movement, Clean. Fairly prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light & accom.

SIGHT, Some impairment.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Some impairment.

COORDINATION, Arms, Slightly impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Yes when unobserved. Right of tongue. Some of head.

PATELLAR REFLEX, 9-10 equal. & on tapping the Other Reflexes,
Tendon strongly the entire body jerks.

ARTICULATION, Slurred, Hesitating, Slow, Hesitating with a peculiar catch between words.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,
Quite markedly stiff.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
All sounds harsh.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient shows some senile impairment. Talks about religion & becomes somewhat exalted.

Personal and Medical History of Albert Beyer.

1899

This patient was brought here by Sheriffs deputy Jos. Blesrud, in fair physical condition, with the following history:- No history of consanguinity or heredity. First attack occurred about a year & a half ago lasted about two weeks. First symptoms manifested by unreasonable talk & actions: Disease appears increasing: Is not variable: Derangement now manifested on subject of religion & by wandering speech: Not disposed to injure others: Not suicidal, filthy nor destructive in habits: No previous peculiarities noted: No history of intemperance in parents or self: No severe diseases, injured head when 19 years old. Has not been confined nor restrained: Has received no treatment. On personal examination is excitable.

Nov 11/99 On admission put upon B[3] C (Cl. H.V. Rjt. Complexion light: Hair gray: Eyes blue: Condition of skin good: Varicose veins on left leg: Is clean: Behavior good)

1[st] Nurses Notes, Summary Speaks German exclusively: Talks a great deal on religious subjects - also sings psalms. Nov 13 Appetite good: bowels regular: Slept 7 hrs. Nov 14 Is neat & tidy in habits & dress: Does some little work on ward. Slept 3 hrs. Nov 15 Is inoffensive & good-natured: Seems contented - Nov 16-17 No change of any kind in behavior or condition:

18 Patient continues same from day to day: Assists with work: Bowels regular: Appetite good: Slept some during night - Nov 20 Talks to himself today. Remains quit & agreeable. Nov 21 Somewhat restless nights: Tosses around a great deal while asleep - Nov 22 No change in behavior: Trans. to 6[2].

25 Physical condition appears good: Is good natured: Does some light work about hall. Goes walking daily: Appetite good: Bowels regular.

Summary Continued by Dr. Phelps. Dec. 1 Wt. 150[#]. Patient rather abstemious at times, has, however, the appearance of being good-natured, reads & does some little work. Feb 8 Visited by son. June 26 Trans. to B[2]. Has been somewhat violent & struck nurse today.

Dec 2 Wt. 157[#]. Is becoming more restless, noisy & stubborn. Jan 28 '99 No change now or disturbed ward. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 159[#]. Slightly noisy: walks floor: Appetite good: bowels regular: May 20 Visited by friend. Refused to recognize them. Aug 1 - Jan 31 1900. (Dr Chapple) No improvement or change of importance during period. Very deluded: speech incoherent & irrational. Talks to himself. Very much excited at

Aug 1 to 1900 Jan 31 times. Quite troublesome but seldom violent. Sits in his room most of time. Habits tidy: Does no work. Feb 7 1900 Wt 153[#]. P 68.

Febr July 3/00 Visited by daughter. July 20. Vaccinated July 31. No change: health good: appetite good: usually sleeps well: does no work: (Is a case of chronic mania). Stays in his room: talks to himself

" 31 a great deal; evidently has hallucinations: at times, loud & noisy: seems much excited; causes no trouble: is tidy in habits. Aug 1. Wt 153[#] - Jany 31/1901. Well behaved patient: tidy in

Aug 1 1901 to Jany 31 habits: health good. Talks to himself a great deal, and, at times, very noisily. Language

1901 obscene & profane - July 1 Wt 161[#]: May 1. Wt 167[#] Aug 1 Wt 168[#] Nov 1 Wt 158[#]

Personal and Medical History of Albert Beyer.

1900

Jan 31 Sits in room, most of time. When addressed, talks in a very rapid & scolding manner: Seriously has numerous delusions: Frequently also, extremely noisy: occasionally fights if molested. - Is very tidy in habits. Inactive. General health good.

Jan 31/03 (Dr. Chapple) Has continued the same from month to month. In quite good physical health; fairly well behaved; reserved in manner; seldom converses, but frequently stands at window and talks excitedly to himself. Does no work. Is very tidy in appearance.

Personal and Medical History of William H. Casserly

Whole No. 4918
Residence, St. Paul, Minn.
Date Admission, November 11th 1897.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, Willrich J. of P. Ramsey Co.
Sex, male Age, 28
Civil Condition, married.
Children, Two.
Age Youngest Child,
Occupation, Veterinarian
Degree Education, College.
Profession, Religion, Catholic.
Habits, Very intemperate.
~~Nationality~~ Nativity, Minnesota. Parents Ireland.
Physicians Committing, H.P. O'Brien & Arthur Denny.
Correspondents, L. I Casserly 43 Union Blk St Paul, Minn
John Daly Langdon Minn. - (Telegraphic address)

No. of Years, 85.
Insane Relatives, None.
Cause Exciting, Alcohol.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One month ago.
Duration, One month.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28
Time of Leaving, Nov. 27. 1897.
Time in Hospital, 16 da.
Result, Died - Meningitis

EXAMINATION ON ADMISSION BY DR. H.A. Herzog *Date of* Nov. 12/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.
MEMORY, Past Events, Impaired.
Recent Events, Much impaired especially of last few weeks Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Illusive
REASONING POWER, Ordinary Subjects, Very poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, ~~Not~~ Systematized, Transitory, Special Subjects, of persecution
Conversation: somewhat reticent, incoherent.
HALLUCINATIONS,
ILLUSIONS, Identifies nurses as friends
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, No history of Insanity
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of William H. Casserly.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6 PRESENT WEIGHT, 171½ USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Numerous bruises.
TONGUE, Coatings or Promptness of Movement, Fairly clean, slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size dilated: Responds to light & accom.
SIGHT, Seems good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good.
COORDINATION, Arms, Considerable impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue - None of moment.
PATELLAR REFLEX, much increased: ~~No~~ - Other Reflexes, No abdominal reflex: no clonus.
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Examination not permitted -
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

On admission was very maniacal & extremely noisy: This morning is quiet & can answer some questions: Is shy afraid of examination & afraid lest some mysterious influence be exerted over him.

Personal and Medical History of William H. Casserly

1897

This patient was brought here by sheriff's deputy M. J. Flannigan attended by patients brother, in fair physical condition with the following history:- No history of consanguinity or heredity: First symptoms of attack manifested about a month ago when he developed delusions of poisoning & persecution: Disease appears increasing: Is variable with rational intervals: Derangement manifested on subject of poisoning & persecution: Not disposed to injure others: Neither filthy nor destructive in habits: For past four or five years has been quarrelsome: Has been a hard drinker: Was at St. Joseph's Hospital for three days: Has been given sedatives: On personal examination shows superficial scratches from jumping off porch of hospital.

Nov 11/97 On admission put upon B³ & transferred to Infirmary East. (Optic Rept. Complexion dark: Hair black: eyes brown: Condition of skin good: Scars on legs: Bruise on right side, on elbow, on heel, on chest & on legs. Behavior very stubborn, had to be taken to ward by force: Could do nothing with him on B³ & he was taken to Infirmary & put in protection sheet.)

" Summary Nurses Notes - Impossible to take temperature Pulse 104-88 - Was excited & talked irrationally: Refused to eat supper - Had to be put to bed by force: Was very noisy, excited & irrational: Trans. to Infirmary & put to bed in protection sheet. Was fairly quiet during night. Slept about 2 hrs. Nov. 12 Temp. 100-1006 P84 R24 Taken out of sheet at 9 Am. Several bruises on right hip. wrists bruised & sore. Talks fairly intelligently when questioned. Fairly quiet all day. Has talked irrationally & foolishly - Slept well during night Nov. 13 Fairly quiet. watched constantly by nurse - noisy & talkative during afternoon. Was quiet most of night - slept but one hour. Nov. 14 Fairly quiet during day. Complained of pain in abdomen: given licorice powder. Grew restless & would not stay in bed or in room. at 11 PM. put in protection sheet - Slightly noisy by spells during night. Nov. 15 Very quiet & slept some during morning - Had to be held in bed during afternoon: replaced in sheet at 5.30. Very restless, delirious & noisy greater part of night.

16 Taken out of sheet at 8:45 Appears very weak & lay quietly in bed for a time. Temp 105⁸-102⁴ Cold sponge bath given. Tablets given for bowels. Tongue coated brown. Very abusive & ungracious at times - held or in sheet greater part of day - required constant attention of nurse during night. Small red spot on right wrist which appears to be a boil starting. Nov. 17 Temp. 103 - 101⁴ P. 108 + 30 R 28-26. Noisy & restless all morning - restless all afternoon - Talked irrationally & incoherently. Abdomen sensitive to touch. Refused medicine. Violent & abusive during night - held from 11:30 to 4:30 A.M. & then put in sheet. Temp. 12 P.M. 101⁴ Slept 0 hrs.

18 Temp. 105 - 102 Ice bag applied to spine for 20 minutes at 9.30 - Fairly quiet greater part of A.M. Ice bag to spine at 8 PM. - rather stupid until 10 PM. When he became wild & maniacal. Temp 4 AM. 104. P. 120. Fairly quiet during most of night - Tablets given - Wrists quite sore has boil on one & ulcer on other Nov. 19 Temp 102⁴ to 100⁶. Quite weak when taken from sheet at 7.30 Am. Eyes sunken & dull. Tongue & lips dry & cracked - Teeth gummed. Very quiet during day. Took but very little milk or water - 7.30 PM. Changed suddenly into a stuporous condition. Temp. gradually dropping since morning. Stupid condition all night - tossed about in a delirious & apparently semi-conscious condition, at times as if in severe pain. at 5.15 Am became very quiet. Seems to be growing weaker. Slept none - Tablets given - 6 PM. Light. Took about 36 oz milk in 24 hrs. Nov 20 Temp. 102⁴ to 101⁶. Visited today by Father Riordan & by relatives: Fairly quiet during day. Takes but little nourishment. Requires constant attention of nurse. Rested quite well most of night. Refused Tablets. Dozed for a few minutes only. Is given only distilled water -

21 Temp. 101⁴-103-101⁴. Pulse 96-120-100. Very quiet all day but continually throws covers off. Visited by relatives. Talked some & asked questions - Quite rational at times. Ice bag to spine at 10:30 & 4:30. Given peptonized milk & distilled water - Slept none during night; quite restless - Nov 22 Temp. 100⁶ 102⁴ Very little change. Has taken about 12 oz Peptonized milk in small quantities - Moved to White Room. Rested well all night: Mouth washed with listerine & sores on wrists dressed as usual. Bowels moved 7 times during day. Nov 23 Fairly quiet all day. Took good quantity of nourishment. Talked quite rationally at times but is somewhat confused. Bowels very loose. Temp. 98⁸ - 99⁸ P. 100 - 98 Right wrist quite badly swollen - Pus seems to be forming there. Awake all night. Seemed nauseated: Vomited a little - Bowels loose & offensive. Nov 24 Given eggnog with medicine every 4 hrs. Temp. 100⁴ - 100⁶ mouth dry & lips cracked - Teeth gummed. Eyes sunken & dull. Seems to be growing weaker - Was very quiet all night 7.30 Am. Temp. 102⁴ P. 116 - Vomited slightly at 3:30. Slept 5 hrs.

25 Temp. 8 AM 103.4 P. 118. 4:30 PM T. 106⁴ P. 144. 9 PM. T. 105⁴ P. 140. 5 A.M. T. 103 P. 120. Left wrist lanced by Dr. Herzog. Pt wrist inflamed & back of hand swollen: Eyes sunken & dull. 1.20 PM. Seems to be difficult for him to breathe: Coughs some. Throat dry. Feet cold - body & legs chilly. Eggnog & whiskey given - 3 PM. Sand bags applied to feet. 4 AM. Sponge baths given. Hands very painful - During night sponge baths given each hour. Ice cap applied at intervals - Habits filthy - Nourishment discontinued at 2 AM. 6 AM. Very quiet - seems to be asleep. Nov 26 Failed gradually all day - was fairly quiet tho objected to being covered up - very delirious at times & in semi-conscious condition - Nourishment given every 15 minutes during day. Temp. from 102⁸-104⁸. P. 132. R. 36. Vomited at 7:30 am. Breathes heavy & is very quiet. Hot sand bags kept at feet. Unconscious all night. Quite nervous at times - involuntary movements of head & limbs - Visited by wife & sister at 6:15 A.M. Did not realize anything.

27 Has been failing quite rapidly all day. Nourishment discontinued - Very restless at times - Breathing difficult - Died at 3:05 PM. Wife & sister present.

Dr Herzog note - Cause of death exhaustion in acute delirious mania.

Died.

Personal and Medical History of Wm. H. Casserly.

Personal and Medical History of Peter K. Larson.

Whole No. 4920

Residence, St James. Watonwan Co. Minn. Transferred here from State Prison, Stillwater, Minn.

Date Admission, Nov. 12th 1897.

Admitted by Dr. R. M. Phelps. hour, 2.30 P.M.

How Sent, Frank L. Wilson, D. of P. Wash. Co.

Sex, male Age, 50 yrs.

Civil Condition, married.

Children, Eight

Age Youngest Child,

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate. Attempted crime

Nationality, Sweden (Parents also born there.)

Physicians Committing, W.C. Voigt & B.J. Merrill. President of State

Correspondents,

No. of Years, 86

Insane Relatives, Unknown.

Cause Exciting, Unknown

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not - Homicidal.

Date of this Attack, Two or three years ago.

Duration, 2 or 3 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, about 48

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good

Recent Events, Fair - Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert, Correct.

REASONING POWER, Ordinary Subjects, Fair -

Special Subjects,

Own Mental State, Not good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
of persecution - our religion etc.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, Gradual -

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, hard drinker.

Paternal Relatives, says healthy.

Mother,

Maternal Relatives, do -

Brothers and Sisters, Well - 8 children well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none.

HABITS, Drinking and Smoking, both,

HEADACHES, VERTIGO, OR CONVULSIONS, says not.

OCCUPATION, Healthy or not, Farmer.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, says quite good

Personal and Medical History of Peter K. Larson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in. PRESENT WEIGHT, 158 lbs. USUAL WEIGHT, NUTRITION, Quite fair.

WOUNDS, Abnormalities and condition of Skin, Small scars on head - Large ones on right calf. small one on nose. Lipoma on L. Lumbar region - Skin fairly healthy - some inflamm -

TONGUE, Coatings or Promptness of Movement, clear, steady.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Normal - responses good -

SIGHT, Impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Impaired -

COORDINATION, Arms, Good Legs, good - Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Fibrillary of hands -

PATELLAR REFLEX, Slightly increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, good Size, N,

Apex Beat, Regularity, Regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion fair
B. Sounds normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sound.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient in fair physical health no gross lesions found. Is excitable - talks rapidly & loudly in sort of way. Has delusions of persecution in regard to religion etc. probably also hallucinations of hearing: says people are talking about him. Mental grade very moderate. Is an excitable, nervous, quick tempered individual. Has little control over passions or actions.
A case of chronic mania induced by family troubles & confinement in Prison.

Personal and Medical History of Peter K. Larson.

1897

This patient was brought here from State Prison, Stillwater, by Deputy Sheriff Lemon, in fair physical condition with the following history:- No history of consanguinity. Patient was sentenced (may 12 1894) for crime of assault in the First Degree, to State Prison at Stillwater for term of seven years & became insane while there: First symptoms manifested two or three years ago. Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by chronic mania, delusions & religious persecutions & inventions: Is disposed to injure others (as above stated) Not suicidal, filthy nor destructive in habits: No knowledge concerning heredity, previous peculiarities or intemperance in parents or self. No severe disease or injury to head: Has been confined to cell at times & has had regulation treatment. No further particulars noted on personal examination.

Nov. 12 On admission put upon 6' E. (W.H.W. Rpt) Complexion light: hair light: eyes gray: condition of skin good. Large scar on left leg; small scar on nose & several scratches on head. Is clean: Behavior good. J. 99. P. 80 (P. 20.)

13 Summary Nurses Notes. Patient quiet & well-behaved: Thinks he is being persecuted on account of his religion: Nov 14 No change: Talks very little to anyone. Sleeps well: Appetite good: Bowels regular. Nov 15 Temp. pulse & resp. normal. Does not change from day to day. Nov 16 Sleeps well: Appetite continues good. Nov. 17 to 25th Patient has continued same from day to day- quiet & well-behaved: Physical condition good. Assists with ward work: Still has delusions of persecution. Summary continued by Dr Phelps. Jan 1'98 Wt. 158#. Is well-behaved: Works in dining room: Writes a good many letters: Is very deluded. Writes to president & king of Sweden etc. June 1 Wt. 159#. No special change: Works some. Jan 1'99 Wt. 168#. At times somewhat excitable: Still has same delusions No change in behavior. Feb-July 31'99 (Dr Wanous) Wt. 159#. Has many delusions of grandeur: Kept in bed most of time: Physical condition fair.

1900 Aug 1 to 1901 January 31 Jan 31'00 (Dr. Chapple) Aug 1. Wt. 163#. Pulse 90. No change during period Continually very deluded, exalted in manner: Talks rapidly & incoherently- is irritable & has occasional quarrels with other patients.—

Febys Habits tidy: Does nothing: Physical condition fairly good. Febys 1900. Wt 165# P 72.

after 30 Condition about same. July 31. No change to note: health very good. (a case of chronic mania)-

July 31 Uses much obscene & abusive language: Talks & writes a good deal: Has delusions of "persecution";

Aug 1 Has a dislike for certain other patients on ward & frequently quarrels with them. Augs. Wt 163#-

1901 January 31 No change. Constantly exalted. Very talkative & irrational: Language obscene: Has numerous delusions, mostly "of persecution". Rarely has any trouble; Health good. Does nothing.

Febys Wt 165#: May 1. Wt 160#: July 31. Transferred to B 2. Nov 1 Wt 159#. Dec 30 - To T W -

Dec 30 Complains of severe pain in abdomen: Put on liquid diet & given repeated doses of salts

Personal and Medical History of Peter K. Larson

1901

Dec 31 Pain still continues: Jan 1 & 2 or. Patient up & dressed: now as well as usual.

1902 Jan 1 - Nomental change during year: has occasionally been slightly troublesome, but never picks quarrels: Is timely delusive & language profane, abusive & obscene: Does no work: Habits tidy.

Jan 1 & 2 (Dr. Chapple) Is in good health: Does no work. Talks in an irrational & incoherent manner; Sometimes becomes very abusive to physicians and nurses as well as others. Very rarely causes any trouble.

Personal and Medical History of Helmer J. Anderson

Whole No. 4921

Residence, Dalen, Minn.

Date Admission, November 17th 1897, 3 P.M.

Admitted by Dr. H.S. Herzog hour,

How Sent, J.A. Leonard J. of P. Olmsted Co.

Sex, male Age, about 40

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, none.

Degree Education, Common school.

Profession, Religion, Lutheran

Habits, Not intemperate.

Nationality, Native. Minn. Parents born in Norway. Became resident of State & Co at birth

Physicians Committing, A.L. Baker & Chas S. Granger M.D.

Correspondents, John Raffelson, Byron, Minn. Guardian for patient

No. of Years, 87.

Insane Relatives, Father & paternal aunt.

Cause Exciting, Unknown

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 15 yrs. ago

Duration, 15 yrs.

No. of Attack, 1st

No. of Admission, 2nd

Age First Attack, about 25

Time of Leaving, Aug 29. 1900

Time in Hospital,

Result, Transferred to Hastings St. Hosp

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very sluggish

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Is dull & stupid - will not talk. Seems educated.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, No history obtainable.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Helmer J. Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, 137½ USUAL WEIGHT, NUTRITION, Quite fair.

WOUNDS, Abnormalities and condition of Skin, high narrow palate. Skin clear & healthy - slightly anaemic

TONGUE, Coatings or Promptness of Movement, Clear - fairly prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. responses good.

SIGHT, —

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Apparently quite good -

COORDINATION, Arms, Legs, good - Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None -

PATELLAR REFLEX, Normal - Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No murmurs, Strength, Sounds, Size, Normal

Apex Beat, 5 Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion not good
B. sounds feeble.

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sound.

BOWELS, Present Condition, Quite regular.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient in fair physical condition - No gross lesions. Is very dull, & stupid Will not talk much or answer questions. Seems demented.

Personal and Medical History of Helmer J. Anderson.

1899

This patient was brought here by Sheriffs deputy, John Poez, in fair physical condition with the following history: No knowledge concerning consanguinity: First attack has been continuous. First symptoms occured fifteen years ago. Patient was in this (Rochester) hospital from Sept 8 1880 to June 22 '83 for further particulars see Vol. 1 Fol 130 No 130 Disease appears increasing: Is not variable, no rational intervals: Derangement now manifested by being noisy at times: Is not disposed to injure others; Is not suicidal: Is filthy & destructive in habits: Father & an aunt on father's side were insane: No previous peculiarities noted: Father was probably intemperate: No severe diseases, no injury to head: Has received no treatment was in confinement for about a year & a half. On personal examination no further particulars noted.

Nov. 12 On admission put upon B & C (Gen. Hill Dept Complexion dark: Hair dark brown: Eyes blue: Condition of skin good: Is clean: Behavior good.)

13 Summary Nurses Notes Patient quiet: answers questions only in monosyllables Went out with crowd: It seemed hard for him to keep up: Has a slight cough.

14 Acts very silly at times. Laughs to himself. Has a good appetite: Sleeps well: bowels regular: Nov 16 No change. Nov 16 Noisy for a time today, laughing & muttering to himself. Nov 17 Visited by a friend. Nov 18 Was restless during night. Nov 19 It is so hard for him to keep up with crowd that he goes out only occasionally with them. Nov 20 Very quiet. speaks only when addressed. Acts silly at times, laughing & muttering to himself. Nov 25 No change in patient from day to day. Habits neat & fairly clean: Assists with work: Physical condition fairly good. Summary Continued by Dr Phelps. Dec 15th Is dull, quiet, rather demented, laughs to himself. Is a chronic case. Apr. 30 Now at Annex still quiet & stupid June 8 Visited by relatives

Jan 31 99 Has worked for last month in kitchen: Is still stupid:

Feb 1 - July 31 99 (Dr Wanous) Wt. 157.# Appetite good: behavior good: physical condition
1900 to good: No change mentally. Aug 1 - Jan 31 1900. (Dr. Chapple) Physical condition
Jan 31 good: Behavior quiet: seldom speaks: peculiar in actions: habits un-
Feby tidy: has worked some in kitchen. Feby 1900 Wt 168.# Pgr. Feby 20. Few days temse-
July 20 - rature nearly normal. July 20. Vaccinated: result negative: July 31 Health has been fairly good:
" 31 no illness; no medicine: is very demented: does not talk: quiet: untidy: has worked a little in kitchen.

Aug 10 Physical condition good: mentally, about the same.

24 Transferred to Hastings Hospital

Personal and Medical History of

Personal and Medical History of Herbert D. Crippen.

Whole No. 4922

Residence, Rosemont, Minn.

Date Admission, Nov. 16 '97

Admitted by Dr. A. F. Kilbourne hour, 3:45 P.M.

How Sent, Thos. F. Moran Jr. of Dakota Co.

Sex, male Age, 50 yrs.

Civil Condition, married.

Children, 1

Age Youngest Child, –

Occupation, Merchant & Farmer.

Degree Education, Good business education.

Profession, Religion, None.

Habits, Intemperate.

Nativity ~~Nationality~~, New York. (Parents also born there) Became resident of State & Co.

Physicians Committing, Wm. Mannninger & H. Fitch.

Correspondents,

No. of Years, 89

Insane Relatives, None.

Cause Exciting, Financial losses & alcoholism.

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, –

Suicidal or not, Yes. Cut his throat.

Date of this Attack, Nov. 14/97

Duration, 2 days.

No. of Attack, 2nd (Has not been entirely well since 1st)

No. of Admission, 1st

Age First Attack, 45 yrs.

Time of Leaving, Feb. 10. 1898

Time in Hospital, 2 mo. 25 D.

Result, Discharged Aug. 10. 1898 Much Improved.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Herbert D. Crippen.

1897

This patient was brought here by Sheriff's deputy Peter Hinen attended by Jas. Mc Dorough, in fair physical condition, with the following history: No history of heredity: Father was intemperate: First attack occurred five years ago: Was a violent one & patient has never been entirely well since: Has tried many treatments without benefit: First symptoms of present attack manifested November 14'97 by attempts at suicide & homicide: Disease appears increasing: Is variable: Patient is rational at times but never free from influence of alcohol: Derangement now manifested by melancholy: Is depressed about his business affairs, threatens his family & others: Is disposed to injure others: Attempted to cut his throat: Suicidal propensity active: Not disposed to filthy or destructive habits: Has always had a violent temper & is a chronic drinker: No severe disease or injury to head: Has not been confined or restrained: Has been given hypnotics without marked benefit: On personal examination is melancholy & depressed, evasive in answer to questions & shows a "marked effort to suppress intentions".

Nov 16 On admission put upon Infirmary (H.W. to Rst), Complexion sandy: Hair light: Eyes blue: Condition of skin good: Cut about 5 in. long but not deep, on throat: Scar on right leg: Slight bruise on left knee: Is clean: Behavior good)
Summary Nurses Notes Says cut on neck was done while trying to shave: Talks rationally & sensibly: Has no fever Slept well during night. Nov 17 Lies quietly in bed: Talks freely & sensibly but seems somewhat depressed - Neck dressed. Sleeps well - bowels regular Appetite fair. Nov. 19 Is a very good patient: No change in condition. Nov 20 Was up on ward today: Reads a great deal. Quiet & agreeable: No complaints. Nov 22 Talks freely & sensibly: Seems to be in fairly good spirits. Neck is about well. Nov 22 Visited by wife.
23 Physical condition good: Talks freely & intelligently: Reads greater part of time.
Nov - Seems to be getting along nicely: Is pleasant on ward. Makes no complaints: Physical condition good. Nov 30 No change. Dec 1 Wt. 135. Pulse 70. Appetite good: Bowels somewhat constipated: Neat & clean in dress & habits: Is always pleasant & agreeable: Does no work - Dec 9 Visited by wife. was depressed after she went. Said he hoped to be allowed to go home with her.
16 No change - Seems contented here - Jan 1 Wt. 145 P. 74. Jan 9 Given parole of grounds. Jan 31 Is always quiet & well-behaved Feb 1 Wt. 149½ P. 72.
Feb 3 Complained of pain in back of neck & shoulders - Feb 4 Remained in bed this morning Has pains in chest & shoulders & back of neck: Says he feels as tho he had Grippe
5 Remained in bed: Appetite poor. Temp. 100°. Feb 9 Has been in bed part of each day since last note. Visited by wife this Pm. Appetite has not been good. Temp. 99. & 98.
10 Taken home by wife this morning. Has behaved very well at all times: Has had parole of grounds since 1st of January. Habits neat & tidy. Sometimes seemed morose

Personal and Medical History of

but generally was jovial & jolly. Discharged.

Personal and Medical History of Lars Larson

Whole No. 49 n 3
Residence, South Stillwater, Minn.
Date Admission, November 16th 1897.
Admitted by Dr. P. M. Phelps hour, 6.45 P.M.
How Sent, Frank T. Wilson
Sex, male Age, 23.
Civil Condition, –
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, None.
Profession, Religion, None
Habits, Not Intemperate.
~~Nativity~~ ~~Nationality~~, Norway (Parents also born there)
Physicians Committing, G. E. Clark + J. H. Baines.
Correspondents,

No. of Years, 90.
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About 2 mths ago.
Duration, 2 mths.
No. of Attack, Unknown.
No. of Admission, "
Age First Attack, "
Time of Leaving, May 18, 1901. Improved.
Time in Hospital, 3 yrs. 5 mths., 24 das.
Result, — Discharged - June 9/1901.

Deported to Norway Okpw

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear - rather sluggish.
MEMORY, Past Events, Quite good.
Recent Events, Not very good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull but correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State, Poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed -
DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), No history of insanity etc.
Father, Living - Well
Paternal Relatives,
Mother, Living - Well
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none.
HABITS, Drinking and Smoking, Says - good.
HEADACHES, VERTIGO, OR CONVULSIONS, Some headache.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
No history.
Sleep, Appetite, and Bowels, good, good, regular.

Copy of Order of hearing petition for appointment of Axel Anderson as Guardian for Lars Larson ~~sick~~ + served admitted Nov. 19/97.
Filed with commitment papers.

...ERED
...5 1897

...97

Dr A T Kilbourn
Rochester

Dear Sir

In reply to your letter of the 13 will say that I have not been able to find out a great deal in regard to the previous history of the case of Mr Lars Larson. he has no relatives here. his parents and other relatives are living in Norway. all the information I could get was from the family who he was Boarding and also from a few others. he has been working in a saw mill for 2 seasons and was a good workmon. although he was not so bright mentaly as the average. the first anything serious but harmless was notict in his behaviour was about in the midle of last summer. he then began to associate with a religious sect.

...UTRITION, Good.
...room acute -
...powers good.

...ASUREMENTS,
...al,
...ental,

...iex,
...pe,
...Appearance,

BLOOD, Corpuscles, Hæmoglobin, Seems all present + quite well preserved.
SLEEP, Present Amount and Character, Says he sleeps all night + does not dream.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient says he is about 25 - is well formed + seems in good physical condition. There is considerable acne of skin. No signs of degeneration apparent. No gross signs of nervous disease. Is very quiet talks very little + somewhat slow in answering questions. Speaks very broken English. Is not of high mental grade. Has delusions in regard to the sun, + English language + does not seem able to explain his meaning well. Also says he worries about a love affair. Patient is downcast. There is no history of heredity, previous attacks or specific disease. Says he has practiced vicious habits since 18.

Personal and Medical History of Lars Lars

Whole No. 49 n 3
Residence, South Stillwater, Minn.
Date Admission, November 16th 1897.
Admitted by Dr. P. M. Phelps hour, 6.45 P.M.
How Sent, Frank J. Wilson
Sex, male Age, 23.
Civil Condition, -
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, None.
Profession, Religion, None
Habits, Not Intemperate.
~~Nativity~~ Nationality, Norway (Parents also born there)
Physicians Committing, G. E. Clark + J. H. Haines.
Correspondents,

No. of Years, 90.
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About 2 mths ago.
Duration, 2 mths.
No. of Attack, Unknown.
No. of Admission, "
Age First Attack, "
Time of Leaving, May 10, 1901. Improved.
Time in Hospital, 3 yrs. 5 mths., 24 dys.
Result, — Discharged - Jany 1901.

Deported to Norway Okym

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear - rather sluggish.
MEMORY, Past Events, Quite good.
Recent Events, Not very good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull but correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State, Poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed -
DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), No history of insanity etc.
Father, Living - Well
Paternal Relatives,
Mother, Living - Well
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none.
HABITS, Drinking and Smoking, Says - good.
HEADACHES, VERTIGO, OR CONVULSIONS, Some headache.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
No history.
Sleep, Appetite, and Bowels, Good Regular.

...onal and Medical History of L L

...UTRITION, Good.
...room acne-
...ponses good.

...ASUREMENTS,
...al,
...ental,

...lex,
...pe,
...Appearance,

RECEIVED DEC 31 1897 ROCHESTER STATE HOSPITAL

ANSWERED JAN 5 1898

South Stillwater Minn Dec 29 1897

Dr A T Kilbourn
Rochester

Dear Sir

In reply to your letter of the 13 will say that I have not been able to find out a great deal in regard to the previous history of the case of Mr Lars Larsen. he has no relatives here, his parents and other relatives are living in Norway. all the information I could get was from the family who he was boarding and also from a few others. he has been working in a saw mill for 2 seasons and was a good workmen. although he was not so bright mentally as the average. the first anything serious but harmless was noticed in his behaviour was about in the middle of last summer. he then began to associate with a religious sect.

BLOOD, Corpuscles, Hæmoglobin, Seems all present + quite well preserved.
SLEEP, Present Amount and Character, Says he sleeps all night + does not dream.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient says he is about 25 - is well formed + seems in good physical condition. There is considerable acne of skin. No signs of degeneration apparent. No gross signs of nervous disease. Is very quiet. Talks very little + somewhat slow in answering questions - speaks very broken English. Is not of high mental grade. Has delusions in regard to the sun, + English language + does not seem able to explain his meaning well. Also says he worries about a love affair. Patient is downcast. There is no history of heredity, previous attacks or specific disease. Says he has practiced vicious habits since 18.

Civ

Childr

Age Your,

Occupation,

Degree Education,

Profession, Religion,

Habits, Not S.

~~Nativity~~, ~~Nationality~~, Norway

Physicians Committing, Y. C.

Correspondents,

May 18, 1901. Improved.

pital, 3 yrs. 5 mths., 24 dys.

— Discharged - July 9/1901.

Deported to Norway Okpw

EXAMINATION ON ADMIS. ... DR. ..... Date of .....

...NTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quite clear - rather sluggish.

MEMORY, Past Events, Quite good.

Recent Events, not very good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Rather dull but correct.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State, Poor

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Depressed -

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

No history of insanity etc.

Father, living - Well

Paternal Relatives,

Mother, living - Well

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Says none.

HABITS, Drinking and Smoking, Says - good.

HEADACHES, VERTIGO, OR CONVULSIONS, Some headache.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

No history.

Sleep, Appetite, good and Bowels, regular.

...onal and Medical History of ... J. J.

PHYSICAL CHARACTERISTICS.

...UTRITION, Good.

...rom acne -

...powers good -

#2

Something like the salvation army and become deeply interested in it, and attended there meetings most every evenings. and I am told he would very often preach or speak in his own language but his speech was greatly confussed. and he would sometimes when he did not have the meetings go on there chapel or meeting house and set there all alone and play the organ. he then purchased an instrument himself and kept in his room. Two weeks before he was sent away he quit work and confined himself in his room most of the time, sometimes he did not eat his regular meals and did not seem to rest good at nights during the day he read and played his organ and told people he was studying for the Ministry. 2 days before he left he became very naisey and began breaking up things in his room. So it was nessecary to keep guards over him. any other emformation I can give you in the future I will do so Yours Respt Axel Anderson

...ASUREMENTS,

...al,

...ental,

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...pe,

...Appearance,

BLOOD, Corpuscles, Hæmoglobin, Teeth all present - quite well preserved.

SLEEP, Present Amount and Character, Says he sleeps all night + does not dream.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment) Patient says he is about 25. is well formed + seems in good physical condition. There is considerable acne of skin. No signs of degeneration apparent. No gross signs of nervous disease. Is very quiet. Talks very little + somewhat slow in answering questions - speaks very broken English. Is not of high mental grade. Has delusions in regard to the sun, + English language + does not seem able to explain his meaning well. Also says he worries about a love affair. Patient is downcast. There is no history of heredity previous attacks or specific disease. Says he has practiced vicious habits since 18.

C

Child

Age You

Occupation,

Degree Educatio

Profession, Religion,

Habits, Not -

~~Nationality~~ Nationality, Norway

Physicians Committing, G. C

Correspondents,

Sep 18, 1901. Improved.

al, 3 yrs. 5 mths., 24 days.

— Discharged - July 9/1901.

Deported to Norway Okpw

EXAMINATION ON ADMIS[illegible]DR. Date of

[illegible]TAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quite clear - rather sluggish.

MEMORY, Past Events, Quite good.

Recent Events, Not very good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Rather dull but correct.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State, Poor

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Depressed -

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

No history of insanity etc.

Father, living - well

Paternal Relatives,

Mother, living - well

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

Says none.

HABITS, Drinking and Smoking, Says - good.

HEADACHES, VERTIGO, OR CONVULSIONS, Some headache.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

No history.

Sleep, Appetite, and Bowels, good Regular.

[illegible]al and Medical History of Lars Larson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 161½ USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, None - skin in fair condition - some acne -

TONGUE, Coatings or Promptness of Movement, Slight coat - quite prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size Normal. Responses good -

SIGHT, good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, good.

COORDINATION, Arms, good Legs, good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Very slight of tongue.

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite good - Very broken English.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Good

Apex Beat, Regularity, Scarcely perceptible

Regular

ARTERIES,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical.

Expansion good.

B. sounds normal

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin, Teeth all present - quite well preserved.

SLEEP, Present Amount and Character, Says he sleeps all night & does not dream.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient says he is about 75 - is well formed & seems in good physical condition. There is considerable acne of skin. No signs of degeneration apparent. No gross signs of nervous diseases. Is very quiet. Talks very little & somewhat slow in answering questions - speaks very broken English. Is not of high mental grade. Has delusions in regard to the sun, & English language & does not seem able to explain his meaning well. Also says he worries about a law affair. Patient is downcast. There is no history of heredity, previous attacks or specific disease. Says he has practiced vicious habits since 18.

Personal and Medical History of Lars Larson.

1899.

This patient was brought here by Sheriffs Deputy Ignatius Fazendine, in fair physical condition, with the following history: No information concerning consanguinity, heredity or previous attacks: First symptoms of present attack manifested about two weeks ago: Disease appears increasing: Is variable: Derangement now manifested by religious mania: Not disposed to injure others, not suicidal, filthy nor destructive in habits: Previous peculiarities silent, quiet ways: No talk with others: Religious mania: Thought that others sought his life: No information concerning intemperance in parents or self, severe diseases or head injuries: No restraint or confinement employed: Has received no treatment: On personal examination laughs without provocation: Answers incoherently yes or no or both, as fancy dictates: Patellar reflex diminished: Restless eye: Pulse sitting regular at 104.

Nov. 16 On admission put upon B³ (O.H.U. Rpt. Complexion & hair light: eyes gray: Condition of skin good: Vaccination marks on right arm: Scar across bridge of nose: Is clean: Behavior good: Temp. 100³ Pulse 90 Resp. 19.)

17 Summary Nurses Notes. Temp. 100 Maniacal in actions & speech incoherent. Slept little

18 Trans. to Ward 6 'East wing & talked a great deal - Slept none.

19 Is inclined to be pugnacious - Complains of noise. Talks a great deal.

20 Had trouble with patient D'Washburn today: Sleeps & eats well: bowels regular.

21 to 22 Patient quite violent. was trans. to Infirmary. Acts very pullen & thinks he has been ill-treated: Answers questions quite intelligently but conversation is irrational. Lies quietly in bed. Nov. 23 Lies quietly in bed. Acts pullen - Appetite good.

24 Says he feels good & thinks he should be sent home. Nov. 25 Asks frequently for his clothes. Says he feels good. Nov 26 Up & dressed this afternoon - Is quiet & well-behaved. Nov 29 Trans. to B³ E. Nov 30 Well behaved today. Believes himself to be a great inventor says he has over 100 patents on implements of war. Does no work: Habits neat. Summary continued by Dr Phelps. Jan 12 '99 Patient rather talkative seems to be a little mixed in language & ideas: Answers some questions accurately. Trans. to B¹. Mch 2 Talks rather restlessly about religious ideas: Is somewhat noisy. Jan 31 '99 Patient talked much less & in a rather more rational way during intervening time: Has quieted down somewhat, still, however, behaves in the same way

Feb 1 - July 31 '99. (Dr. Wanous) Wt. 161#. Is well-behaved: Has religious delusions: Mch. 18. Trans. to A¹. Is inclined to be stubborn. Apr. 27 Trans. to B¹. May 18 to B². Talks to himself Spends a great deal of time reading Bible: Will not work. June 30 Trans. to B¹.

1900 Aug 1 to Jan 31 1900 (Dr. Chapple) Aug 1 Wt. 178#. Dec. 27. Attempted to elope while outside. Still has religious delusions & reads Bible a great deal. Appears preoccupied & depressed: was for a time quite irritable. Talks to himself a great deal: Habits tidy: Is for the most part inactive. Physical con-

Personal and Medical History of Lars Larson

1900

Feb 1 dition excellent. Feby 1/900. Wt 195#. Pso. July 20. Vaccinated. July 31. Health very good: Eats

July 31 & sleeps well: behavior some improved, of late: Has come a little work award & in ward dining room; talks considerably to himself: quite incoherent in speech: Has delusions of a religious nature; is stubborn, irritable & occasionally pugnacious: quite tidy: frequently attempts to elope. Spends much time, reading the Bible. Augs 186# — Jan 31/1901. Health good: works in ward: Habits cleanly

Aug 1 1901 Jan 31 Is insolent. Read the Bible, a great deal. Has religious delusions: talks to himself: exposes

Feby 1 himself to passers-by. Doesn't speak unless addressed: dullen in manner, Feby. 1 1901 Wt 164#. Mayso no change. Health good. Today Deported to Norway, in

May 1/01 charge of Dr. Heyerdale. —

Discharged

Personal and Medical History of Richard Mc Carthy.

Whole No. 4924
Residence, St. Paul, Minn.
Date Admission, November 17th 1897.
Admitted by Dr. T. M. Phelps hour, 6:45 P.M.
How Sent, J. Willrich J. of P. Ramsey Co.
Sex, male Age, 35.
Civil Condition, married.
Children, Five.
Age Youngest Child, —
Occupation, Carpenter.
Degree Education, None.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nativity~~ ~~Nationality~~, Minn. (Parents born in Ireland)
Physicians Committing, Chas. J. Meade & J. A. Quinn
Correspondents,

No. of Years, 91
Insane Relatives, None.
Cause Exciting, Syphilis.
Cause Predisposing, ?
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Threatens suicide.
Date of this Attack, Nov. 13 '97.
Duration, 4 days.
No. of Attack, not 1st (all one att)
No. of Admission, 2nd here.
Age First Attack, 32.
Time of Leaving, Dec. 28. 1897
Time in Hospital, 1 mo. 11 da
Result, Discharged May 4. 1898 Unimproved

EXAMINATION ON ADMISSION BY DR. H. A. Herzog *Date of* Nov. 26 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish.
MEMORY, Past Events, Somewhat confused.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Quite correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted & silly
DELUSIONS, Systematized, Transitory, Special Subjects,
See note.
Laughs with little provocation.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
~~Brothers~~ Children and ~~Sisters~~, 5 living - one dead. (see note)
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Paralysis 7 yrs. ago. One stroke in June the other in Sept. preceded by headaches for one year.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Has not been perfectly right since the paralysis
Sleep, Appetite, and Bowels,
Sleep has been broken.

Personal and Medical History of Richard Mc Carthy.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 3/4 PRESENT WEIGHT, 178 3/4 USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, Scar on penis.
TONGUE, Coatings or Promptness of Movement, Clean - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size - Left slightly irregular - Respond to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slight impairment Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Fine of tongue.
PATELLAR REFLEX, 8 - 9 equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly slurred - Has peculiar stammer - Voice rises in pitch at end of sentence.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Good.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is somewhat silly & slightly dull. Difficult to hold to one subject. His first four children are from 16 - 12 yrs. old & are living & healthy - between the birth of this last child & the next he contracted the sore on penis. This child died at 2½ years these followed 4 miscarriages then the last child 3½ yrs old. living. He denies any infidelity. He talks much of a patent which he took out about 7 yrs. ago while working in the cable power house. It seems probable that he did not actually secure the patent. Claims the papers were burnt in a fire at Rutledge this Spring. Also talks about a perpetual motion patent. It seems that his attorneys fleeced him in the matter. He seems to think that people in the St. P.R. are conspiring against him to send him here. He seems to get along all right outside until he came to St. Paul. He is about the same as when last here.

Personal and Medical History of Richard McCarthy.

1897

This patient was brought here by Sheriff's deputy John B. Arasd in fair physical condition with the following history: No history of consanguinity or heredity: First attack occurred in 1894, patient was brought to this hospital on May 11/94 & after being here nine days eloped May 20/94. For further particulars of stay see Vol. 27 P. 225 No. 3721. First symptoms of present attack manifested Nov. 13th/97 - threatned suicide: Disease appears stationary: So variable: Derangement now manifested by desire for self-destruction: So disposed to injure others. Neither filthy nor destructive in habits: Has never attempted suicide but threatens it: No previous peculiarities noted: Head injured by a fall, several years ago: Has been confined in County Jail for past two days: Nothing known as to treatment received. On personal examination, is very emotional: cried several times: speech not clear.

Nov 17 On admission put upon B°E (4th U.S. Art.) Complexion dark: hair dark brown: eyes blue: Condition of skin good: Vaccination marks on left arm: Small scar on left foot & one on right side of forehead: So clean: Behavior good)

18 Summary Nurses Notes. Is quiet & well-behaved. Does some work: Habits tidy.

19 Is good-natured - has peculiar stammer to speech: Slept 7 hrs.

20 No delusions noted as yet: Tells stories & plays games on ward.

21 Appetite is good: Bowels regular: Sleeps fairly well. Nov. 22 & 23 No change.

24 Is quite popular among patients on account of stories he tells. Was given pass but refused to take them - Nov 27 Habits & dress remain neat: Continues to work upon ward - Nov 28 Is agreable & easy to get along with.

30 Works outside with painter or carpenter: Appetite good: bowels regular.

Dec. 1 Patient is good-natured & agreable: Shows no delusions but is foolish: Habits & dress neat: works a great deal upon ward: Wt. 175½ P. 78. Dec. 11 Has worked in carpenter-shop for a few days: No change in behavior: Trans to A°,

28 Patient quiet & rational: Still works with carpenter: Went home today.

Discharged.

Personal and Medical History of

Personal and Medical History of John G. Johnson

Whole No. 4930
Residence, Brattsburg Minn.
Date Admission, November 24th 1897.
Admitted by Dr. K.S. Herzog hour, 6th P.M.
How Sent, E.V. Farrington J of P. Fillmore Co.
Sex, male Age, 29.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not Intemperate
Nationality, Minn. (Parents Norway)
Born in Fillmore Co. Minn.
Physicians Committing, D.S. Phillips & G.A. Love.
Correspondents,
Letter Dec 11/97 Gunnorius Johnson Brattsburg Minn

No. of Years, 97
Insane Relatives, None.
Cause Exciting, Sunstroke
Cause Predisposing, Previous attack
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Nov. 21. 97.
Duration, 3 days.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 29.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - fairly quick.
MEMORY, Past Events,
Recent Events, Impaired Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
very much deluded. continually talking in a confused rambling way. Will answer questions but immediately reverts to his own fancies. Attention cannot be captivated.
HALLUCINATIONS, yes.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Sunstroke some years ago.
HABITS, Drinking and Smoking, Says he does not drink, but uses tobacco.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John G. Johnson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6-2½ PRESENT WEIGHT, 180 lbs. USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, Vac. scar on left arm. High narrow palate. Skin quite healthy - some acne.
TONGUE, Coatings or Promptness of Movement, Clean - quite prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses good.
SIGHT, Apparently good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good.
COORDINATION, Arms, Fair Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, fairly good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, quite good Size,
Apex Beat, 5 Regularity, Regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest flattened
Expansion poor
B. sounds rather harsh
EXAMINATION URINE, Quantity, Sp. g. Reaction,
Albumen, Sugar,
Casts and Crystals,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,
Color and Appearance,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Says good
BOWELS, Present Condition, Says regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient in a fair physical condition. Very much confused mentally - also deluded. Talks to himself constantly. Does not seem very demented but attention cannot be controlled any length of time. Condition is probably mania resulting from sunstroke.

Personal and Medical History of John G. Johnson.

1897

This patient was brought here by sheriff's deputy E. & T. Blexrud. attended by Wm. Eibach in fair physical condition with the following history: No information concerning consanguinity: First attack occurred about eight years ago: First symptoms of present attack were manifested on Sunday (Nov 21/97) when patient became violent: Disease appears increasing: Is not variable: Derangement now manifested on nearly all subjects: Patient is disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities known: Had sunstroke in 1886 and has never been quite right since: Has consulted-General physicians but without any benefit. On personal examination has all the appearance of acute mania:

Nov. 24 On admission put upon 6' E (Gen. Ward) Complexion & hair light: eyes gray: Condition of skin good: Is clean: Behavior good:

25 Summary Nurses Notes Noisy part of night: Quiter today: Asks a great many foolish questions. Nov 26 T. 99 P. 72 R. 18. Patient quit. Is a little restless Trans. to B 3 E. Nov 27 T. 99. Very restless: walks up & down hall continually swinging his arms & talking to himself. Nov 28 Sleeps & eats well. Bowels regular.

29 Continues the same. Habits & dress very untidy. Nov 30 Still very restless & irrational. Refuses to undress at night. Dec. 1 Slept none last night. Is upon Bromide 3x per day. Dec 2 Noisy & restless all night. Gets up frequently & dresses & goes into other patients rooms disturbing them. Dec. 4 Very noisy at one A.M. Restless & troublesome greater part of night.

5 Very restless today washing floor & muttering to himself.

6 Had to be forced to go to bed. Appetite continues good: Bowels regular.

Summary Notes by Dr. Phelps. Jan 1 '98 Patient rather noisy & restless: Health fairly good: Wt. 172 #. Apr 2 Wt. 163 # Still rather restless - about same as at last note

Oct 3 '98 Has been on bromides - rather more quiet but slouchy & demented:

Jan 2/99 99 Wt. 160 # Quite confused: Seems very demented, can get few rational

1899 answers from him. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 159 # Is rather restless &

July 31 good noisy: Shows loss of memory: Feb 7. Trans. to Annex. Behaves well:

Feby 1 General condition remains the same from day to day. Feby 1. Wt 171 #. P 70.

10 Ten days temperature ranges to 104°. July 20 Vaccinated: result negative. July 31. No change

July 31 noted: Health quite good: Constantly talking & mumbling to himself: Says "he is crazy": Has delusions in regard to religion: Probably, also has hallucinations. At times, mischievous and destructive, but never violent: untidy & slouchy. Lately has been working about the grounds.

Aug 1 1899 Wt 172 #. Sep 10. Transferred to D. Sep 13 To D. Nov 30. Condition remains about same.

Jan 31 1900 Works regularly on farm: is constantly talking to himself in an unintelligible manner. Never speaks rationally: confused: has religious delusions: laughs foolishly when spoken to: habits slouchy: Causes no trouble. Feby. Wt 183 #: May 1. Wt. 171 #: Aug 1. Wt. 177 #

Oct 23/ 1900 To D.W.: for treatment of sores on cheeks. Oct 24 Back to D. Nov 1 Wt 186 #

Personal and Medical History of John G. Johnson

1900

Jan 31. Mentally, no change: constantly muttering incoherently to himself: very restless; habits Rough: and untidy: keeps constant abrasions on face, from rubbing & scratching it: is good-natured: works at shoe with attendant Hosp, quite regularly: Health good.

Jan 31/01 (Dr. Chapple) Patient has worked some outside; Has been in quite good health. Is very restless; constantly muttering and talking to himself laughing in a silly way. Picks himself and has numerous sores on hands and face. Habits are very untidy.

Personal and Medical History of Andrew Palmer (Andrew Peterson Palmer)

Whole No. 4931

Residence, St. Paul, Minn.

Date Admission, November 16 1897.

Admitted by Dr. P. M. Phelps hour, ✓

How Sent, By Ullrich & of P. Ramseyco.

Sex, male Age, 75.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Can read & write.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nationality, Sweden (Parents also born there) Resident of State 45 yrs for 5 yrs.

Physicians Committing, Herbert Dorns & Haldor Swin

Correspondents, Brother Swan Peterson Duluth Minn

No. of Years, 98

Insane Relatives, Sister.

Cause Exciting, Masturbation.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes - attempted hanging himself

Date of this Attack, —

Duration, —

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 75

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. H. A. Herzog *Date of* Nov. 29/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish

MEMORY, Past Events, fair

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - correct.

REASONING POWER, Ordinary Subjects, Slow.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, Thinks there was something wrong with father does not know what. ?

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, One sister insane.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations) Small scar 2in downward & right of crown of head. Gonorrhoea 4yrs ago.

HABITS, Drinking and Smoking, Has drunk from boyability

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Formerly baker - Later vagrant.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Andrew Palmer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 7in. PRESENT WEIGHT, 136 lbs. USUAL WEIGHT, NUTRITION, Slight impairment

WOUNDS, Abnormalities and condition of Skin, Upper teeth decayed & missing + fulsome in middle - asymmetry of head & face. Scratch marked from pad restrainer.

TONGUE, Coatings or Promptness of Movement, Bright red & clean.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light & accom.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Pair. Legs, Legs do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.

PATELLAR REFLEX, To Equal Other Reflexes, abdominal reflex O

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds strong 5th interspace impulse Forcible circulation poor - Sounds

ARTERIES, Blue & corrugated

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Harsh - Breathing shallow.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is quite feeble minded. Has asmtd. hang dog look of a masturbator - Confesses to masturbating since 16 yrs. of age. Has consulted quacks on the subject. Has slight varicocele left side. For past 3 yrs has not earned a good living. Attempted an assault on a girl in St. Paul recently. Attempted suicide in jail. Admits circumstances denies suicidal intent. Says was confused.

Personal and Medical History of Andrew Palmer.

1899

This patient was brought here by Sheriff's deputy J.B Arand. in fair physical condition, with the following history: No knowledge concerning Consanguinity ~~or heredity~~: This is first attack: First symptoms manifested by committing an indecent assault on a young girl: Disease appears increasing: Drangement now manifested by Sexual delusions & Masturbation: Has attempted suicide by hanging: One sister insane: Patient a defective: History of intemperance: No information concerning former diseases or injury to head: Patient has been confined in jail for one week: Has received no treatment: On personal examination is dull: slow of speech: inactive, apathetic, has appearance of a defective.

Nov 26 On admission put upon B3 (~~G.H.M.Rep~~) Complexion & hair light: Eyes blue: Condition of skin good. A.P.P. in blue on left forearm little toe on right foot off - amputated after freezing: Scar on chest & back: Is dirty, has Hmmm: Behavior good.)

27 Summary Nurses Notes. Talks irrationally: Restless during night. Put upon medicine 3x per day. Nov. 28 Complains of not feeling well - lounges around on beds. Does some little work. Nov 29 Rather stupid & inactive greater share of time. Nov. 30 Is dull & slow of comprehension: Habits & dress slouchy.

Dec 1 Has slight varicocele - given suspensory to wear. Dec 2 Remained in bed this AM. - complains of pain in back. Dec 3 Remains the same from day to day - Is unwilling to work. Dec 4 Complains continually that he is not well. Appetite good: bowels regular. Sleeps well.

5 Is well behaved but very lazy. & is dull mentally. Dec. 9 No change

Summary Notes by Dr Phelps. Wt. 145# Talks in a fairly rational way: Is rather more tidy than he was: Laughs to himself a good deal. Apr 1 Wt. 149# Has become more violent of late: Is restless Jan 31. 99 Patient not specially violent but behavior somewhat uncertain Feb 1 - July 31. 99 (Dr. Wanous) Wt. 134# Is nervous walks floor: Is vulgar & fragmentary. Apr 30 Is much quieter: Sits on bench most of time. Aug 1 - Jan 31. 1900 (Dr. Chapple) Wt. 131½. Pulse 90. No change during period. When on ward talks to & fro in dormitory, most of time talking & gesticulating. Is at times noisy: Has numerous delusions of grandeur: Is cleanly & tidy in habits & works a good deal. Behavior very good. Feby 1900 Wt 130#. Ofr. July 09. Vaccinated. July 31. No change to note. Health quite good: Works well on ward: is very well-behaved, but restless: walks to and fro: has numerous delusions of a religious nature: Says "he is the Almighty": "owns the Institution &c". Spends a good deal of time "drawing": (under the influence of his delusions). Is tidy in appearance. Aug 1. Wt 131-#

Does scarcely any work: Spends most of time "drawing" - Is very deluded & irrational & says "he is Adam &c": Habits tidy: is well behaved. Feby 1 Wt 113½: May Wt - 130#: Aug 1. Wt 137# Wt 135#. Dec 1. To Dr. Jany 31/01. No change mentally. Tidy: well behaved at all times.

Personal and Medical History of Andrew Palmer

1900 Aug 1 to Jan 31 restless: walking about aimlessly: very irrational & incoherent in speech: does a little work occasionally: manner very simple & childish.

Jan 31/01 (Dr. Chapple) Health good: neat and tidy in habits; works on ward and has worked on farm; is very irrational in conversation; Fairly well behaved - Spends a good deal of time making meaningless pictures and playing cards.

Personal and Medical History of Mike Williams.

Whole No. 4935
Residence, St. Paul. Minn.
Date Admission, December 7th 1897.
Admitted by Dr. H.H. Herzog. hour, 6.45 P.M.
How Sent, G. Willrich J.af P. Ramsey Co.
Sex, Male Age, 28
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Printer
Degree Education, Common school
Profession, Religion, Catholic
Habits, Intemperate
~~Nationality~~ Nativity St. Paul Minn.
Physicians Committing, C. Markl + A. Hahn
Correspondents,

No. of Years, 10 r
Insane Relatives, None - father intemperate.
Cause Exciting, whiskey + ?
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 5 days ago
Duration, About 5 days (4 pst)
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused.
MEMORY, Past Events, } fair.
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted at times.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, five days
ONSET, Gradual or Sudden, Sudden
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had pneumonia
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
first attack.
Sleep, Appetite, and Bowels,

Williams.

(of Theresa Williams)
Copy of notice of hearing petition for appointment of Guardian for Michael Williams. Served. November 3' 1899 + filed with Commitment papers.

ISTICS.

IGHT, NUTRITION, Good
- on angle between 2nd + 3rd finger right hand.
sides of head.

Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands.
PATELLAR REFLEX, barely present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
N.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical + well developed

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fair
BOWELS, Present Condition, irregular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has attacks of acute mania, when he becomes quite violent. He is a confirmed masturbator + admits the charge himself.

Personal and Medical History of Mike [illegible]

Whole No. 4935
Residence, St. Paul. Minn.
Date Admission, December 7th 1897.
Admitted by Dr. H. H. Herzog. hour, 6th P.M.
How Sent, G. Willrich Jailer Ramsey Co.
Sex, Male Age, 28
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Printer
Degree Education, Common school
Profession, Religion, Catholic
Habits, Intemperate
~~Nationality~~ Nativity St. Paul Minn.
Physicians Committing, O. Maehl & H. Hahn
Correspondents,

No. of Years, 10?
Insane Relatives, None - f[illegible]
Cause Exciting, Whiskey [illegible]
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mem[illegible]
Suicidal or not, Not.
Date of this Attack, 5 days ago
Duration, About 5 days (4yst)
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused.
MEMORY, Past Events, } fair.
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted at times.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION, few days
ONSET, Gradual or Sudden, Sudden
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had pneumonia
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
first attack.
Sleep, Appetite, and Bowels,

Personal and Medical History of Mike Williams.

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Good
WOUNDS, Abnormalities and condition of Skin, Scars on front of left knee - on angle between 2nd & 3rd finger right hand. & on both left & right sides of head.
TONGUE, Coatings or Promptness of Movement, N.
PUPILS, Equality, Size, Response to Light, and Accommodation, Teeth all present
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands.
PATELLAR REFLEX, barely present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
N.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical & well developed

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fair.
BOWELS, Present Condition, irregular.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has attacks of acute mania, when he becomes quite violent. He is a confirmed masturbator & admits the charge himself.

Personal and Medical History of Mike Willam.

1897

This patient was brought here by sheriff's deputy J.B. Arend attended by Nick Hergas in fair physical condition with the following history:-
First symptoms of disease manifested about five days ago, circumstances unknown: Disease appears increasing: Derangement now manifested by crying, praying & yelling: Not disposed to injure others: Neither filthy nor destructive in habits: Previous peculiarity religious excitement. No injury to head nor severe disease: Has not been in confinement or restraint: Has received no treatment: On personal examination shows excitement and tremors

Dec 7 On admission put upon I.W. (3rd N. Apt. Complexion dark: Hair black: eyes brown: Condition of skin good: Is clean: Behavior noisy: Talks incoherently!

7 Summary Nurses Notes. Temp. 101⅘ P. 112 R 28. Is noisy & talks very irrationally Slept none. Dec 8 Temp. 100³ P. 114 R 24. Hoarse today from screaming during night. Behavior changeable, restless noisy, stupid & melancholy during day. Walks out of bed to floor & has bruised nose & elbow.
At 7.40 P.M. given bath 105°. more quiet afterwards Dec 9 Refused nourishment during day Restless when awake last night. Bowels costive. Physical condition appears good.
10 Lies in bed in a stupid condition today. Will not talk. Dec 11 Restless last night while awake. Quiet during day & talked some. Says past week is like a dream to him. Given soft food. Dec 12 Quiet today & appears quite rational. answers questions fairly well. Habits clean. Dec 13 No change today. Still upon soft diet. Dec 14 Talks quite freely & rationally today. Up on ward this afternoon. Dec 15 Up & about ward. Well behaved. Reads most of time. Dec 17 Very quiet. Seldom speaks unless first addressed. Reads most of time. Appetite good. Dec 18 Examination of urine made-normal.
19 Quiet, neat & well-behaved. Still on soft diet. Dec 20 Appetite good. bowels slightly costive. Talks freely. no delusions noted, neat & behavior good. Sleeps fairly well. Dr Herzog notes "Had an attack of acute mania. Realizes his former mental trouble and the fact that he is not quite well yet. Is quiet & considerably confused. Is incapable of prolonged mental effort & keeps rather aloof from other patients lest they excite him"
Summary continued by Dr Phelps. Dec 28 Visited by Mother. Jan 4 '98 Has been part of time rather stupid: is at all times quite dull & occasionally somewhat noisy
Jan 31 '98 Behavior rather changeable: Is muddly maniacal at times at others more quiet. May 1 Patient still rather ugly & restless but is quieting down some: Rather more neat in habits. Dec 11 Visited by mother Is still somewhat uncertain in behavior: Has a silly rather demented way of talking. Jan 31 '99 Rather more pleasant & quiet of late but talk incoherent & irrational.
Feb 1 to July 31 '99 (Dr Wanous) Wt. 140.⁰ Has spells when extremely noisy & profane -also abusive. May 19 Visited by mother: Refused to talk to her. May 27 Became noisy

Personal and Medical History of Mike Willam

1899

in dining room: Had to be transferred to C. Aug 1. Jan 31/1900. Aug 1 Wt. 133.⁰
Aug 7. Not much change: Went home with relatives: Sept 29. Returned.
Nov 1. Wt. 131.⁰ No change of importance. Has been very noisy & deluded. 1900
Is at times violent. At times appears rather silly in manner & boisterous
Jan 31 Health good. Does no work. Jan 31/1900. No further change noticeable.
Feby 1 Wt 131.⁰ Pg 6. May 27/'00. Visited by mother. July 31. no change noted. Physical condition good: eats and
July 31 sleeps well: bowels regular: quite well-behaved, but, at times, becomes noisy & uses abusive language.
Aug 1 is profane & obscene: speech very irrational: does nothing: rather cleanly in habits. Aug 1. Wt 131.⁰
Nov 4/ Transferred to V.B. Nov 29-30. Visited by mother. Jan 31/1901. Condition about stationary: lan-
1901 30
Jan 31 guage profane & vulgar; obscene & irrational: is quite maniacal, at times & violent: Habits
Feby 1 cleanly; does nothing. Feby Wt 135.⁰: May 1 Wt 145.⁰: Aug 1. Wt 132.⁰: Nov 1. Wt. 132.⁰
1901
Jan 31 Has apparently failed somewhat mentally: is more stupid: takes less notice of things: answers very slowly & often irrationally. Stands about with blank countenance & hands pushed down in trousers. Never occupies. Frequently very dirty in habits.

Jan 1/02 Visited by Mother. Nov. 1 Tooth extracted.
Jan. 31/03 Mental condition has been failing somewhat during the year. Habits have become quite untidy. Talks very little & is erratic, delusional; occasionally fights with other patients. Does no work.

Personal and Medical History of Michael Baker

Whole No. 4936
Residence, Wabasha, Minn.
Date Admission, December 10th 1897.
Admitted by Dr. R. M. Phelps. hour, 6:45 P.M.
How Sent, Malcolm Kennedy J. of P. Wabasha
Sex, Male Age, About 25 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not intemperate.
~~Nationality~~ Waiting, Minnesota (Father Germany, Mother Ireland)
Became resident of State U.S. in 1877 at birth
Physicians Committing, W. F. Mulligan & J. B. Cole M.D.
Correspondents,

No. of Years, 103
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, Deaf & dumb. None mentioned.
Suicidal or not, Possibly homicidal.
Date of this Attack, 2 yrs ago - 1st attack.
Duration, —
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, About 25
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Michael Baker.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 10 in. PRESENT WEIGHT, 150 lbs. USUAL WEIGHT, — NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of Michael Baker.

1897

This patient was brought here by Sheriffs deputy Jo. E. Mckenzie attended by Jno McCarty in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self; First symptoms of disease manifested two years ago; appeared excited & showed tendency to do injury: attack lasted two or three months: Disease appears increasing: Disease variable but no rational intervals: Derangement now manifested on educational subjects, deplores incompetency: Is disposed to injure others: Not suicidal filthy nor destructive: No previous peculiarities noted. No severe diseases save injury to head: In restraint today, inclined to injure brother & mother: On personal examination has general appearance of physical health but manner listless, eyes staring.

Dec 10 On admission but upon 13th (9 H.U. Rpt) Complexion dark: Hair brown: Eyes blue: Condition of skin good: Varicose vein on right arm: Is clean: Behavior good: Is deaf & dumb.)

11 Summary Nurses Notes. Temp 99°. P. 84 Resp. 19. Bowels regular: Appetite good. Slept 8 hrs. Communicates with others by means of sign language. Has very little education but can write a little. Dec 12 +13 Acts rationally and appears neat in habits & dress. Does a good deal of work upon ward. Dec 14 +15 At times seems to be very despondent. Physical condition fairly good. Dec. 17 Seems perfectly rational in his general behavior. Continues to work & is neat in habits & dress. Dec 23 No change of note since admission - physical condition appears good - bowels are regular, appetite good & he sleeps well - Is rather despondent at times but acts perfectly rational at all times - It is difficult to judge of his mental state on account of his inability to speak.

Summary continued by Dr. Phelps. Jan 10 '98 Trans. to A. Patient has a rather despondent appearance: Does not talk: Is tidy & neat in habits: Feb 8 '98 Working in dining room: Is well behaved. May 30 Articulates & acts queerly.

Jan 31 '99 No change. Feb. - July 31 '99. (D. Watson.). Works in center dining room: Is well behaved. In good physical condition. July 22 Visited by father. Augt. Quiet; neat in habits and dress. Augt. Had trouble with Patient Erickson: Struck nurse when being separated. Oct 2 - Oct 7 Refused to work in dining-room. April 25/1900 Had trouble with patient sick through the night; Patient 1900 May 19 is deaf & dumb which perhaps has caused his having trouble with other patients. May 19 Visited by Dec 31 friends. July 31 - Continues to work in dining-room; is well behaved: vaccinated successfully. Aug 30 Patient deaf & dumb: Works in dining-room; well-behaved. Nov 1. Wt. 124 lbs. Pulse. - 1901 July 31 No change noted in condition, at this date. Feb 1. Wt 152 lbs. P 68. May 31 Works on May 31 ward: (is deaf & Dumb). July 31 - Neat & clean in habits. Is visited by friends. July 31 1902 Condition is about stationary - Augt 1 Wt 160 lbs. Nov 30 Nothing special to note. July 31 Patient is deaf & dumb: neat in habits: works some: health good: mental condition somewhat demented.

Personal and Medical History of Michael Baker.

03 Jan 31 Patient has changed none during year; quiet, neat & cheerful. Being deaf & dumb no communication is possible with him.

Personal and Medical History of F. P. Rioux

Whole No. H937
Residence, "No regular place, as far as known"
Date Admission, December 10th 1897.
Admitted by Dr. R. M. Phelps hour, 6.05 P.M.
How Sent, Thos. P. Moran Jof P Dakota Co.
Sex, male Age, 28 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Probably Laborer.
Degree Education, Probably good
Profession, Religion, Roman catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Canada (Parents also born there.)
Physicians Committing, F. Van Buck & A.M. Adsit.
Correspondents,

No. of Years, 104
Insane Relatives, No knowledge
Cause Exciting, ?
Cause Predisposing, ?
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, ?
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, 1st here.
Age First Attack, ?
Time of Leaving, Aug. 22. 1898
Time in Hospital, 8 mo. 12 d.
Result, Discharged Nov. 8 '98 Recovered.

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,
Special Subjects,
Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of F. P. Rioux.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1028 Reaction, Acid Color and Appearance, Reddish-yellow.
Albumen, Slight trace of albumen by Tests Sugar,
Casts and Crystals, A few granular & Hyaline casts.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of F. P. Rivis.

1897

This patient was brought here by sheriffs deputy Higbee, attended by C. Imax in fair physical condition with the following history:- No information concerning consanguinity, heredity or previous attacks: Derangement now manifested by loss of memory, want of association of ideas + excitability: Is disposed to injure others; also filthy + destructive in habits: Nothing whatever known concerning previous history. On personal examination is at times taciturn + moody, at others excited: Claims he heard voices Attacked sheriff: Has masturbated.

A copy of a letter from Hon. Gates authorizing commitment accompanied Commitment papers.

Dec 10 On admission put upon Infirmary Ward (Co. H. U. Pt. Complexion dark: Hair black: eyes gray: Condition of skin good: Large scar on back of left shoulder: Is dirty: Behavior noisy) Temp. 102.

10 Summary Nurses Notes. Patient very dirty when admitted, also noisy + raving. Talks very incoherently. Restless + out of bed often. Slept none. Dec. 11 Restless + noisy all night. Noisy + raving all day: Bowels constipated. Dec. 12 Temp. 99°-101 Refused all nourishment during day: Slept good last night. Continues to talk very incoherently + is very restless. Dec 13 No change in behavior. Has taken milk today: Bath given, 105°, 20 minutes - was quiter afterwards Dec. 14 Sat bath 105° given at 10 AM. Restless noisy + maniacal all day. Takes but little nourishment.

15 Exam. of urine made (see preceding page) Dec 15 Noisy + restless all night. Is upon liquid diet. Temp. 100-99°. Dec 16 No change. Thinks that he controls the world. Continues to talk very incoherently. Dec 17 Noisy when awake last night: Slept 7 hrs. Is very profane. Bowels constipated. Given Salt solution. Takes nourishment freely

18 Very noisy all day, out of bed + jumping around room unless held. Bath 105° given at 7:30 PM. Perspires freely after bath. Dec. 19 Put on soft diet. Eats freely Mental condition does not seem to improve; physically he seems to be gaining.

20 On Bromide T.I.D. Noisy + very bad as usual. Pounds wall + goes through all kinds of motions. Dec. 21 No change today. Dec 23 Can note no improvement in patient. Mental state same as day of admission. Has had some fever. Bowels constipated. Still in a raving condition.

Summary continued by Dr. Phelps. Jan 1898 Patient up on ward. Talks rather irrationally + incoherently. Is rather profane + inclined to be violent. Jan 22 98 To-day transferred to C. Ward. Wt. 159 lbs. Patient still noisy restless + maniacal Aug 22 Has gradually quieted down. Has given a considerable account of himself. Claims to be a sailor. Today left, going to Winona.

Discharged.

Personal and Medical History of

Personal and Medical History of Daniel Davison

Whole No. 4938

Residence, Forest, Rice Co., Minn.

Date Admission, December 1st 1897.

Admitted by Dr. C. B. Eby. hour, 2 15 P.M.

How Sent, G.A. Nott J. of P. Rice Co.

Sex, Male Age, 71

Civil Condition, Widowed

Children, Seven

Age Youngest Child, -

Occupation, River Pilot

Degree Education, Common school.

Profession, Religion, Methodist Episcopal.

Habits, Not intemperate.

~~Nativity~~ Nationality, Penn (Parents U.S.)
Became resident of State in 1861 - Co. in Oct '96.

Physicians Committing, Francis M. Rose & A.A. Dodge.

Correspondents, Charles H. Davison

No. of Years, 105

Insane Relatives, None

Cause Exciting, "Patient says 'bile duct' probably inflammation of liver."

Cause Predisposing,

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 10 or 12 yrs. ago.

Duration, About 10 or 12 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 60

Time of Leaving, Aug. 11. 1900

Time in Hospital, 2 yrs 7 m 28 d.

Result, Died Senile Dementia.

EXAMINATION ON ADMISSION BY DR. H St Herzog *Date of* 12/16/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fairly good.

Recent Events, Much impaired Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Seems correct.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects, Does not know where he is

Own Mental State, Realizes that he is failing.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.

Fairly voluble. Slightly incoherent - power of attention impaired

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Daniel Davison

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 151½ USUAL WEIGHT, NUTRITION, Anaemic - Slight build

WOUNDS, Abnormalities and condition of Skin, 2 fingers of left hand have lost 1st joint.

TONGUE, Coatings or Promptness of Movement, Clean - Prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Normal size. Response to light & acc. Normal.

SIGHT, Some impairment.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight Arcus senilis.

HEARING, Slight impairment

COORDINATION, Arms, Slight impairment. Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue - Slight general.

PATELLAR REFLEX, 8 - equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs - Sounds all feeble.

ARTERIES,

Slight stiffness.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Sym. & Exp. seem good.
All sounds harsh.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient shows a mild senile dementia. It is impossible to get any definite delusions from him. His loss of memory for recent events would seem to expose him to danger by wandering away.

Personal and Medical History of Daniel Davison

1897

This patient was brought here by Sheriffs deputy G. R. Mosher, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or self; Disease is a slowly growing chronic trouble of ten or twelve years standing; first symptoms manifested by absentmindedness, disposition to roam, general hallucinations: Disease appears increasing: Is not variable: Derangement now manifested on the subject & external evidence of internal derangement: Patient has lately shown disposition to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head: No restraint nor confinement employed. Has received no treatment for mental relief.

On personal examination no further particulars noted.

Dec 14 On admission put upon B[3] E[2] (T. & N. Rpt. Complexion light: eyes blue: hair gray: condition of skin good: Is clean: Behavior good: white spots on body.)

15 Summary Nurses Notes. Patient childish & forgetful. Quite restless during day, walking round on ward most of time. Dec 16 T 98[3] P. 76 R. 20 No change. Dec. 17 Patient quite despondent today. Memory very poor: Wants to go home. Dec 18 More cheerful, but still very anxious to go home:

19 Seems to be worrying about some business which should be attended to. Dec. 20 Physical condition seems quite good. Bowels regular: Appetite good - Sleeps well. Dec 21 Talks rationally but has a very poor memory. Dec. 22 Seems to be growing more contented, does not talk so much about going away. Dec. 27 Has been quiet & cheerful the past two days. no change physically - Habits & dress neat.

Summary continued by Dr Phelps. Jan 1 '98 W. 105[lb] Patient has been rather restless mildly demented, scolds a good deal: General health does not change much. Jan 17 '98 Today taken home on trial. Mch 7 Returned: Talk irrational; memory rather poor: Mch 23 Seems to be growing weaker & rather more demented. Today transferred to Infirmary. Apr 1 W. 106[lb] Makes some vague complaints but temperature pulse & respiration are about normal. June 1 W. 110[lb] Sept 1 W. 121.[lb] Patient rather noisy restless & demented: Still kept on Infirmary & watched.

June 31 '99 Patient most of time in bed but very restless & will not stay in bed very well. Bodily ailment otherwise than senile failure not ascertainable. Feb 1 - July 31 '99 (Dr Mavous) Condition about same. Feb 1 - Vomited in morning

Feb 1 to July 31, Aug 1 Oct 4 Feb 20. Dressed & up on ward. Very troublesome. Has habit of frequently running to closet. Is very troublesome & noisy most of time. July 27. Vomited after dinner & supper. Wt 144[lb]. P 100. Has not been well; appetite poor: is constipated; vomits after eating; Complains of pain in abdomen, due to constipation. Oct 4 Patient had diarrhoea; also vomiting. Improved

Personal and Medical History of Daniel Davison

1899

Dec 13 on treatment. Patient shows gradual failure. Dec 13 Hand bruised, caused by being struck by
" 18 1900 patient Boardman. Dec 18. Visited by friend. Jany 31/1900 Has been very troublesome & noisy,
Jan 31 during month, through the daytime. May 7/1900 vomited after dinner. July 18 vomited after
July 20 supper. July 20. Patient fell against door, causing cut over left eye - required suturing. July 30
" 30/31 Transferred to T.W. July 31. Is very restless both during day and night. Is quite feeble.
Aug 1/9 Patient in bed: is failing - Aug 9. Awake all night; refused nourishment; is put on
10 Stimulants - Aug 10. Patient comatose: rapidly failing. Expired at 3[50] Pm

Died -

Personal and Medical History of Reuben Overpeck

Whole No. 4939

Residence, 319 Van Slyck Ct. St. Paul, Minn.

Date Admission, December 15th 1897.

Admitted by Dr. C. B. Eby hour, 6:30 P.M.

How Sent, Wellrich & Co. Ramsey Co.

Sex, male Age, 76.

Civil Condition, married

Children, one.

Age Youngest Child, -

Occupation, Livery man.

Degree Education, Can read & write only.

Profession, Religion, Not a church member.

Habits, Not intemperate

~~Nationality~~ Nativity, Penn. (Parents U. S.)

Became resident of State &Co. 1871

Physicians Committing, L.M. Bunge & M. Whitney.

Correspondents,

No. of Years, 106

Insane Relatives, none.

Cause Exciting, Degeneration due to poor blood supply of brain

Cause Predisposing, -

Form,

Accompanying Bodily Disorder, -

Suicidal or not, Not

Date of this Attack, 3 yrs. ago.

Duration, About 3 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 73

Time of Leaving, Jan. 14. 1898

Time in Hospital, one month

Result, Died Senility

EXAMINATION ON ADMISSION BY DR. H. H. Herman *Date of* 12/16/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & somewhat sluggish.

MEMORY, Past Events, Fairly good.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

He had 2 paralytic attacks.

HABITS, Drinking and Smoking, Temperate

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Reuben Overpeck.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Somewhat impaired

WOUNDS, Abnormalities and condition of Skin, Left side much weaker than right.

TONGUE, Coatings or Promptness of Movement, heavy whitish coat - protr.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Responds to light & accom

SIGHT, Impaired Presbyopic

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Arcus senilis

HEARING, Almost lost.

COORDINATION, Arms, impaired. Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - tongue & general.

PATELLAR REFLEX, both sides exaggerated Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Speaks very loud.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, 1st mitral sound rough - Sounds strong
Apex Beat, Regularity,
hypertrophy. Apex beat at nipple line 5th space

ARTERIES,
Marked atheroma.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion diminished
All sounds harsh.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient has not been right for about two years since the paralysis - Of late became robust
Delusions of infidelity of wife - religious enthusiasm - Is demented slightly.
Ideas of persecution. Difficult to converse with on account of extreme deafness.

Personal and Medical History of Reuben Orrpeck.

1897

This patient was brought here by Sheriffs Deputy J. Blandrake attended by J. Ahrens in an excited condition with the following history:- No history of consanguinity, heredity or intemperance in parents or self. First symptoms of disease manifested three years ago by aversion to his friends: Disease appears increasing: Is variable with irregular rational intervals: Derangement manifested by idea that his wife is not the kind of woman a religious man can live with: Violence offered: Has shown tendency to injure others: Is to some extent filthy & destructive in habits: Showed marked peculiarity upon subject of religion before accession of disease: Has had two attacks of Paralysis: Two years ago had male attendant for two months: Has been given sedatives, regulation diet & exercise: On personal examination shows derangement by facial expression, method of conversation: & in answers to questions regarding family relations.

Dec. 15 On admission put upon Infirmary East (2 F.W. Ward. Complexion light: Hair & eyes gray: Condition of skin good: Is clean: Behavior good.)

15 Summary Nurses Notes. Has lame in left leg. Is very deaf but seems to answer questions rationally when he understands what is said to him. Stutters & draws out his words. Says he was brought here so that his folks could get his money. Says wife & hired girl pushed him down stairs into cellar & hurt his back.

16 T. 99° P 80 R 20. Quiet last night. Talks very loudly. Habits clean: bowels costive: Appetite good. Up on ward this Pm. Dec. 17 Temp. 99³. Up on ward this fore. Has haemorrhoids: Says bowels have troubled him for some time. Given Enema results good: Dec. 18 Has been up on ward most of day. Physical & mental condition appears good for a man of his age. Habits clean.

19 Up most of day: Thinks that he aught to be allowed to go home. Talks quite rationally.

20 Up most of day: Takes a nap during afternoon: Talks a great deal: Slept 7 hrs.

21 Says his appetite is failing. Talks of religion etc. Is not troublesome except that he talks loudly. Dec. 26 No change in patient until today when he was taken with a very severe chill. Put to bed & wrapped with blankets. Vomited bates & complained of pain in abdomen. Pains appear to be intermittent. Abdomen very sensitive. Urinates often. Note by Dr. Herzog." Abdomen tympanitic except for an area of dullness about 2 in in diameter on left side about level with umbilicus - at outer boundary of umbilical region. Tenderness marked at this point & also at left femoral region where there is a slight fullness but does not seem to be a hernia. Tenderness is so marked that palpitation of the area of dullness is difficult. It seems slightly doughy & is lifted by pulsation of aorta. Bladder is quite empty, has urinal in bed to prevent wetting. Tenderness on right side not nearly so marked as on left. Pulse small & tense."

27 Quiet all night. Give high enema of turpentine & castoroil. Beef tea only nourishment taken.

Personal and Medical History of Reuben Orrpeck.

1897

Dec 28 Appears to be better today. Dec 29 Seems quite well. Takes beef tea & milk. Enema given. Slept 7 hrs. Dec 30 Visited by Rev. Downs. Temp. 99° in A.M. 10 4 in P.M. Dec 31 Temp. A.M. 99°- P. 90 - R 20. P.M. Temp. 103⁸ P. 100 R. 26. Cold sponge back given - Eats but very little Note Dr Herzog" Cause of attack of the 26th still unknown. Says he is subject to them. Jan 1 Temp. 100⁸ P 80 R 24 P.M. Temp. 103² P. 104 R. 28. Complains of pain in back: Bowels constipated: Eats but very little. Slept 5 hrs.

Jan 2 Temp 101 in A.M. 103⁴ in P.M. Big enema given - Result not good. Jan 3 A.M. T. 101⁶ P. 96 R 24 P.M. T. 104⁴ P. 120 R. 26. Quite restless at times - Takes but little nourishment. Jan 4 Note by Dr Herzog." Large diffuse patch of redness over sacral region reaching up into lumbar region - Has well-defined border. Appearance similar to Eczema marginatum. Patient says it was caused by bruise from his wife throwing him down cellar. Nurse Lyle says there was a small spot on buttock on admission not so red as this looking more like a bruise. At time of going to bed Nurse Blood says spot was as large as two hands being not so large as this A.M. (about 1 ft. square)" Hiccoughed for ½ hr this A.M. Seems to have failed today - Alcohol applied to red spot as usual - Takes very little nourishment - Seems weaker this P.M.

5

6 Is growing weaker - Takes no solid food - Big enema given - Red spot extending farther up back, but has not spread so much across hips. Centre is lighter & more smooth. Very red on border - Patient quite irrational at times Jan. 7 Red patch still spreading is now nearly to shoulder blade - Breathes heavily - Jan 8 Hiccough continues: Groans as if in pain when moved. Red patch spreading but centre is clearing up. Jan 9 Back is tender - Somewhat delirious this P.M. Jan 10 Failing quite fast. Very weak - Bed-sore appearing on back at place where bruise was on admission - Quite restless at times, talks irrationally & is delirious - Has lain on back - in one position almost constantly since going to bed.

11 Breaths quite heavily - Is quite delirious at times. Jan 12 Bed sore has not opened but skin has turned black or very dark-colored & is rough. Failing quite rapidly - Penis irritated from being constantly on urinal - Red spot has cleared up in centre except a few spots. Has spread nearly to neck. Border still quite red. Hiccough stopped.

13 Failed all day. Breathes heavily - Teeth & mouth gummed up. Jan 14 A.M. Temp 100⁴ P 120 R 42 P.M. T: 103⁴ P 144 R 56. Failed all day, could take no nourishment after 7 A.M. Died at 10,45 P.M.

Dr Herzog notes - Cause of death senile exhaustion - Ringworm probably not a factor. Ointment was 3ij to 3j of oleate of copper. Lotion was 3ij to 3j½ of Sod Hypo-sulph."

Died.

Personal and Medical History of J. P. Douglass

Whole No. 4940
Residence, St. Paul, Minn.
Date Admission, December 16th 1897.
Admitted by Dr. H. A. Herzog hour, 6:45 P.M.
How Sent, L. Willrich Sheriff Ramsey Co.
Sex, male Age, 46 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Salesman
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Very intemperate
~~Nationality~~ Nativity, Ireland (Parents Ireland)
Physicians Committing, Because resident of state in 1897 of Co. 1897 Chas. E. Boyd & A. Schuppe.
Correspondents, Mrs. L. H. Korbow (cousin) Leadville Colo.

No. of Years, 107
Insane Relatives, None
Cause Exciting, Alcohol.
Cause Predisposing, —
Form, Alcoholic Insanity
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 3 wks. ago.
Duration, 3 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46
Time of Leaving, Aug. 6. 1898
Time in Hospital, 7 m. 21 d.
Result, Discharged Nov. 8 '98 Recovered -

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

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,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of J. P. Douglass.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 149 lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation,

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of J. P. Douglass.

1897

This patient was brought here by Sheriff's Deputy J.B. Arend in fair physical condition with the following history:- No history of consanguinity or heredity. First symptoms manifested 2 wks. ago. Patient claimed he had been robbed + was drinking hard. Disease appears stationary: Not variable: no rational intervals: Derangement now manifested on subject of supernatural healing powers which patient thinks he is gifted with: with help of which he is able to locate mines, recognize criminals etc. Nither disposed to injure others, nor to filthy nor destructive Habits: Has been a hard drinker: Has never sustained any injury to head nor been subject to any severe diseases: Was in City Hospital St. Paul for one week: Has received no treatment: On personal examination patient speaks of his supernatural powers of different kinds in an offhand way.

Dec 16 On admission put upon B^{s}/(G.P.M. 5%) Complexion dark: Hair black: Eyes blue: Skin good condition: Vaccination mark on left arm: Is clean: Behavior good)

17 Summary Nurses Notes Very talkative: Thinks himself a spiritualistic medium with power to cure diseases. Appetite is good: bowels regular: Sleeps well.

18 Temp. 99^{5} P 90 R. 18. Talks very irrationally. Dec 19 Sleeps + eats well - no change.

20 Put upon medicine 3 x per day. Thinks he is a great orator. Argues religion a great deal. Dec 22 Does a great deal of work upon ward: Habits + dress tidy.

23 Appetite continues good. Also sleeps well. Helps with work. Illusions still prominent.

24 Is quite agreeable. Has had no trouble with other patients or with nurses.

26 Remains the same from day to day. At times seems quite poetic. Is very unsteady.

28 Complains of pain in back today. Liniment applied.

Summary Continued by Dr Phelps. Jan 31 '98 Wt. 157^{lbs} Patient seems rather unsteady in motions: Rather deluded. Believes that he has power to heal people. March 3 '16 Complains a good deal of backache + lameness: Answers some questions with fair intelligence: Is quiet Aug 1 '98 Refused to talk about his former delusions. Very anxious to go home. Aug 6 '98. Allowed to go home.

Discharged.

Personal and Medical History of

Personal and Medical History of Oran Hakanson

Whole No. 4941
Residence, St. Paul, Minn.
Date Admission, December 17' 1897.
Admitted by Dr. H. H. Herzog hour, 6.45 P.M.
How Sent, G. Willrich Jop. P. Ramsey Co.
Sex, Male Age, 45 yrs.
Civil Condition, married.
Children, None
Age Youngest Child, -
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Not a church member
Habits, Somewhat intemperate.
~~Nationality~~ Native, Sweden. (Parents also born there)
Physicians Committing, L. A. Nelson + Olof Sohlberg.
Correspondents,

No. of Years, 108
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Yes - Attempted by hanging.
Date of this Attack, 7 yrs. ago.
Duration, 7 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 43
Time of Leaving, Apr. 5. 1898
Time in Hospital, 3 m. 19 d
Result, Discharged July 30 '98 Recovered.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog. Date of Dec. 18/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - quick.
MEMORY, Past Events, Fairly good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull - correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed
Somewhat emotional.
DELUSIONS, Systematized, Transitory, Special Subjects,
Delusive ideas of persecution.

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, No history obtainable.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Ticked by horse at age of 18. Scar right side forehead. 3 large scars from abscess on right side of neck 25 yrs. ago. Slight luetic history. Wife aborted once at 6 mo.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches some yrs. ago.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Oran Hakanson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8½ in. PRESENT WEIGHT, 157 USUAL WEIGHT, NUTRITION, Somewhat impaired.
WOUNDS, Abnormalities and condition of Skin, Right eye black. Left ear black - received in fight Monday night. Scar back of left
TONGUE, Coatings or Promptness of Movement, Prompt. Light yellow coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Irregular outline. Size normal. Opacity of cornea
Respond to light + accomodation.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slightly impaired Legs, Ar. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands, of tongue.
PATELLAR REFLEX, 5 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Slight roughness.
1st Mitral sound somewhat loud.
Apex beat a trifle to left.
ARTERIES,
Circulation poor.
Extremities cold.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Was arrested Monday night for fighting. Acknowledges extreme drunkenness. Arranged in police court Tuesday - remanded to Probate Court on Wednesday. Had quarrelled with wife Monday morning + threatened her. Denies threats or attempts at suicide. Denies assault on Step-daughter Quarrelled frequently with wife. Has been drinking hard of late. Says wife has bad temper. "As much her fault as his."

Personal and Medical History of Swan Halverson

1897

This patient was brought here by Sheriff's deputy J. B. Arend in fair physical condition, with the following history:- No history of Consanguinity, heredity. First symptoms of attack manifested about two years ago, violence followed by suicidal tendencies. Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by violence: Threatened to kill family - also by attempting to shoot & hang himself: Is disposed to injure others: Destruction of furniture: No serious peculiarities manifested: No severe diseases nor injuries to head: Has not been confined nor restrained in any way Has received no treatment: On personal examination says he hates his wife & loves his step-daughter - wishes her to elope with him. Step-daughter is 15 yrs. of age.

Dec 17 On admission put upon B 3 E. (6th Ward) Complexion & hair light: eyes blue: Skin good condition: Blind in left eye: 2 Vaccination marks on left arm: Scar on abdomen: Bruise & black spot on left arm: Is clean: Behavior good)

Summary Nurses Notes. Temp. Pulse & Resp. normal: Appetite is good: Bowels regular: Slept 8 hrs. Dec 19 Converses fairly intelligently: Is somewhat reticent when questioned about his troubles. Dec. 19 & 20 No change in patient either mentally or physically - Says bad blood caused by chronic catarrh - either a delusion or ignorance - Dec 22 Eats & sleeps well: bowels regular: Habits & dress tidy:
23 Works upon ward: Seems good-natured but very despondent at times.
24 Complains of not being well. Very despondent today - Has been upon medicine since the 18th. Dec 26 Says he feels very well today. Dec 28 Continues to work - Does whatever is asked of him - Remains neat & tidy in habits & dress. Dec 30 Complains of bones aching - & pains in forehead above eyes.
31 Is alright today. Given Turkish bath today - Is neat & tidy in habits & dress. Appetite good: Bowels regular.

Summary continued by Dr. Phelps. June 1'98 Wt. 162# Patient somewhat reticent at times with regard to condition & coming here but is intelligent & also improving. Condition probably maniacal, lack threatening. Apr 5'98 Sent home. Was intelligent in most ways.

Discharged.

Personal and Medical History of

Personal and Medical History of Julius W. Henninger

Whole No. 4944

Residence, St. Paul, Minn.

Date Admission, December 17th 1897.

Admitted by Dr. H. H. Herzog hour, 6.45 PM.

How Sent, J. Mellrich J of P. Ramsey Co

Sex, male Age, 21.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Mechanic.

Degree Education, Fair.

Profession, Religion, Lutheran

Habits, Not intemperate

~~Nativity~~ Nationality, Minn (Parents Germany)

Physicians Committing, J Ohage. A. W. Dunning

Correspondents,

No. of Years, 109

Insane Relatives, None

Cause Exciting, masturbation.

Cause Predisposing, previous attack.

Form, Acute Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, not,

Date of this Attack, One month ago.

Duration, One month.

No. of Attack, 2nd (2d)

No. of Admission, 2nd

Age First Attack, 20

Time of Leaving, Feb. 2. 1899

Time in Hospital, 1 yr. 1 m. 16 d.

Result, Discharged Aug. 9. 1899. Recovered

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of 12/19/1897

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused - Quick

MEMORY, Past Events, Fairly good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert. Fairly correct.

REASONING POWER, Ordinary Subjects, much mixed.

Special Subjects,

Own Mental State, Cannot realize

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted.

DELUSIONS, ~~Not~~ Systematized, Transitory, Special Subjects,

Conversation Voluble + incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Has drank some since leaving here.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

See previous history

Sleep, Appetite, and Bowels,

Personal and Medical History of Julius W. Henninger

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9 PRESENT WEIGHT, 151 lbs USUAL WEIGHT, NUTRITION, In good flesh

WOUNDS, Abnormalities and condition of Skin, Skin somewhat greasy.

TONGUE, Coatings or Promptness of Movement, Yellowish white coat - Prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size dilated - Response to light + accom.

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Good.

COORDINATION, Arms, Good Legs, do Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Of tongue - None of hands or face or general.

PATELLAR REFLEX, 9 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs - Somewhat rapid + irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient is in a mild maniacal condition: voluble, slightly incoherent, egotistical. Clothing disordered: believes himself to be persecuted - demands his liberty. Physically not much noticed -

Personal and Medical History of Julius W. Hemmiger

1899

This patient was brought here by Sheriffs Deputy F.W. Bolt in good physical condition, with the following history:- First attack occurred in May, 1895. Patient was in this (Rochester) hospital from Mar. 5' 96 to Aug. 11' 96 (for further particulars see Vol. 33 Fol. 89 No. 4317.) First symptoms of present attack manifested about one month ago. Disease appears increasing: Is not variable. Derangement now manifested by dementia: hallucinations in regard to sexuality: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe disease nor injury to head. Has received hospital care & treatment, as stated above: On personal examination no further particulars noted.

Dec 17 On admission put upon 3rd E. (G.H.M.P.) Complexion dark: Hair dark brown: eyes hazel: Condition of skin good: Scar on right foot: Is clean. Behavior noisy.)

Summary Nurses Notes. Dec 18 Maniacal in actions: Very noisy: Laughs foolishly On regular diet: appetite good. Sleeps, fairly Well. Put upon medicine.

19 Speech incoherent: Very restless all day, walks floor continually. Slept none last night.

20 Noisy & out of bed all night. Dec 21 Very noisy & mischievious & noisy all day.

22 Destructive to plants upon ward. Does no work. Habits slovenly - dress do.

23 Noisy & ill-behaved all day. Slept 5 hrs. Dec 24 Appetite remains good. Noisy & ill-behaved all day. Slept none during night.

25 Blister collodion applied to penis. Slept none. Dec. 26 No change in patient today. Dec 27 Slept 3 hrs. last night. Extremely & mischievious all all day. Plays pranks upon other patients & torments them.

29 Continues noisy & mischievious, destroyed plants upon ward.

Summary continued by Dr. Phelps. Jan 1' 98 Rather mischievious, destructive, restless, mildly maniacal - Mr 151st Feb 1 Still mischievious Mr 151st July 7 98 Has improved a good deal: Works in laundry. Since March has been improving quite rapidly. Feb 2' 99 Must come on trial

Discharged.

Personal and Medical History of

Personal and Medical History of Paul White (Wright)

Whole No. 4943	No. of Years, 110
Residence, Ramsey Co. Minn.	Insane Relatives, A sister.
Date Admission, December 20th 1897.	Cause Exciting, Unknown.
Admitted by Dr. H.H. Herzog hour, 6 P.M.	Cause Predisposing,
How Sent, G. Millrich J. of P. Ramsey Co.	Form,
Sex, male Age, 40 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, married	Suicidal or not, Not.
Children, none	Date of this Attack, Six months ago.
Age Youngest Child,	Duration, Six months.
Occupation, Farm laborer - (Formerly stone engraver)	No. of Attack, 1st
Degree Education, Fair	No. of Admission, 1st
Profession, Religion, Lutheran.	Age First Attack, 40 yrs.
Habits, Very intemperate	Time of Leaving, 11th December 1901
~~Nativity~~ Nationality, Germany - (Parents also born there)	Time in Hospital, 3 yrs 11 mos 21 ds
Physicians Committing, E. A. Whitcomb & J. A. Quinn	Result, Transferred to Hastings asylum
Correspondents,	O.K. Pw

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* Dec. 20/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish

MEMORY, Past Events, Impaired.

Recent Events, Ls. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Seems correct.

REASONING POWER, Ordinary Subjects, Slow.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects, Not systematized
Fixed - of persecution & grandeur

HALLUCINATIONS, of Feeling.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

J. H. Gibbs
St Anthony Park
St Paul
Minn.

Correspondent for Paul White
(or Wright) Jan. 5. 1898.

STICS.

GHT, NUTRITION, Poor.

Related. Respond to light & accom.

Grasp,

...ngers of hands & tongue.

PATELLAR REFLEX, 2 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Seems good

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Ls.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has blank facial expression & irregular pupils of paresis. But speech & coordination are not much impaired. Thinks he owns large number of patents; also is persecuted by currents of electricity - acknowledges gonorrhoea - denies syphilis.

Personal and Medical History of Paul [illegible]

Whole No. H 9143
Residence, Ramsey Co. Minn.
Date Admission, December 20th 1897.
Admitted by Dr. F. H. Herzog hour, 6 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 40 yrs.
Civil Condition, married
Children, none
Age Youngest Child,
Occupation, Farm Laborer - (formerly stone engraver)
Degree Education, Fair
Profession, Religion, Lutheran.
Habits, temperate
~~Nativity~~ Nationality, Germany - (Parents also born there)
Physicians Committing, E. A. Whitcomb & J. A. Quinn
Correspondents,

No. of Years, 110
Insane Relatives, A sister.
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None
Suicidal or not, Not.
Date of this Attack, Six months ago.
Duration, Six months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 40 yrs.
Time of Leaving, 11th December 1901
Time in Hospital, 3 yrs 11 mos 21 ds
Result, Transferred to Hastings asylum
O.K. FH

EXAMINATION ON ADMISSION BY DR. F. H. Herzog Date of Dec. 20/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish
MEMORY, Past Events, Impaired.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull. Seems correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects, Not systematized
Fixed - of persecution & grandeur

HALLUCINATIONS, of feeling.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

[illegible]al and Medical History of Paul White.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, 132. USUAL WEIGHT, NUTRITION, Poor.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Clean - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Left larger. Dilated. Respond to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Slightly impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, 2 Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Seems good.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Do.

CRANIAL MEASUREMENTS,
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has blank facial expression & irregular pupils of paresis. But speech & coordination are not much impaired. Thinks he owns large number of patents; also is persecuted by currents of electricity - acknowledges gonorrhoea - denies syphilis.

Personal and Medical History of Paul White

1897

This patient was brought here by sheriffs deputy J. B. Arend, in fair physical condition, with the following history: No information concerning consanguinity: First symptoms manifested six months ago, incaginee he is an inventor: Disease appears increasing: Not variable: Derangement now manifested by idea that he is imbued with power over electricity & has also invented an airship: Not disposed to injure others: Not suicidal, filthy or destructive: One sister very queer: Patient has always been of a gentle, kind & passive nature: No severe disease nor injuries to head: Was confined in workhouse 30 days for vagrancy Has received no treatment: On personal examination apparently well educated (German) & of conscientious nature.

Dec 23 On admission put upon B.B.E. (Gen. Rpt.) Complexion dark: Hair brown: eyes blue: Condition of skin good: Varicose veins on left leg: Is dirty: Behavior good.

" Summary Nurses Notes. Talked very little: Seems very stupid.

" " Is upon regular diet & appetite good: Sleeps well: bowels regular. Refused to answer questions. Dec 23 Seems very stubborn. Sits or walks about ward while work is going on & refuses to move out of the way. Dec 24 Has to be told to go to meals & to bed. Sleeps well. Appetite continues good. Dec 25 Does no work: Habits & dress slouchy. Dec 26 Seemingly has no delusions but is stubborn & slow of comprehension. Dec 27 Remains the same from day to day. Habits continue slouchy. Dec 29 Refuses to eat when not at eating & is troublesome. Still has to be told to go to meals & to bed. Jan 2 98 No change in patient either mentally or physically.

Summary Continued by Dr Phelps. Patient rather quiet, is however, somewhat stubborn, irritable in manner, sometimes refuses to move. Has to be prompted to go to meals. Mch 1 Wt. 149#. At times laughs foolishly to himself: Is rather demented but is, however, a good deal better. Mch 13 Tried to Elope. Oct 31 Patient talks to himself a good deal, but on the whole has improved a good deal in mental state.

Feb 1 1900 - July 31 '99 (Dr Wamond) Wt. 147#. Quiet & well-behaved: No change in patient from day to day. Aug 1 - Jan 31 1900 (Dr. Chaffee) Aug 1 - Wt. 140#. Nov. 1. 134#. Walks about ward: Talks to himself: Answers questions irrationally. Has appearance of trying to avoid answering questions. Mental state appears about normal. Habits quite good: Is indolent. Cannot talk English, but will answer in German & laugh - Physical condition good. Feby. Wt 136#. Pox. July 17, vaccinated: result negative. July 31. No change: health good: is demented; irritable & quite irrational: very seldom answers questions properly. Is inclined to be facetious. Usually speaks German: Habits untidy: does no work. Aug 1. Wt 135#. Dec 15. Transferred to Dn. - Jany 24/1901. No change: has

Personal and Medical History of Paul White (a bright)

1901 and

Jan 31 worked a little, since he has been in Dn: did nothing before: is careless & unconcerned in
Feby 1 manner: speech very irrational: quiet and tidy in habits. Feby. Wt 148# May 1 Wt 146#
Aug 1 Wt 141½# Nov 1 Wt 148#. Dec 1. No change mentally or physically: very quiet: tidy: Talks very
Dec 11 irrationally: works on ber-flat. Never associates with other patients: careless in manner.
Today, transferred to Hastings State Asylum.

Personal and Medical History of Thomas Murphy

Whole No. 4944

Residence, Mower Co. Minn.

Date Admission, December 22 1897.

Admitted by Dr. H. H. Sturgeon hour, 3 P.M.

How Sent, A. D. Washburn J. of P. Mower Co.

Sex, Male Age, about 76.

Civil Condition, Widowed.

Children, —

Age Youngest Child, —

Occupation, Common Laborer

Degree Education, Can not even read or write.

Profession, Religion, Catholic.

Habits, Has been a hard drinker.

~~Nationality.~~ Nativity, Ireland - (Parents also born there)

Physicians Committing, B. F. Lockwood & H. F. Pierson

Correspondents,

No. of Years, 111

Insane Relatives, None so far as known.

Cause Exciting, ?

Cause Predisposing, ?

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Has threatened it.

Date of this Attack, About Sept. 1 '97.

Duration, 3 mo. 20 da.

No. of Attack, 2nd

No. of Admission, 3

Age First Attack, 2 years ago

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. ..... *Date of* .....

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
fairly clear & quick.

MEMORY, Past Events, fair

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - usually correct.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Repressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, no history obtained -

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, both.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
all fairly good

Personal and Medical History of Thomas Murphy.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 PRESENT WEIGHT, 121 USUAL WEIGHT, NUTRITION, Not good.

WOUNDS, Abnormalities and condition of Skin, Vac. scar on left arm - scar on leg. Skin quite healthy considerable senile wrinkling.

TONGUE, Coatings or Promptness of Movement, Clean - quite prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal -

SIGHT, Impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,

HEARING, Impaired.

COORDINATION, Arms, good Legs, good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands.

PATELLAR REFLEX, normal - Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow. normal -

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, fairly good

Apex Beat, Regularity, regular

ARTERIES,
Sclerosed & beaded -

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion fair
B. Sounds normal -

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fairly sound.

BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Patient rather senile in appearance & thin. On some subjects talks quite sensibly - but has delusions of poisoning, persecution etc. & talks loudly about them. Has a general air of depression.

Personal and Medical History of Thomas Murphy.

1897

This patient was brought here by Sheriffs deputy J. Manning, in fair physical condition, with the following history:- No history of Consanguinity or heredity. Had a similar attack years ago, no particulars given: Has never been quite well since: Direct symptoms of present attack manifested September 1st 97. Had delusions of wandering; fear of recurrence of mental trouble & one delusion follows another: Disease appears increasing: Not variable: Derangement now manifested by delusion that attendants at Poor Farm are putting poison in food; making smudges in his room of poisonous material & throwing dirt upon him. Has stopped work, of which he seemed fond, & sits brooding over his condition: Has only once shown disposition to injure others: Has threatened but never attempted Suicide: No previous peculiarities Known: No severe disease nor injury to head: Has of late been watched constantly: Has been kept on nerve sedatives: On personal examination appears rational but has extravagant notions about attendants & fellow inmates persecuting him, with a tendency toward violence & suicide.

Dec 22 On admission but upon B.S.E (Gen. Ill Rpt) Complexion dark: Hair gray: eyes brown: Vaccination marks on left arm: Large red scar on right leg below Knee:

23 Summary Nurses Notes- Talks quite rationally. Says he was a pauper & that he was crazy nights & kept others awake which was reason he was sent here. 24 Appetite good: bowels regular - Sleeps well at night.

25 Temp 98° Pulse 64 Resp. 18. Seems quite despondent. Dec 26 Seldom goes out for a walk as he is very feeble. Dec 27 Has been quiet since here. Habits & dress tidy. Has been too feeble to do any work. Dec 28 Talks very little: Answers questions in monosyllables only. Dec 29 Stays in room greater part of day - Has nothing to do with other patients. Dec 30 Remains very despondent. Jan. 4 No change in patient either mentally or physically.

Summary Continued by Dr Phelps. Jan 31/98. Patient does not at present talk about delusions. Has been quite depressed: Said at times that he was being poisoned 98 Visits. to Aug May 1 Will answer some questions accurately but maintains same delusions. No special change. Jan 31 '99 No Change.

Feb 1 - July 31/99 (Dr. Watsons) Wt. 175. Has delusions: Mental condition unchanged from day to day. Physically is in fairly good condition. Aug 1. Wt 170#. - Aug 31. No change is noticed during the month. Appetite good. He is somewhat irritable: has delusions of persecution. Had trouble with patient Dodds. Is very abusive to nurses & other patients. Patient is very religious & is often found on knees in his room. May 31/1900. Above notes, in general, hold good. Wt 173#. P 76. July 30. Was vaccinated successfully - Patient's condition remains about same. In fair physical condition - Aug 31. Belligerent: attempted to strike nurse Hoverson with fist

1900

Oct 25 1901 Jany 31 Apl 30 July 31 Augt 1 1901 Jany 31 Jan. 31/02

Pugnacious: struck night nurse - Nov 1. 128# Pg 6. Jany 7/1901 - Refused to go out walking - Jany 31 - Complains of cough - refuses treatment. - No change. Specially noticeable: very irritable: seldom associates with anyone. Talks & prays to himself Continually. Inclined to be pugnacious, at times - Wt 112#. Jany 31/02. Health good: has large hernia: appears somewhat emaciated: Talks to himself: usually quiet in behavior.

(Dr. Chapple) Patient has changed but little during the year; has good health; is quiet and peaceable as a rule. Becomes sullen & again excited if molested.