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

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Version 3
August 20, 2018

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Respectfully,

Egbert Gideon Chambers.

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Anderson	Mabel	37	3rd admission.
Anderson	Katie	101	In City & Co. Hospital, 8th Ward, 2 mos.
Anderson	Mary #2	165	
Anderson	Mary #3	201	

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

Bergland	Tillie	1	
Benson	Annette	21.	
Ballard	Elizabeth	57	
Bolt	Eliza	154	2nd ad. here. Ares at Amityville. Ny.
Brown	Louisa	157	
Brown	Marie	161	
Barlow	Adelaide R.	205	3rd ad.
Bremer	Helena	217	
Bredahl	Nettie	253	
Boyer (or Bauer)	Rosa	293	
Battleson	Carrie	297	Recom, (2nd ad)
Benson	Lena	329	3rd ad.
Best	Rebecca A	373	

Churchill	Charlotte Edith	13	
Comstock	Sarah E	129	
Count	Louise	117	5th ad.
Cabiel	Ann	213	
Christoph	Bertha	369	2nd ad.
Curley	Katie	385	
Carlson	Albertina	401	2nd ad.

Dahlen	Emma	29	2nd ad.
Dickey	Mary Grace	45	from Faribault School for Feeble Minded
Daar	Hattie L.	197	

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

Ellis	Delsie	25	
Engburd	Saphia	145	

Finley	Mathilda	209	
Fenne	Gertrude	237	
Fabian	Hannah	273	
Finn	Hannah	337	
Fleckenstein	Christina	341	2nd Ad.

Hart	Kate	185	
Harshman.	Anna	193	
Huseth	Frederika	225	
Heyer	Louisa	233	
Hanson	Anna P	265	
Halstenson	Betsy	277	
Holstrom (or Halstrom)	Emma	377	

Graf	Mary	269	
Glemmestad	E. Ester Kellan	357	Trans. from St. Peter (here as Emma E. Kellan in 1886)
Gould	Alzina	361	

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

Joyce	Mary E	49
Johnson	Eliza	61
Jellestad	Matilda	141
Johnson	Mary [illegible]	149

Klein	Mary Jane	81	
Kaplin	Gene	113	
Kall	Emma	241	City & Co. Hosp. St Paul,
Kuhl	Clara	305	At Manwataca 2 or 3 mos.
Kagerer	Amelia	313	

Laasse (or Laasa)	Mrs. Minnie	189.	
Lindesmith	Catherine	257	
Lampe	Annie	289	
Leink	Sarah	317	
Louth	Mrs Ellen	321	
Lemke	Mary	325	at City Hosp. St Paul 1 mk
Lunde	Steffina	381	

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Macon	Jennie	77
Maire	Clara W	85
Morrison	Ellen	97
Meade	Kate	309
Manthie	Caroline	397

McDonald	Clara	109
Mc Grath	Annie	393.

Neff	Sarah E	89	
Neiman	Augusta	105	in Wash. Co. Poor Farm 5 yrs.
Newman	Anna	191	from State Prison Stillwater - 2nd ad. here
Nelson	Anna P	173	
Newton	Anna	245	
Nelson	Dena	261	
Norris	Amelia	265	Has been 5 mo. in private hospital.

Olson	Mary Z	553	#

Phillips	Ida	5	
Peterson	Annie #2	93	
Paddock	Alice E	169	Recom. (2nd Ad) At St Joseph's Hosp. St Paul - 7 wks
Peterson	Anna #3	221	City & Co. Hospital, St. Paul.

Quinlan	Katharine	181

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Reding	Susannah	33	
Rybka	Rosa	175	2nd ad.
Rolfing	Louisa	285	
Rogan	Margaret	349	

Scanlon	Bertha	17	2nd admission
Swenson	Ellen	249	
Severance	Carrie O	281	2nd Ad- at Hudson Sanitarium 2 mos.

Thinyan	Annie	53
Thompson	Hilda	133
Thompson	Carrie	177
Truesdell	Frances E	229

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Weinrebe	Bertha	9.	
Waters	Anie	41	
Wiggin	Hannah	73.	2nd admission
Weber	Lizzie E	137	
Ward	Katherine	301	
Westerberg	Britta	389	

V
W
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Youmans	Gertrude E	345			

Zabel	Bertha	65		
Zurwaski	Albertina	69		
Zabel	Almas	333	2nd	ad.

Personal and Medical History of

Personal and Medical History of Tillie Bergland

Whole No. 4887

Residence, Sheldon, Minn.

Date Admission, Sept. 29th 1897.

Admitted by Dr. R. M. Phelps hour, 2 PM.

How Sent, Thos. Ryan Jap P. Houston Co.

Sex, Female Age, No

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Housework (

Degree Education, Fairly good.

Profession, Religion, Yes Lutheran.

Habits, ?

~~Nationality~~ Nativity, Minn. (Parents Norway)

Physicians Committing, Com. Freeman & R. J. Ferguson

Correspondents, Family physician Dr. Stabo.

Olive Bergland
Sheldon, Minn.

Spring Grove, Minn.

No. of Years, 49

Insane Relatives, Cousin on father's side.

Cause Exciting, No known cause.

Cause Predisposing, Previous attack.

Form, Melancholia ~~Chronica~~.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Has attempted to drown herself.

Date of this Attack, About Sept. 24 '97.

Duration, About 9 days.

No. of Attack, Not first.

No. of Admission, 1st

Age First Attack, 23

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DRS. R. M. & S. L. Phelps. Date of 9/30/97.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, Impaired. Special Subjects, Impaired

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

REASONING POWER, Ordinary Subjects, Impaired

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Seems to have delusive ideas, but no special delusions manifested.

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, living, quite healthy.

Paternal Relatives,

Mother, living, not strong

Maternal Relatives,

2 Brothers and 3 Sisters, quite healthy

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had Pneumonia some time ago.

HABITS, Drinking and Smoking,

HEADACHES, ~~VERTIGO~~, ~~OR CONVULSIONS~~, at times

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleeps poorly: Appetite poor
Bowels constipated.

Personal and Medical History of Tillie Bergland.

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft. 10 in. PRESENT WEIGHT, 79 USUAL WEIGHT, 100 + NUTRITION, Impaired - pale.

WOUNDS, Abnormalities and condition of Skin, None.

TONGUE, Coatings or Promptness of Movement, Red & irritated on edges. Coated in middle.

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

SIGHT, Says good.

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

HEARING, Good.

COORDINATION, Arms, Normal Legs, Normal Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Pulse 80. irregular
No Murmurs. Sounds somewhat accentuated

ARTERIES,
Rather full

LUNGS, Chest, Symmetry, Normal Expansion, Impaired

Breath Sounds, Normal.

Resp. 15.

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 2 '97

EXAMINATION URINE, Quantity, XXVI ℥ Sp. g. 1032 Reaction, acid. Color and Appearance, Reddish-yellow

Albumen, Trace by Tanrets Sugar, about. Character Cloudy with flaky deposit

Casts and Crystals, —

Passed Nov 13th Rec 15th 4 P.M.

Sp. gr. 1009. Color: light yellow. reaction: alkaline. Cloudy & white flaky dep. Test for albumen: heat & Nitric acid 0 - Tanret 0 - Test for sugar. Fehling's sol - 0 - Bismuth 0 - amon. oxalate: Epithelial cells & oxalate lime. a few crystals

GYNECOLOGICAL EXAMINATION, External genitals normal. Uterus slightly anteflexed & movable.

MENSTRUATION, Says estab. at 16. no other information secured.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Irregular

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). Answers questions slowly. Quite dull of perception. Melancholy & seems to have delusions. Inclines to be homicidal.

Personal and Medical History of Tillie Bergland.

1897

This patient was brought here by Sheriffs deputy Geo Bleskrud, in fair physical condition - was attended by Sister: The following history accompanied her:- No history of consanguinity. First attack occurred in Feb '95 lasted about six Months: First symptoms of present attack manifested about Sept. 2, 1897. wanted to wander about at night: Disease appears increasing: Not variable, no rational intervals: Derangement manifested on subject of working & earning money: Is disposed to injure others: Is suicidal: Not filthy or destructive: Cousin on fathers side died in asylum: Previous peculiarity a melancholy disposition, undisposed to pleasure: No severe disease or injury to head: Has not been confined nor restrained: Has received medical treatment. On personal examination not disposed to talk: Made an attempt to choke her sister in the Court room.

Sept 29 On admission put upon Bd (Gen'l Rpt. Complexion fair: hair light: eyes blue: Condition of skin normal: Marks or scars: A slight eruption on face: Is clean: Behavior quiet: Talks sensibly.

Sept 30 to Oct 1/97 Summary 14 day records. Sept 30 Temp. Pulse & respiration normal. Sleeps quite well: Is constipated: Oct 1 Attempted to choke her room-mate: Appetite very poor: Refuses tonic: Bowels constipated: Is restless all night. Oct. 2 Temp. 100° Pulse 100 Resp. 21. ate very little: cathartic given for bowels: Out of bed nearly all night: Tried to choke herself: Oct 3 Temp. & Resp normal. Pulse 56 enema given: Fed with tube: Very stupid: Slept 5 hrs. Oct 4 Temp. 100° Pulse 68 Resp. 16. Bowels moved. Very stupid: Sick in bed: Slept about 6 hrs. Oct. 5 Trans. to Infirmary. Fed with tube: Hypo. strych given every 4 hrs. Temp. 100°. Oct. 6 Obliged to put her in restraint to keep her in bed: Strych continued. Fed with tube. Oct 7 Temp. 101 Pulse 68 Resp. normal: Took some milk & milk toast: Out of bed often: Very restless. Oct. 8 Temp. 101 Talked quite sensibly to her sister: Alcohol bath given: Tonic after meals: Takes milk & milk toast: Slept 2 hrs. Oct 9 Temp 100° Appetite better: Takes egg-nog. Tonic & cathartics given: Quite restless when not in restraint. Oct. 10 Temp. 100: Appetite fair: Bowels moved. In restraint 9 hrs. at night & nearly all day. Oct. 11 Appetite fair: Alcohol bath given: Oct. 12 Temp. Pulse & Resp. normal. Appetite fair: Bowels moved: In restraint 7 hrs. up all day. Seems to be improving.

Summary continued by Dr. Phelps. Jan 4 '98 Wt. 88½ Visited Jan. 7 by sister: Receives massage: Is still despondent. Tries to commit suicide Apr 21 Wt. 82# Apr 22 Tried to choke herself. Feb 28 '99 Wt 90# Patient is usually quiet: Is rather restless, however & still has to be watched for fear of suicidal attempts. March - Aug 31 '99 Cared for by Dr Bell. General health somewhat improved, has gained in weight: Appetite only fair, fed by nurse most of time: sleeps well: Takes out door exercise: Is very quiet in behavior & usually stupid but notices a good deal going on about her as is revealed by occasional remarks about other patients; is very suicidal, often untidy & always careless: Rarely talks

Personal and Medical History of

to anyone: July 30. Visited by sister Aug 29 Wt. 100 Sept 1- From 1900. (Dr Heyerdahl) Extremely quiet & melancholy: actively suicidal: Takes out door exercise: Cathartics required at times for bowels: Fed by nurses. Sleeps well. Jan 19 95# Jan 24 Trans. to B: Feb 16 Somewhat improved, talks occasionaly: appetite fair: Bowels regular: Still Suicidal March 1- Nov 30 1900. (Dr Linton) untidy: melancholy: never speaks: Sits quietly in bay: Has habit of tying her hair in knots: Eats & sleeps well: Bowels regular: menstruates regularly: usually Given massage 3 times a week for a time. July 26 Visited by father: July 16 Vaccinated: During Jan on milk diet part of time to prevent vomiting which is frequent. Seems to have a very irritable stomach: Did not menstruate during Sept & Oct. untidy in appearance & dirty in habits. Never talks but sometimes responds by shaking head: Nov 16 Wt. 93# Dec 1- Feb 28 1901 Kept on liquid diet part of time: has daily emesis. Bowels constipated: no change mentally: has habit of biting finger nails: Jan 11. Trans to Infirmary. Lavage of stomach twice a day: kept in bed & on milk diet: given cathartic & anti emetics. Feb 28 Wt 80#.

March 1 - June 1 - 1901

Menstruates regularly. Has very irritable stomach and is unable to eat solid food without emesis, has liquid diet, lavage of stomach daily; from all indications patient is suffering from ulceration of stomach. From May 5 to May 12 no food given by mouth or liquids of any kind; given Saline enemas a quart every three hours during the day. This treatment taken to rest the stomach, patient did very well under same & at the end of a week was put on peptonized milk. no emesis was produced: fed an ounce every two hours for some days. this was gradually increased. May 29 Wt. 66¼ #. June to Sept. During quarter patient still has light diet peptonized milk, emesis continues, kept in bed, stomach washed daily, up on ward Aug. 31 little change Wt. 71#

Sept. to Dec Nov. 11 was operated on by Dr. Will. Mayo, for ulceration of the stomach Gastro-enterostomy, mixed anesthetic given, reaction good, was kept in bed until Dec. 6. during time highest Tem. was 100.4 P 80; Res 22, had uninterrupted recovery, very slight emesis directly following operation. Saline enemas given a pint every six hours, nothing by mouth, these were preceded by cleansing enemas of soap and water, hypodermic of strychnia given every 6 hours. Salines continued until 17; on the 16th. there was considerable emesis for four hours. after salines were discontinued water and beer were given alternately one ounce every hour, beer not retained was discontinued, nothing given but water on the 20th. Toast and milk given three times a day, beer and water given on 21. stitches removed on 21. Patient does not seem to have improved by the operation as yet. stomach very irritable, bowels inclined to be constipated requiring cathartics and enemas.

See page 8.

Personal and Medical History of Ida Phillips

Whole No. 4885

Residence, Faribault Co., Minn.

Date Admission, September 29th 1897.

Admitted by Dr. C.B. Eby. hour, 7th P.M.

How Sent, J. F. Winship. Jop P. Faribault Co.

Sex, Female Age, 17

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Housework.

Degree Education, Can read & write.

Profession, Religion, Yes Catholic

Habits, Not intemperate.

Nationality, Bush Creek, Minn. (Father Ny. & Mother Germany) Because resident of State etc at birth in 1880.

Physicians Committing, F.M. Hunt & A.J. Franklin.

Correspondents, Lewis Phillips (father) Banks, Minn.

No. of Years, 5 yr.

Insane Relatives, None.

Cause Exciting, Suppressed menstruation.

Cause Predisposing, —

Form, Acute Melancholia.

Accompanying Bodily Disorder, Suppressed menstruation

Suicidal or not, Not.

Date of this Attack, About Aug. 15 1897.

Duration, About 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 17 yrs.

Time of Leaving, Nov. 30. 1898

Time in Hospital, 1 year 2 mo. 1 d.

Result, Discharged May 3. 1899 Improved.

EXAMINATION ON ADMISSION BY DR. P.M. & D.L. Phelps. Date of Sept. 30/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Fairly clear but dull.

MEMORY, Past Events, Fair

Recent Events, " Special Subjects, Fair.

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

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects, "

Own Mental State, "

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

DELUSIONS, Systematized, Transitory, Special Subjects, Has many. Thinks there is a growth within her chest.

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 March 97.

ONSET, Gradual or Sudden, Gradual.

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

Father, Living Healthy

Paternal Relatives,

Mother, Living, Healthy

Maternal Relatives,

5 Brothers and 3 Sisters, all healthy.

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Pains in head.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleep & appetite poor bowels constipated.

Personal and Medical History of Ida Phillips

IDA PHILLIPS.

Lewis Phillips, Father, Banks, Minn., writes: That she went to school until last winter, and seemed to learn fairly well. Last winter, however, she could not remember, or keep anything in mind. Last April she commenced to act as she does now,- was afraid of eating, said her head was cold, etc. Her father does not seem to think that the trouble dates back over a year, but the wording does not indicate any surety in this regard.

TREMORS, Hands, Tongue, Facial Muscles, General, Decided of hands. Some of facial muscles. Of head at times.

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Mitral regurgitant. Pulse 100 full & strong.

ARTERIES,

Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Dymmetry normal - concave

Expansion "

B. Sounds " Resp. 20

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 4/97 EXAMINATION URINE, Quantity, XX 3j Sp. g. 1020 Reaction, Acid. Color and Appearance, Yellowish red. Cloudy

Albumen, Trace by Tanrets only Sugar, Absent.

Casts and Crystals, Excess. amor. urates. Bladder & vaginal epith. a few pus corpuscles. Oxalate of lime crystals.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION, Suppressed from taking cold.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Very restless.

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). Talks quite freely. Seems quite correct but quite dull. Says has had a good deal of headache since March 97. Has lost flesh of late.

Personal and Medical History of

Whole No. 4885

Residence, Faribault Co. Minn.

Date Admission, September 29th 1897.

Admitted by Dr. C.B. Eby. hour, 7½ P.M.

How Sent, J. T. Winship Jop. P. Faribault Co.

Sex, Female Age, 17

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Housework.

Degree Education, Can read & write.

Profession, Religion, Yes Catholic

Habits, Not intemperate.

Nationality, ~~Nativity~~, Bush Creek, Minn. (Father Ky. & Mother Germany) Because resident of State etc at birth in 1880

Physicians Committing, F.M. Hunt & A.F. Franklin.

Correspondents, Lewis Phillips (father) Banks, Minn.

No. ~~of~~ Yea.

Insane Relatives,

Cause Exciting, Suppn

Cause Predisposing, —

Form, Acute Melancholia

Accompanying Bodily Disorder, Suppressed

Suicidal or not, Not.

Date of this Attack, About Aug. 15 1897.

Duration, About 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 17 yrs.

Time of Leaving, Nov. 30. 1898

Time in Hospital, 1 year 2 mo. 1 d.

Result, Discharged May 3. 1899 Improved.

EXAMINATION ON ADMISSION BY DR. F.M. & A.L. Phelps. Date of Sept 30/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear but dull.

MEMORY, Past Events, Fair

Recent Events, " Special Subjects, Fair.

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

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects, "

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Has many. Thinks there is a growth within her chest.

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 March 97.

ONSET, Gradual or Sudden, Gradual.

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

Father, Living Healthy.

Paternal Relatives,

Mother, Living, Healthy

Maternal Relatives,

5 Brothers and 3 Sisters, all healthy.

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Pains in head.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleep, appetite poor bowels constipated.

Personal and Medical History of Ida Phillips

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8. PRESENT WEIGHT, 127 USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, A scar on inside of left knee from injury. Condition of skin normal.

TONGUE, Coatings or Promptness of Movement, Clean.

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

SIGHT, Says good.

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

HEARING, Says good.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Decided of hands. Some of facial muscles. Of head at times.

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Mitral regurgitant. Pulse 100 full-strong.

ARTERIES,
Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Dymmetry normal - concave
Expansion "
B. Sounds " Resp. 20

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 4/97 EXAMINATION URINE, Quantity, ℥x ℥j Sp. g. 1020 Reaction, acid. Color and Appearance, Yellowish red. Cloudy

Albumen, Trace by Tests only Sugar, absent.

Casts and Crystals, Excess. amor. urates. Bladder & vaginal epith. a few pus corpuscles. Oxalate of lime crystals.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION, Suppressed from taking cold.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Very restless.

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). Talks quite freely. Seems quite correct but quite dull. Says has had a good deal of headache since March 97. Has lost flesh of late.

Personal and Medical History of Ida Phillips.

1897

This patient was brought here by Sheriff's deputy Lewis Phillips attended by Mary Craychee in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First symptoms manifested about August 15th '97. Complained of choking &c. Disease appears increasing Is variable, usually worse at night: Complains of several diseases "a Head rotten Cancer in the body & thinks something is eating her & she must die." Not disposed to injure others, Not very neat but not destructive in habits: Previous peculiarities,- was bashful, shy & secretive: No severe disease or injury to head: Has not been confined or restrained: Treatment has been tried but patient refuses to take medicines: On personal examination is morose & reserved in manner. Has a slight rise of temperature.

Sept 29 On admission put upon B.W. (G.H.U. Rpt. Complexion dark: Hair brown: eyes blue: Condition of skin normal: No marks: Small scar on left knee: Is clean: Behavior quiet: Has delusions)

Sept 30 to Oct 12 Summary 14 day record. Sept 30 Temp. 99 Pulse 112 Resp. normal. Ate very little Bowels did not move: Cries a great deal & is very melancholy: Oct. 1 Temp. normal: Enema given: Slept quite well: Oct 4 Has taken regular meals every day: Is quite agreeable & sleeps well: Oct 6 Bowels regular: Takes out door exercise: Sleeps well. Oct. 10 Has taken regular meals: Appetite good: Takes tonic after meals: Had a fainting spell at 12 o'clock: Cries a good deal: Is very hysterical. Oct. 12 Fed with tube. Has many delusions: Is untidy in habits & appearance: Cries a good deal.

Oct. 27 Nurse's Notes: Visited by Father: Oct. 31: Hysterical: Appetite fair: bowels constipated: takes cathartics: takes tonic: untidy in appearance: disagreeable at times: Has delusions: takes out door exercise: Salt baths given 3 times a week: Nov. 30 Cries greater part of time: Has taken several sleeping doses: Dec. 20: Very hysterical at times: complained of pain all over body: has many delusions: cries often: tonics & salt baths continued: stimulant given every 3 hrs. Dec. 21 Attempted to choke herself: very noisy all day: bowels constipated: cathartics given every night: complains of tooth ache: medicine & sand-bag applied: Goes walking & riding: sleeps well: Dec. 30 Visited by father & taken Home.

Mch 30 '98 Returned to A. Rather quiet: Cries some May 31 In bed: Complaining of pain in her side. Aug 16 Has been in bed part of time but on the whole, however, seems to be in fairly good health. Nov 20 Went home with Mother on trial: Has been rather better behaved during this last stay than during preceding one.

Discharged.

Personal and Medical History of Tillie Bergland.

1901

Is very quiet appetite seems to be very good; has strong desire for food but is unable to retain solid food. Weight not taken.

Up to Feb. 1, 1903. Appetite good: bowels regular: sleeps well: menstruates regularly: is still troubled with vomiting: does not retain food well: takes exercise: occasionally assists with the work: is careless in habits and appearance: answers questions readily: does not voluntarily converse: is very quiet and apathetic: takes little interest in anything. Nov. 29th visited by friends Dec. 1st. Wt. 96#. Jan. 20th. visited by friends.

Personal and Medical History of Bertha Wernecke.

Whole No. #893
Residence, Rochester, Minn.
Date Admission, October 6th 1897.
Admitted by Dr. A.W. Phelps hour, 5th P.M.
How Sent, J.A. Leonard & of P. Olmsted Co.
Sex, Female Age, 21 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Housework (Father a farmer)
Degree Education, Common School.
Profession, Religion, German Lutheran.
Habits, Not intemperate.
Nationality, Iowa (Parents germany).
Physicians Committing, Became resident of State + Co. 7 yrs. ago. Asst. Wilkerson + Chas T. Granger.
Correspondents, John Wernicke Rochester, Minn. Father

No. of Years, 60
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, Unknown.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Six months ago.
Duration, About six months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 21
Time of Leaving, May 30-1901
Time in Hospital, 3 years 7 mos. 24 days.
Result, Died — Tuberculosis Pulmonalis

EXAMINATION ON ADMISSION BY DR. P.M. + A.W. Phelps *Date of* 10/7/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Says impaired since she was first taken sick.
Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Slightly impaired
Special Subjects,
Own Mental State, Fair

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
None determined. Says she did have delusions at first.

HALLUCINATIONS,

ILLUSIONS,
Seems somewhat childish

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 April '97.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Healthy
Paternal Relatives,
Mother, nervous.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever several yrs ago.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, for a long time.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep poor - appetite poor
Bowels constipated.

Personal and Medical History of Bertha Wernecke.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6½ in. PRESENT WEIGHT, 125 lbs. USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, None. Slight eruption over body.
TONGUE, Coatings or Promptness of Movement, Slight coat.
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, Normal Legs, Normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, Both normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal. — a little slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs. Sounds are somewhat quick + nervous. Pulse regular - 78
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, Normal
Resp. rate.
Percussion note normal.

Oct 11/97 EXAMINATION URINE, Quantity, ~~XXVI~~ 3 Sp. g. 1006 Reaction, neutral Color and Appearance, Yellow. Clear.
Albumen, absent Sugar, do.
Casts and Crystals, Amor. urates - a few epithells oxalate of lime crystals.

GYNECOLOGICAL EXAMINATION, External genitals normal. Hyperaemia around vaginal orifice. Uterus normal position. Some tenderness in left fornix.
MENSTRUATION, Estab. at 14 yrs - always regular but rather painful. Pain over left ovary + in back. Last Period Leaderlocks.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Irregular
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 says every symptom dates from last Spring. Denies anything preceding that time. There is however, a mild dementia underlying her mental state. She evidently is adolescent chas. Is quiet. Comes up to a confused state with delusions at beginning. Thinks she has gone nowhere. She seems to think that she is not all right.

Personal and Medical History of Bertha Weinrebe

1897

This patient was brought here by Sheriff's deputy, Posz attended by Minnie Schlettgus, in fair physical condition, with the following history: No history of consanguinity, heredity or intemperance in parents or self. First symptoms manifested six months ago. Has been nearly continuous since, by Delusions of persecution: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by refusing to eat, does not sleep, wanders away from home. Not disposed to injure others: Not suicidal, filthy or destructive: Previous peculiarities violent anger & strong religious impressions: Had typhoid fever with slow recovery: Has been confined to her father's house: No knowledge concerning treatment. On personal examination no further information noted

Oct 6 On admission put upon Br W. (G.H.U. Rpt. Complexion dark: eyes blue: Condition of skin normal: No marks, scars or bruises noted: Is clean: behavior quiet: talks sensibly.

Oct 7 to Oct 19 Summary 14 day record. Temp. pulse & respiration normal: Bowels moved: Takes regular meals: Bowels regular: very quiet. Slept 4 hrs. Oct 8 Takes regular meals: Bowels regular: seems very agreeable Oct 9 Up & dressed on ward: Sister visited her today: Talks quite sensibly. Oct 12 Temp. pulse & respiration normal: Takes regular meals: Bowels regular: Very quiet: Does not care for outdoor exercise: Oct 15 Appetite continues fair: Takes cathartics: Bowels moved: Sleeps well: Quiet & tidy in appearance Oct. 19 Has taken regular meals today: Cathartic given for bowels: bowels moved. Slept quietly all night: Talks quite sensibly usually when addressed but does not enter into conversation unless questioned: At times seems quite dull in manner. Continued by Dr. A.M. Phelps. Dec. 6 Patient quiet & rather melancholy: Has a good many delusions; will not talk much. Jan 3 '98 Visited by Mother: Seems quite melancholy. Feb 23 Visited by father, mother & sister: Wt. 139#

Mch 21 Patient went home on trial. Has been quite melancholy during all of her stay here. Apr 5 '98 Retd. May 30 Visited by friends: rather stubborn, still tries to injure herself. July 18 Trans. to Infirmary: has shown of late some slight rise of temperature. Symptoms show a tendency toward consumption:

Aug 28 Sick ward records show a very slight rise of temperature at times:

Nov 14 Trans. to B³. Is at times rather troublesome & inclined to resist. & to be stubborn. Nov 10 '98 Trans. to A¹. Nov. 24 Works some in congregate dining room. March 18 '99 General health fair: Is anaemic & lacks ambition: Refuses to attend amusements or assist with work on ward. Complains of headache & lies down much of time: Temp. 100° Pulse 100. R. 20. Mch. 23 Trans. to Infirmary, has a moderate fever, pulse rapid at times, receives medicine - bowels regular: sleeps well, quite restless, coughs. Mch 29 Complains of being ill & put to bed medicine given. In April visited by minister. Apr 18 Visited by father, mother & sister: May 27 Went home. Oct 7 Returned: Is quite neat in habits: appetite good. Oct 10. Trans. to B³. Quiet, agreeable: Takes outdoor exercise: Assists

Personal and Medical History of

ward work: Sept 1 - Feb 28 '1900 (Dr Heyerdale) Neat in habits but rather careless in appearance: appetite good: Takes outdoor exercise: Assists some with work. Is becoming more disagreeable at times & somewhat stubborn. Menstruates regularly: Jan. 15 Wt. 135.# Jan 17. Trans. to Annex. Mch 1 - Nov 30 '1900 (Dr Linton) Quiet & agreeable: Converses but not readily: Is somewhat emaciated & sometimes stupid & stubborn: Appetite fair: bowels regular: Takes outdoor exercise Apr 12. Had a cough: expectorants given: Apr 14. Complained of pain in abdomen: Cathartics given July 10. Visited by relatives & friends. Aug 9 Complained of severe pain in back. put to bed & liniment applied & medicine given Aug 10. Plaster applied to back. Trans. to Infirmary: Troubled with nephritis & ~~[illegible]~~ what proved to be cystitis: much pus in urine: Kept quietly in bed the rest of summer: Given diuretics & milk diet. Aug 28 Visited by relatives & friends. Aug 30. Irrigation of bladder performed twice daily: Patient inclined to be constipated. Sleeps fairly well: After Nov. 4 patient up on ward on light diet: slept well: appetite good: assisted with work: out daily for exercise: Kidney trouble seemed to have abated. Patient has desire to become a trained nurse Dec 1 - Feb 28 '1901. Appetite good: bowels regular: takes outdoor exercise. on extra diet. neat: rarely speaks the answers questions. Jan 4 '1901. Complains of pain in back: coughs frequently. Feb 9. Visited by friends. Feb 28. In bed: complains of pain in back & abdomen: cathartics given & liniment applied: Appetite gradually failing: coughs frequently. but does not expectorate: Indications of beginning tuberculosis: slight dullness in apices of lungs & diazo reaction of urine Feb 28 wt. 103 3/4#. Mar. 3 patient stayed in bed. Appetite poor, bowels regular, usually diarrocha., sleeps but little. During latter part of month frequent emesis, coughs and expectorates a great deal. Behavior quiet seldom converses. Was given stimulants and expectorants; examination of sputum revealed tubercular bacilli. Mar. 28 - 29 & 31 visited by relatives. Apr 3 - 17 - 21 & 29 visited by relatives. May 4 - 7 - 14 - 18 - 19 - 20 - 23 - 25 & 27 visited by relatives. Became very enemic: lost rapidly in weight: respiration became very difficult and painful; expectorated a great deal.

May 30th - 1901 Died at 6:00 A.M.

Died

Personal and Medical History of Charlotte Edith Churchill

Whole No. 4895
Residence, St Paul, Minn.
Date Admission, October 7th 1897
Admitted by R. M. Phelps hour, 6.45 P.M.
How Sent, G. Nillrich Dep. Ramsey Co
Sex, Female Age, —
Civil Condition, Married.
Children, None. (are dead)
Age Youngest Child, — —
Occupation, Housewife - (Husband a small merchant)
Degree Education, Was a school teacher.
Profession, Religion, Episcopalian.
Habits, Not intemperate.
~~Nationality~~ Nativity, England (Parents England)
Physicians Committing, Admitting + A.B. Ancker.
Correspondents,

No. of Years, 62
Insane Relatives, None.
Cause Exciting, Puerperal state.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, —
Suicidal or not, Threatens it.
Date of this Attack, 2nd of Sept.
Duration, 1 mo. & six wks.
No. of Attack, 1st
No. of Admission, 1st time (In hospital at St. Paul)
Age First Attack, —
Time of Leaving, Dec. 30. 1897
Time in Hospital, 2 mo. 13 da.
Result, Discharged May 4. 1898. Improved.

EXAMINATION ON ADMISSION BY DR. A.B. + R.M. Phelps Date of 10/9/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused + dull.
MEMORY, Past Events, Impaired
Recent Events, " Special Subjects, Impaired
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Illusive
REASONING POWER, Ordinary Subjects, Much impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Much depressed.

DELUSIONS, Systematized, Transitory, Special Subjects, Has many delusions. Thinks she has murdered people. Says she died once. Has killed many babies by sterilizing them.
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, Dead
Paternal Relatives,
Mother, Dead
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had Pneumonia at 14 yrs.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Sometimes
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Does not sleep well - Appetite poor - bowels constipated.

FINDS HIS WIFE'S BODY.

April 6 '97.

Mrs. C. E. Churchill Who Disappeared in January.

The body of Mrs. C. E. Churchill, who disappeared from her home Jan. 21, was found floating in the river yesterday morning two miles below the fish hatchery. It is thought that her mind was affected from illness and that she wandered into the river.

The body was discovered by O. Peterson, a fisherman living in the vicinity of the fish hatchery, who towed it to the shore and notified the coroner. The body was removed to the morgue. There was nothing on the body to identify it. Mr. Churchill, who lives at 531 Broadway, went to the morgue last night and identified the body. Her face was disfigured but he recognized the clothing and her rings. Mr. Churchill had the body removed to the establishment of Bauis & Co., where the funeral service will be held this afternoon.

Mr. Churchill says that his wife was thirty-five years old, and that she had suffered mentally for many years and frequently left her home. She disappeared Jan. 21 while Mr. Churchill was at work. He reported her disappearance to the police and made inquiries among her friends, but could get no trace of her.

Medical History of Charlotte Edith Churchill.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 130 lbs. USUAL WEIGHT, NUTRITION, Somewhat impaired Anaemic.
and condition of Skin, None
omptness of Movement, Slight coat
Response to Light, and Accommodation, Equal - Size small. Response to light very sluggish good.
t, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Normal Legs, Normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Both much exaggerated Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fairly good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs. Sounds accentuated - Apex beat transmitted to left ax. Pulse 104 weak.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Resp. 20 Round shouldered - Chest. sym. 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,

Oct. 11/97 EXAMINATION URINE, Quantity, XX Vss 3j, Sp. g. 1014 Reaction, acid Color and Appearance, Reddish yellow. Cloudy
Albumen, Excess by Esbachs, Heat 3 + Heat Sugar, Absent.
Casts and Crystals, Excess pus cells. Epith. cells of all varieties. Several granular casts Excess uric acid crystals + amor. urates.
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Very poor.
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). Says her name is not Churchill. Very depressed + confused. Thinks she is very bad + not worthy of any care or attention. General physical condition good. Has many delusions. Says she is an impostor Causing trouble all thro the land.

Personal and Medical History of Charlotte Edith Churchill

Personal and Medical History of Charlotte Edith Churchill.

Whole No. 4895

Residence, St. Paul, Minn.

Date Admission, October 7th 1897

Admitted by R. M. Phelps hour, 6.45 P.M.

How Sent, G. Willrich Dep. Ramsey Co

Sex, Female Age, —

Civil Condition, Married.

Children, None. (are dead)

Age Youngest Child, —

Occupation, Housewife - (Husband a small merchant)

Degree Education, Was a school teacher.

Profession, Religion, Episcopalian.

Habits, Not intemperate.

~~Nationality~~ Nativity, England (Parents England)

Physicians Committing, Allen Smith & A.B. Ancker.

Correspondents,

No. of Years, 62

Insane Relatives, None.

Cause Exciting, Puerperal state

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

Suicidal or not, Threatens it.

Date of this Attack, 2nd of Sept.

Duration, 1 mo. to six weeks.

No. of Attack, 1st

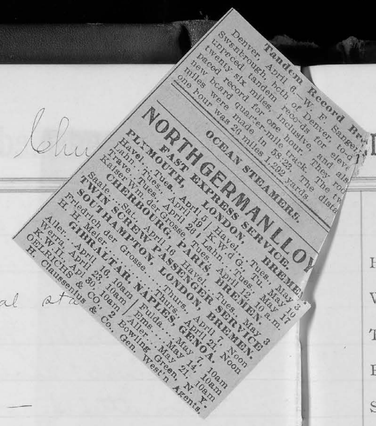
No. of Admission, 1st here (In hospital at St. Paul)

Age First Attack, —

Time of Leaving, Dec. 30. 1897

Time in Hospital, 2 mos. 13 da.

Result, Discharged May 4. 1898. Improved.


Tandem Record Ha
Dover, April 6.—W. F. Saxby
Snowhouse, both of Dover, were fined
forty-six names. Procedure: one
recorded for complainant, and
hard against the other. The
were made within 1,322 yards
NORTH GERMAN LLO
EAST
PLYMOUTH, EXPRESS SERVICE
LONDON
Dover—Tues., April 19, 1 p.m.
CHERBOURG, PARIS, APRIL 20, 2 p.m.
Kaiser Wilhelm der Grosse, Tues., April 19, 1 p.m.
SOUTH
SOUTHAMPTON, LONDON, BREMEN
Kaiser Wilhelm der Grosse, Tues., April 19, 1 p.m.
CHERBOURG, PARIS, APRIL 20, 2 p.m.
SOUTH,

Personal and Medical History of Charlotte Edith Churchill.

1897

This patient was brought here by Sheriff's deputy W. Wagner, attended by Mrs. Godfrey 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 were manifested Sept. 2nd '97 just after child-birth, by mania. Disease appears increasing: Does not vary. Derangement now manifested by delusions & desire to wander about. No disposition to injure others nor to filthy or destructive habits: No previous peculiarities, no severe disease or injury to head: Has been restrained for several weeks past. Has received treatment - rest, sedatives & nourishment. On personal examination is quiet & says little - Patient was delivered of a child (twice dead) at City & County hospital St. Paul, Sept. 2nd '97.

Oct. 7/97 On admission put upon B.W. Q.H.U. Rpt. Complexion dark: hair black: eyes brown: Condition of skin normal: Is clean behavior quiet: Has delusions.)

Oct. 8 to Oct. 20 Summary 10 Day record. Temp. pulse & respiration normal: Has taken regular meals: Is very weak: Is quite pale: awake most of night: Has many delusions: Oct. 9 Temp. normal: Appetite poor: Very restless & nervous: Does not talk sensibly: Awake 3 hrs. during night. Oct. 12 Temp. normal: Appetite fair: Takes tonic after meals: Cathartic given, bowels moved: Talks very sensibly: Oct. 13 Appetite good: Tonic continued: Assists in dining room: Takes out door exercise Oct. 16 Has taken regular meals: Tonic continued: Bowels have been regular: Has slept rather poorly: Goes out walking. Oct. 20 Takes regular meals: Temp. normal: Bowels regular: Ankles are swollen a good deal: From an examination of her urine it was found that she has symptoms of quite serious kidney trouble: Complains of pain in back of head: Bowels usually constipated; requires cathartics.

Oct. 31 Nurse's Notes: Patient is quiet: Has delusions: Appetite fair: bowels constipated: cathartics given: Takes out door exercise: takes tonic: assists with work in dining room at times: neat in habits & appearance: Salt baths given 3 times a week. Nov. 5 Visited by husband: Cathartics given: tries to escape when door is opened: Dec. 30 Patient was very agreeable, neat & tidy: Had a number of delusions: Appetite good: bowels constipated: Pills given every other day: Salt baths 3 times per week: electrical treatments given: Limbs swollen & very painful: Lies down often during ~~turning~~ day: Has tried to escape when door was opened: Takes tonic & pills after meals: Takes out door exercise: Sleeps well: Visited by husband & taken Home Dec. 30.

Discharged.

Personal and Medical History of

Personal and Medical History of Bertha Scanlon.

Whole No. 4898
Residence, St. Paul, Minn.
Date Admission, October 13th 1897.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 30
Civil Condition, married
Children, Three.
Age Youngest Child, Six yrs.
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not Intemperate.
~~Nativity~~ Nationality, Norway (Parents also born there.)
Physicians Committing, A. Denney. Jacob Brimhall.
Correspondents, Wm. Scanlon C/o Windsor Hotel, St. Paul, Minn. (Husband)

No. of Years, 65.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, Previous attack.
Form, Mania Chronic.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not
Date of this Attack, Came on gradually.
Duration, —
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 29.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DRS. R.M. & D.L. Phelps. *Date of* 10/14/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick but confused.
MEMORY, Past Events, Seems good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Partially correct.
REASONING POWER, Ordinary Subjects, Impaired
Special Subjects,
Own Mental State, Impaired.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed - Easily excited -
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, Previous attack - Recovery. Quite good but
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Healthy
Paternal Relatives,
Mother, healthy -
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Says healthy
OCCUPATION, Healthy or not, Housewife
Detail Date, Duration, and Character of Previous Attack, if any,
Here before
Sleep, Appetite, and Bowels,
good Good regular,

Personal and Medical History of Bertha Scanlon.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 PRESENT WEIGHT, 128 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, None. Skin normal.
TONGUE, Coatings or Promptness of Movement, Slight coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, Normal Legs, Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Both normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow. Normal
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs Sounds normal. Pulse 96
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Normal
Resp. 18

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. 16/97 EXAMINATION URINE, Quantity, — Sp. g. 1008 Reaction, Acid Color and Appearance, Reddish yellow cloudy
Albumen, Trace by Esmarchs only Sugar, absent.
Casts and Crystals, Amor. urates. a few fat globules - epith cells. {aquamous. Columnar round.
Excess oxalate of lime crystals.
GYNECOLOGICAL EXAMINATION, Trachelorrhaphy + Emmettment Sept. 1896. Slight laceration of perineum uterus normal position, a few adhesions to left.
MENSTRUATION, Usually every three weeks - free from pain.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Regular
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) Thinks her mind is alright + that she was unjustly brought here. Somewhat confused about her condition. General health quite good. Quite "mixy" in her talk. Thinks husband is insane; that he wanders about streets + does nothing to support her + children: that she was going to move into a cottage that she had seen + police arrested her (evidently had not rented the cottage.)

Personal and Medical History of Bertha Scanlon.

1897

This patient was brought here by Sheriff's deputy P. G. Handrake attended by W. O. Gorman & Mrs. Guiney, in fair physical condition, with the following history:- No information concerning consanguinity: No heredity or intemperance in parents or self: First attack occurred one year ago when patient was at Rochester from July 29'96 to Sept. 20'96 - went home recovered.* This attack came on very gradually: development of mania: Disease appears increasing Not variable: No rational intervals: Derangement manifested by general delusions of persecution: Not inclined to injure others: not suicidal, filthy or destructive: Has always been nervous & quick-tempered: No severe diseases nor injury to head: Has not been confined or restrained & has received no treatment during the present attack.

* Note For further information see Vol. 30 fol. 249 no. 4463.

Oct. 13 On personal examination talks loudly & incoherently: Is irrational & abusive.

Oct 13 On admission put upon B2 W (G.H.U. Apt. Complexion fair: Hair light: eyes blue: Skin normal condition: Has a few small bruises on legs: Is dirty: quiet: has delusions

Oct. 13 Nurses Notes:- Reed on ward-bathed & put to bed: Ate supper: Oct. 14 Ate regular meals: T. 99 P. 89 R. 20: In bed: complains of head ache: Quiet: Oct. 15: Cascara given: bowels moved twice: talked rationally: did not express delusions: Slept quite well: Oct. 16: T 98 P. 90 R. 20: Appetite good: complains of feeling tired: goes riding Oct. 17 bowels regular: clean & tidy: very quiet: sleeps well: Oct. 18 Very agreeable: does not converse much: T. P. R. normal: Oct. 19 Appetite good: does not complain of pain, except headache: Is menstruating: Oct. 22 Appetite fair: bowels regular: does no work: takes out door exercise: sleeps well: Oct. 26: Quiet & reserved: very agreeable: seems rational: bowels regular: appetite good: sleeps well Summary continued by Dr. R. M. Phelps. Oct. 27 Patient quiet: answers questions fairly well: Sits in a dull, quiet way. Nov. 14 Trans. to A'. Attempted to escape, & was taken back to B'. Feb 10 Wt. 120# Rather uncertain in behavior Has to be watched. June 9 Trans. to C'. Is quiet altho obstinate & uncertain in behavior: Feb 16'99 Visited by sisters. upon talking with her she wanders along upon the subject of various delusions. Mch. 1 - Aug 31'99 Cont by Dr Bebb. Physical condition & appetite fair: occasionally refuses meals Bowels regular: Does not like to take outdoor exercise: Menstr. regular: Is very irritable: usually talks quite rationally on ordinary subjects but is incoherent at times & language coarse & vulgar. Laughs a great deal when alone: Does no work: Remains in room lying on bed most of time Sept 1 - Feb 28'1901 Quiet: sits in room most of time: neat: menstruates regularly: occasionally refuses meals: Does not like to take out door exercise: Jan 17. Wt. 124# Mch 1 - Nov 30'1900 (Dr Linton). Neat: Appetite quite good: sleeps well: bowels regular: menstruation regular: takes outdoor exercise May 14 complained of not feeling well. July 21 Vaccinated. Has delusions: Nov 28 Wt. 119# Dec 1. Feb 24'1901 General health good: Does not con-

Personal and Medical History of Bertha Scanlon.

1901

verse but reads a great deal: Mch 4 Wt. 118#

Mar 1 - June 1 - 1901. Does her own room work: no change in mental or physical condition. May 31 Wt. 114#. June to Sept. Remains in her room most of the time, does her own room work. Sept. 1st. Wt. 114#.

Sept. to Dec. No change during quarter Nov. 30 Wt. 116½#.

Up to Feb. 1, 1903. General health good: appetite good: bowels regular: menstruates regularly: sleeps well: very quiet and retiring: spends most of her time in her room: does not voluntarily converse but will answer questions briefly. Dec. 1st Wt. 128¼#.

Personal and Medical History of Annette Benson

Whole No. 4901
Residence, Spring Grove, Minn.
Date Admission, October 22nd 1897.
Admitted by Dr. S. L. Phelps hour, 3.45 P.M.
How Sent, Thos. Ryan J. of P. Houston Co.
Sex, Female Age, 68.
Civil Condition, Widow
Children, 5
Age Youngest Child, 75 yrs.
Occupation, Housewife
Degree Education, Can read.
Profession, Religion, yes. Lutheran.
Habits, Not intemperate. a habitual smoker
~~Nationality~~ Nativity, Norway (Parents also born there)
Because resident of State & Co. July 10 '97
Physicians Committing, W.W. Freeman & Ry. Ferguson
Correspondents, W.H. Forsyth & O.C. Fresly (Son) Guardians duly appointed by Probate Court.
Dr. Stabo, Spring Grove, (family physician).

No. of Years, 68
Insane Relatives, None.
Cause Exciting,
Cause Predisposing, Epilepsy.
Form, Epileptic dementia.
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not
Date of this Attack, About 2 yrs ago.
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 66 yrs.
Time of Leaving, Feb. 1. 1898
Time in Hospital, 3 mo. 10 d.
Result, Discharged May 4. 1898. Unimproved.

EXAMINATION ON ADMISSION BY DRS R.M. & S.L. Phelps *Date of* 10/22/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish
MEMORY, Past Events, Impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects,
Own Mental State, Impaired
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
None determined but probably has delusive ideas.
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. 20 yrs.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Can't give any account.
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, Sleeps well. Appetite good. Bowels regular.

Personal and Medical History of Annette Benson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 2½ in. PRESENT WEIGHT, 109 lbs. USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slight coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Size contracted. Sluggish response to light & accom.
SIGHT, Impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left eye sore
HEARING, Impaired.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Hands fairly steady - sluggish.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly slow & hesitating. Don't know English, however, & it is hard to state accurately.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, A twang to the 2nd sound - very distinct - peculiarly so -
Apex Beat, Regularity, Apex beat about normal position
ARTERIES, Quite calcuous
Distinct in size & shape.
LUNGS, Chest, Symmetry, fair Expansion, good.
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,

Oct 26/97 EXAMINATION URINE, Quantity, XXVI ℥ Sp. g. 1020 Reaction, Acid. Color and Appearance, Yellow - Cloudy.
Albumen, Trace by Tanrets. Sugar, Absent.
Casts and Crystals, Amor. urates. a few bladder & vaginal epith., pus cells & uric acid crystals.
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
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). Appears very inactive & dull. Facial muscles somewhat distorted, as if paretic & sluggish in movement. Lies in bed in a dull, demented, half-stupid way. Evidently comprehends ordinary questions, however, sorts bed.

1897

This patient was brought here by Sheriff's deputy N.H. Forsyth attended by her son Ole Fresby, in an impaired physical condition with the following history: No information concerning consanguinity: First symptoms of attack manifested about 2 yrs ago - by gradual mental failure: Disease appears increasing: Not variable, no rational intervals: Derangement manifested by failure of memory - cannot tell her age or number of children: Not disposed to injure others: Not filthy or destructive in habits: Has been subject to epileptic fits for thirty yrs: No severe diseases, except epilepsy, no injury to head: Has not been confined or restrained; has received no treatment: On personal examination is demented & inform in appearance.

Oct. 22 On admission put upon Br W. (G.H.U. Rpt. Complexion fair: hair auburn: eyes blue: Skin normal condition: No marks, scars or eruptions noted. Small bruise on right arm: Is dirty: 2nd joint of little finger on right hand enlarged & stiff: Behavior quiet: Would not speak English.)

Nurses Notes first 14 days: Rec'd on ward, bathed & put to bed: Slept quite well: Oct. 23: Appetite fair: bowels regular: Oct. 24: T. 98b P. 58 R. 19. Quite restless but slept most of night. Oct. 25: T. 100 P. 58 R - Ate regular meals: untidy in habits: restless 4 hrs.: slept remainder of night: Oct. 26 Transf. to 6th:

Oct. 27 T. 98b P. 57 R. 18: Appetite good: tonic given: nervous & very restless: Slept most of night: Oct. 28 T. 98b P. 58 R. 19. bowels regular: takes tonic: quite restless most of time: Oct. 31 Sleeps well: appetite quite good: bowels regular: Nov. 4 Very untidy in habits: quite weak and helpless: tonic given three times per day.

Nov. 12 Nurses Notes: Appetite quite good: takes tonic: bowels regular: sleeps well - very untidy: Feb' 1 '98 Patient was taken to Iowa as she has a residence there: Has been very dull & demented during all of her stay here.

Discharged.

Personal and Medical History of Delsie Ellis

Whole No. 4902	No. of Years, 68
Residence, Quincy Olmsted Co. Minn.	Insane Relatives, None.
Date Admission, October 23rd 1897.	Cause Exciting, Suppressed menses.
Admitted by Dr A. F. Kilbourne hour, 4 P.M.	Cause Predisposing, —
How Sent, J.A. Leonard J. of P. Olmsted Co.	Form,
Sex, Female Age, 23.	Accompanying Bodily Disorder, Suppressed menses.
Civil Condition, Single.	Suicidal or not, Yes has been - Propensity not now active.
Children, —	Date of this Attack, August 1st 97.
Age Youngest Child, —	Duration, About eleven weeks.
Occupation, Servant (Father a Carpenter)	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Not a church member.	Age First Attack, 23
Habits, Not intemperate.	Time of Leaving, Jan. 13. 1898
~~Nationality~~ Nativity, (Father N. Hamp. Mother Wisconsin) Became resident of C 11 yrs ago.	Time in Hospital, 2 mo. 21 da.
Physicians Committing, W.A. Allen & Chas T. Granger.	Result, Discharged July 30. 1898 Recovered.
Correspondents,	

EXAMINATION ON ADMISSION BY DRs R.M. & S.L. Phelps *Date of* Oct 23/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick of perception

MEMORY, Past Events, Says good.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State, Fair

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Rather depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
Says had delusions when she was first taken sick

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, Aug. '97

ONSET, Gradual or Sudden, Has never been strong

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

Father, living, healthy

Paternal Relatives,

Mother, living, healthy.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Has never been strong or well. Had scarlet fever & all diseases of childhood.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches a good deal.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleeps poorly - Appetite poor. Bowels usually constipated.

Personal and Medical History of Delsie Ellis.

In Regard to Delsie Ellis. Statements made by Father on admission

Admitted Oct. 23, 1897.

First symptoms of attack were noticed about the first of last August. Her Father was not there at the first. He lives in Wisconsin, where he moved two years ago. Her friends wrote him, but she had been sick about two weeks before he saw her. At that time she was sick in bed and out of her head. No peculiarities were noticed previous to the time when she got into a river near Quincy, Minn. and took cold. When worse was always talking about her sister being sick, and having to take care of her. Never even while in bed thought that she was sick herself. She did not threaten violence to others, but spoke to her sister once about suicide. She said she would kill herself if she thought it was right, but she did not know that it would be right. This is all that father knew in that line. She talked in a rambling sort of way,- would wander on for sometimes half an hour. They could not make much of anything out of what she said. She had some fever, and did not sleep at night. Dr. Allen was treating her and he gave her large doses to make her sleep. Her physical health has been pretty good up to this time. She has been working out, worked regularly right along and for about a year and a half,- till last Spring,- she has been studying pretty hard, and she did not feel like doing the work and the studying this Spring, so she dropped the studying. There has been no insanity in the family. Father's address is Newell Ellis, Andrus, Polk County, Wis. Father moved to Wisconsin two years ago, taking wife and smaller children with him. Patient and her sister have remained in this State. Sister's address is Mrs. Nellie Case, Chatfield, Minn.

TION, Impaired.

to light & accom.

REMENTS,

arance, Yellow. Cloudy

bladder epith.

SLEEP, Present Amount and Character, Irregular.

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). Says has never been strong Always a good deal of headache & pain in left side. Pain in lungs. About 5 yrs. ago had a very severe cold & was in bed most of that Winter. Menstruation suppressed since Aug. '97 went in wading at that time & took cold - Has not been well since. Thinks was out of head at first but is much better now. Don't think she needs to be here - no delusions or incoherence noted.

Personal and

Whole No. 4

Residence,

Date Ad

Adr

Co

. 1898

EXAMINAT

Date of Oct 23/97

MENTAL ACTIVITY, Clear

Clear + quick of

MEMORY, Past Events, Says

Recent Events, Speci

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert. Correct.

REASONING POWER, Ordinary Subjects, Fairly go

Special Subjects,

Own Mental State, Fair

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Rather depressed

DELUSIONS, Systematized, Transitory, Special Subjects,

Says had delusions when she was first taken sick

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,

ISTORICAL.

Aug. '97

Sudden, Has never been strong

Question concerning Insanity, Consanguinity, Epil-

Paralysis, Syphilis, Hysteria, Inebriety, Consumption),

Father, living, healthy

Paternal Relatives,

Mother, living, healthy.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke,

Head Injuries, and Surgical Operations), Has never been strong or well. Had scarlet fever + all diseases of childhood.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches a good deal.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleeps poorly - Appetite poor. Bowels usually constipated.

nal and Medical History of Delsie Ellis.

PHYSICAL CHARACTERISTICS.

IGHT, 5ft. 3in. PRESENT WEIGHT, 96 USUAL WEIGHT, NUTRITION, Impaired.

OUNDS, Abnormalities and condition of Skin, Skin - rather pale.

TONGUE, Coatings or Promptness of 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, None.

HEARING, Good.

COORDINATION, Arms, Normal Legs, Normal. Grasp,

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

PATELLAR REFLEX, Both normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, NP

Apex Beat, Regularity,

Regular - Strength Sounds Weak

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 sym. Normal - concave. Expans. very much impaired Complains of pain in lungs

Oct 7/97 EXAMINATION URINE, Quantity, XIV ℥ Sp. g. 1035 Reaction, acid Color and Appearance, Yellow. cloudy

Albumen, by heat, HNO_3 + Excess by Tsuretts. Sugar, about.

Casts and Crystals, Excess. amor. urates - a few pus corpuscles - bladder epith. oxalate of lime crystals.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Irregular.

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). Says has never been strong Always a good deal of headache + pain in left side. Pain in lungs. About 5 yrs. ago had a very severe cold + was in bed most of that winter. Menstruation suppressed since Aug '97. Went in washing at that time + took cold - has not been well since. Thinks was out of head at first but is much better now. Don't think she needs to be here - no delusion or incoherence noted.

1897

This patient was brought here by Sheriff's deputy John Posz attended by Mrs Nellie Cases, with the following history:- This is first attack - first symptoms were manifested August 1st 97. Disease appears increasing: Is variable with rational intervals Derangement now manifested by melancholia, refuses to answer questions, has attempted suicide & violence toward others: attempts to run away from home. Is disposed to injure others: Has attempted suicide "by asking for deadly weapons". Not filthy or destructive in habits: Previous peculiarity manifested a great interest in spiritualism: No severe disease or head injury Has been kept at home & has received general hygenic treatment On personal examination nothing of importance learned.
On admission put upon B2 W (G.H.U. Rpt. Complexion dark: Hair brown: eyes blue: Condition of skin normal: No marks, scars or bruises: Is clean: Behavior quiet: Talks sensibly.)

Oct. 23 Nurse's 14 Day Record: Rec'd on ward: bathed & put to bed: slept two hours: awake remainder of night: Oct. 24: T. 98.8 P. 88. R. 20: Appetite quite poor: Very agreeable: Slept 7 hours: Oct. 25: Transf. to A': Appetite poor: cascara given:
Oct. 26 T. 98.6 P. 89. R. 23: Very melancholy: salt bath given: bowels very constipated cascara & enema given: slept greater part of night: Attempted suicide:
Oct. 27 T. 99.6 P. 86 R. 23: Transf. to B2: Takes regular meals: also tonic & cathartics:
Oct. 28 Seems depressed: took sleeping dose 9:30: slept well: Oct. 29 Ate no break fast, but ate dinner & supper: enema & cascara given: also tonic: sleeping dose at 9:30. crying & quite noisy & excited. slept 7 hrs. Oct. 31 Tonic & cathartics given: takes out door exercise: Salt baths three times a week: bowels regular: Sleeping dose 9:30 p.m.
Nov. 1 Cries a good deal: seems depressed & confused: Nov. 2 Cathartics & sleeping doses continued: has to be dressed: Nov. 3 Visited by relatives: massage given daily: gyn. treatments given: Nov. 5 Takes regular meals: Tonics, cathartics & sleeping doses continued: elec. treatments given: patient quite depressed: assists some with dining-room work: Sleeps well. Summary by Dr R M Phelps
Feb 18 Visited by brother - 19 by sister. Feb 29 Seems rather melancholy of late in comparison with her former maniacal state. Dec 10 Visited by brother:
Dec 24 Is becoming more quiet & rational Feb 13 Went home on trial. General mental condition fairly good

Discharged.

Note Came back a few months later & applied for position as nurse on wards

Personal and Medical History of Emma Dahlen

Whole No. 4903
Residence, Dodge Co, Minn.
Date Admission, October 25th 1897.
Admitted by Dr. H H Herzog. hour, 6.45 P.M.
How Sent, Sivert Olson J. of P. Dodge Co.
Sex, Female. Age, 27.
Civil Condition, Single
Children, None
Age Youngest Child, -
Occupation, Housework.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Dodge Co. - Parents Norway.
Physicians Committing, S. H Vanclever & C.O. Wright
Correspondents,
Father's address. Vernon: Dodge Co, Minn.

No. of Years, 70
Insane Relatives, One cousin.
Cause Exciting, ——
Cause Predisposing, Previous attacks.
Form, ~~Mania Mania~~ Chronic
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, not given.
Duration, unknown.
No. of Attack, —
No. of Admission, 2nd
Age First Attack, 23
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. S. L. Phelps *Date of* Oct. 26/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused & sluggish.
MEMORY, Past Events, Fair
Recent Events, Seems a little dull. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Correct mostly, but dull.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
No definite ones 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, Since last Spring
ONSET, Gradual or Sudden, 2nd attack
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living & healthy
Paternal Relatives,
Mother, healthy
Maternal Relatives,
4 Brothers and Sisters, all healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has headaches a good deal. Often has pain in back & head at night.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
much of time for several months.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Here 3 yrs ago for 4 mos.
Sleep, Appetite, and Bowels, Sleeps poorly - appetite good. Bowels constipated.

John Dahlen
Oslo,
Minn.

Correspondent for
Emma Dahlen

RACTERISTICS.

USUAL WEIGHT, NUTRITION, Fairly good.
Skin normal.
l. Size normal. Response to light & accom.
Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Says has general tremors at times
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitates in answering: Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity No murmurs.
Regular - Normal.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Sym. normal - Concave. Expans. impaired - B. sounds shallow. Resonance 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,

GYNECOLOGICAL EXAMINATION, Hymen lax - External genitals normal - cystocele - uterus retroflexed - mild leucorrhoeal discharge.
MENSTRUATION, Estab. at 14 yrs. Quite regular. Pain over left ovarian region one to two days previous to menstrual period - relieved somewhat by onset of flow. Says has frequent headaches - pain over
OPHTHALMOSCOPIC EXAMINATION, temples, back of neck & top of head.
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor.
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). Has a rather confused & bewildered air. Often laughs in a hysterical manner. Answers questions very slowly. It seems difficult for her to concentrate her mind on any subject.

Personal and Medical History of Emma Dahl[illegible]

Whole No. 4903
Residence, Dodge Co, Minn.
Date Admission, October 25th 1897.
Admitted by Dr. H H Herzog. hour, 6.45 P.M.
How Sent, Sivert Olson J. of P. Dodge Co.
Sex, Female. Age, 27.
Civil Condition, Single
Children, None
Age Youngest Child, -
Occupation, Housework.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Dodge Co. - Parents Norway.
Physicians Committing, S. H Vanclever & C.O. Wright
Correspondents,
Father's address. Vernon: Dodge Co, Minn.

No. of Years, 70
Insane Relatives, One consi[illegible]
Cause Exciting,
Cause Predisposing, Previous att[illegible]
Form, ~~Mania Mania~~ Chronic
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, not given.
Duration, unknown.
No. of Attack, —
No. of Admission, 2nd
Age First Attack, 23
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. S. L. Phelps *Date of* Oct. 26/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused & sluggish.
MEMORY, Past Events, Fair
Recent Events, Seems a little dull. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Correct mostly, but dull.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
No definite ones 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, Since last Spring
ONSET, Gradual or Sudden, 2nd attack
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living & healthy
Paternal Relatives,
Mother, healthy
Maternal Relatives,
4 Brothers and Sisters, all healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has headaches a good deal. Often has pain in back & head at night.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
much of time for several months.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Here 3 yrs ago for 4 mos.
Sleep, Appetite, and Bowels, Sleeps poorly - appetite good. Bowels constipated.

[illegible] and Medical History of Emma Dahlen.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5½ PRESENT WEIGHT, 122 USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, None. Skin normal.
TONGUE, Coatings or Promptness of Movement, Slight coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Response to light & accom.
SIGHT, Says good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Normal Legs, Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands. Says has general tremors at times
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitates in answering: slow
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity No murmurs.
Regular - Normal.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Sym. normal - concave. Expans. impaired - B. sounds shallow. Resonance 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,

GYNECOLOGICAL EXAMINATION, Hymen lax - External genitals normal - cystocele - uterus retroflexed - mild leucorrhoeal discharge.
MENSTRUATION, Estab. at 14 yrs. Quite regular. Pain over left ovarian region one to two days previous to menstrual period - relieved somewhat by onset of flow. says has frequent headaches - pain over temples, back of neck & top of head.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor.
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). Has a rather confused & bewildered air. Often laughs in a hysterical manner. Answers questions very slowly. It seems difficult for her to concentrate her mind on any subject.

Personal and Medical History of Emma Dahlen.

1899

This patient was brought here by Sheriffs deputy Joel Tucker attended by Chloe Tucker in fair physical condition with the following history:- No history of consanguinity: First attack manifested four years ago & patient was in this hospital from June 15'94 to Oct. 9'94. (For further particulars see Vol. 26. Fol. 161 No. 3748) No information given concerning present attack: Disease appears increasing: Is disposed to injure others: Is filthy & destructive in habits: No history of intemperance in parents or self: Has not been confined or restrained since leaving this hospital: On personal examination no further particulars noted.

Oct. 25 On admission put upon Br W (Gen. Rpt. Hair brown: Eyes blue: Condition of skin normal: No marks, scars nor bruises noted: Is clean: Behavior quiet: Talks sensibly)

Nurses 24 Day Record:- Received on ward, bathed & put to bed: slept well:

Oct. 26 Ate regular meals: quiet & agreeable: seems rather nervous: Oct. 27 Transf. to B': very quiet: slept well: Oct. 29 Appetite good: tonic given after meals: talks very little: quiet on ward: bowels constipated: cathartics given: Oct. 30 cathartic given: bowels moved: assists with work: goes walking: Oct. 31 Is menstruating: Nov. 1 Tonic given after meals: Laughs to herself: sleeps well

Nov. 3 Appetite good: bowels constipated: cathartics given: talks quite sensibly: nervous at times: T. 99 2/5 P. 90. R. 18. Nov. 4 T. 99 4/5 P. 90 R. 18: Tonic after meals continued:

Nov. 5 T. 99 2/5 P. 90. R. 18. Talks very little: assists with work: Gyn. treatment given

Nov. 6 T. 99 P. 89. R. 18 Very silly at times: goes walking. Nov. 7 Bowels generally constipated: Takes cathartics: appetite good: Sleeps well.

Nov 30 Summary by Dr. Wm. Phelps. Patient very quiet: gets along quite agreeably on wards Talks to herself some. Is taking gynaecological treatment. Feb 23 Visited by brother Wt. 189#. Recently has been over at the annex. July 15. Visited by brother. Nov 8 Visited by brother. Feb 28'99 Patient about same in every respect. March to Aug 31'99 Cont. by Dr Bass. General health good: Appetite good: Sleeps well: Takes outdoor exercise: Menstr. regular: Neat in habits but often careless in appearance: Answers questions quite sensibly but converses: at times very violent often attacking & resisting nurses: is also nervous & quarrelsome: Mch 8 Struck Mrs. McClellan, pulled her hair & scratched her face. Aug 18 Wt. 145#. Was visited by brother & wife on June 1st.

Sept 1- Feb 28'1900 (Dr. Haydock) Neat in habits: at times quite abstinate & violent; noisy & extremely nervous. Eats & sleeps well: Takes outdoor exercise: menstruates regularly. Visited on Sept 19 by brother & sister & on 30 by cousin Jan 1st Wt. 155#. Jan 14 Pulled Mrs Lindquists hair. Mch 1- Nov 30 1900 (Dr. Linton) Neat: Quite agreeable. Has spells of laughing: Answers questions sensibly: appetite good. Sleeps well: Works on ward: Menstruates regularly. Mch 12. Visited by friends. June 22 Fought Mrs Marvin & received 2 small gashes on head.

Personal and Medical History of

July 16 Visited by friends July 21 Vaccinated. During Fall worked for Sewing Society reads some: Nov 24 Struggled with Mrs Marvin: Hair pulled & finger badly bitten tooth penetrating to bone: washed in bichloride: Trans. to Infirmary & hand dressed daily until Nov 27. Trans. to B'. Dec 1- Feb 28 Works on ward & crochets for Industrial society. also reads some: at times disagreeable & disturbed: Wt. 155#

Mar 1- June 1-1901. Mar. 17 visited by lady friends, Mar. 17 visited by brother. Works on ward also works in lace department. General condition unchanged. June 1st Wt. 176#

June to Sept. Takes out door exercise, works a little on the ward, works on lace for Industrial Society when not disturbed, kept on the ward during his spells Sept. 4 Wt. 160#. Sept. to Dec. No change. Nov. 30 Wt. 157#

Dec. to Feb. 1903. No change Wt about 175#, Mar. 15-02 visited by brother and friend.

Personal and Medical History of Susannah Riding

Whole No. 4906
Residence, Bellechester, Minn.
Date Admission, November 2nd 1897.
Admitted by Dr. R. M. Phelps hour, 4 P.M.
How Sent, Malcolm Kennedy J of P. Wabasha Co.
Sex, Female Age, 24
Civil Condition, married.
Children, 3.
Age Youngest Child, ? -
Occupation, Farmers wife
Degree Education, ?
Profession, Religion, a church member.
Habits, temperate & moral.
~~Nativity~~ Nationality, Minn
Became resident of State, about 1894. of Co. in 1894
Physicians Committing, J. C. Brewer & M. A. Brenner,
Correspondents, S. J. Riding (husband) Bellechester, Minn.
Stephen Riding - Mazeppa, Minn (latest address)
Father - Philip Arndt Mazeppa, Minn.

No. of Years, 73.
Insane Relatives, None
Cause Exciting, Lactation.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, -
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 24.
Time of Leaving, Dec. 23. 1897
Time in Hospital, 1 mo. 21 d.
Result, Discharged July 30. 1898
Reconnected

EXAMINATION ON ADMISSION BY DRS. R.M. & A. Phelps *Date of* 11/2/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.
MEMORY, Past Events, Much impaired.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects, Much impairment.
Special Subjects, Impaired
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Seems to have many. Mind wanders from one thing to another.
HALLUCINATIONS, Mental condition bordering on Acute Delirium Temp. 100.4 Pulse 89 Resp 20
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, Short.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Denied - Healthy.
Paternal Relatives, healthy
Mother, "
Maternal Relatives, "
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Father says has always been healthy
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, None
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep & appetite poor.

Personal and Medical History of Susannah Riding.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, Wt Taken USUAL WEIGHT, NUTRITION, Impaired
WOUNDS, Abnormalities and condition of Skin, Skin normal.
TONGUE, Coatings or Promptness of Movement, Slight coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Response to light & ac. normal
SIGHT, Seems good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good.
COORDINATION, Arms, Normal Legs, Normal - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs. Sounding & extra full. Apex beat about normal - Fairly regular
ARTERIES, Circulation impaired. Normal
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Hollow chested - Sym. Normal - Expans. impaired - Breath sounds 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,

Nov 10/97 EXAMINATION URINE, Quantity, — Sp. g. 1020 Reaction, Slightly alkaline Color and Appearance, Yellowish red-
Albumen, a trace Sugar, do. Character - Cloudy with flaky deposit
Casts and Crystals, Amor. urates - a few bladder epith - a few fat globules

GYNECOLOGICAL EXAMINATION, Laceration of cervix and perineum - Extensive ulceration of cervix.
MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Very restless.
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). General health seems impaired - Father stated that she had always been healthy. That the trouble was only noticed for past two weeks - That after birth of this child she has complained of being weak. Had a hired girl & did not have to work - Nursed child & had plenty of milk for it. Child healthy.

Personal and Medical History of Susannah Reding.

1897

This patient was brought here by Sheriff's deputy Stephen J. Reding, physical condition some what impaired - with the following history: First symptoms of disease manifested two weeks ago by nervous manifestations: Insanity now manifested on subject of religion - wants the minister: Not disposed to injure others: Filthy but not destructive in habits: No severe disease or injury to head: Has been confined to her room during last three day: Has received no treatment except during confinement: No further particulars noted on personal examination:

Nov. 2 On admission put upon B^r W (G.H.U. Rpt. Complexion fair: Hair light: eyes blue: No marks scars or bruises: Is clean: behavior maniacal. Talk incoherent.)

Nov. 2 Nurse's Fourteen Day Record: Rec'd on ward: ate nothing: bathed & put to bed: In restraint 6 hrs: Slept 2 hrs: Nov. 3: T. 101.8 P. 89 R. 20. Ate no breakfast: refused ton. Ate some dinner & supper: In restraint 8 hrs. slept 7 hrs. Noisy 1½ hrs. Out of bed at times: Nov. 4 T. 100. P. 118. R. 22. Appetite poor but ate some each meal: Takes tonic: bowels regular, but constipated: out of bed & noisy all night: Nov. 5 T. 101 P. 108 R. 24. Tonic & cathartic given: up & dressed on ward: In restraint all night: slept quite well: Nov. 6: Very restless & nervous: Nov. 7 Tonic continued: cathartic also given: Gyn. treatment given: Nov. 9. T. 99. P. 89. R. 19. Eats some for each meal: bowels regular. refuses to go out of doors, except driving: Nov. 10 Seems confused. has delusions. Nov. 11 Cascara given: circulation seems poor: Nov. 13 Tonic continued: has taken massage: seems much better: appetite good: does not express delusions: assists with work: complains of pain in side: Nov. 14. Tonic continued: bowels inclined to be irregular: cascara given: Patient very much improved: quiet: appetite good: sleeps well: takes out door exercise. works some.

Summary by Dr. Wm. Phelps. Nov. 24. Trans. to C. Has been quite neat & tidy - Is quiet in manner & talks quite sensibly altho she is rather depressed: Receives gynaecological treatment. Dec. 23 '97 Went home. Patient is fairly well recovered: Seems to have improved steadily during most of her stay here.

Discharged.

Personal and Medical History of

Personal and Medical History of Mabel Anderson

Whole No. 4907
Residence, Winona, Minn.
Date Admission, November 3rd 1897.
Admitted by Dr. S.L. Phelps hour, 4 P.M.
How Sent, H.L. Buck J of P Winona Co
Sex, Female Age, 21
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, None.
Degree Education, Common school.
Profession, Religion, not a church member
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Parents Sweden.
Physicians Committing, Became resident of State at birth Co: Thos Howell + E.D. Keyes M.D.
Correspondents, Mother. Christine Anderson. 673 E. 3rd St. Winona, Minn.

No. of Years, 74.
Insane Relatives, Mother + sister -
Cause Exciting, –
Cause Predisposing, Heredity + previous attacks.
Form, Developmental
Accompanying Bodily Disorder, None.
Suicidal or not, Not.
Date of this Attack, About Sept. 1st 97.
Duration, Two months
No. of Attack, 3rd
No. of Admission, 3rd
Age First Attack, About 19.
Time of Leaving, Mar 26. 1898
Time in Hospital, 4 m. 23 d.
Result, Discharged Aug. 10. 1898 Much Improved

EXAMINATION ON ADMISSION BY DRs S.L. Phelps + R.A. Bebb. Date of Nov 4' 97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused.
MEMORY, Past Events, Seems good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Alert.
REASONING POWER, Ordinary Subjects, Much impaired
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted - Noisy + very talkative.
DELUSIONS, Systematized, Transitory, Special Subjects, Very childish - seems to be a lack of moral power.
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,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Drunkard.
Paternal Relatives,
Mother, Very weak minded.
Maternal Relatives,
Brothers and Sisters, 1 sister formerly insane - Now weak minded.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, –
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Restless at night. Appetite good.

Personal and Medical History of Mabel Anderson

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Skin normal condition.
TONGUE, Coatings or Promptness of Movement, No coating.
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, None.
HEARING, Good
COORDINATION, Arms, normal Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Both normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity No murmurs.
Normal - Regular. Pulse 82
ARTERIES, Normal
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Normal. Resp. 20

See Vol. 30 for 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,

Nov 5/97 EXAMINATION URINE, Quantity, XII ℥. (?) Sp. g. 1022 Reaction, acid Color and Appearance, Yellow - clear except flaky deposit
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates - oxalate of lime crystals - a few bladder + vaginal epith -
GYNECOLOGICAL EXAMINATION, Uterus retroverted.
MENSTRUATION, Regular
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor.
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).

Very much exalted: Very talkative: Mind flies from one thing to another in an incoherent silly manner. Hysterical in behavior. General physical condition is good.

1897

This patient was brought here by sheriff's ~~deputy~~ A. W. Fuhrmann, attended by her sister Anna Anderson in good physical condition: No history of consanguinity. This is third attack. Was in this (Rochester) hospital from Oct 8'95 to May 6'96 & from Sept. 8' 1896 to May 5'97 (For further particulars see Vol. 28 Page 385 No 4222 & Vol. 3 Page 321 No. 4516) First symptoms of present attack manifested about Sept. 1st when she became restless, uneasy, noisy & wandering. Disease appears stationary: Is variable with irregular rational intervals. Derangement now manifested by a "continuous state of imaginary ideas especially on subject of marriage: Not disposed to injure others: Not suicidal, filthy or destructive in habits: Patient's father was in this hospital, on an Inebriate warrant, in 1888 - Sister was here in 1889. mother is feeble-minded. Father is a habitual drunkard: No severe diseases or injury to head: Has been confined in this hospital twice, as above stated. On personal examination is excitable & has delusions. Talks continually, is visionary, writes numerous letters to young men.

Nov. 3 On admission put upon B2W (G.H.U. Rpt. Complexion fair: Hair light brown: eyes blue: No marks, scars or bruises noted. Is dirty. Very noisy: Rather silly & talkative.)

Nurse's Fourteen Day Record: Entered on ward, bathed & put to bed: Slept 2 hrs.

Nov. 4 T. 98 P. 70 R. 19. Appetite good: cathartic given: very agreeable: visited by sister: Slept well: Nov. 5 Assists with work: bowels regular: noisy at times Nov 6 Appetite good: takes outdoor exercise: visited by sister: Nov. 7 Very agreeable: Sleeps well:

Nov. 8 Transf. to B1: Nov. 10: Rather noisy: helps with work: Appetite good: bowels regular

Nov. 16 Patient has behaved quite well: very neat & clean in habits: has helped with work: appetite has been good & bowels regular: Has talked quite sensible & slept well: Taken out door exercise: was visited by sister on the 13th & 16th.

Summary Notes by Dr. B. M. Phelps. Nov. 3 Visited by sister: Patient quiet & fairly well behaved: Talks in a rather noisy, restless, aimless way. Nov 5 Still talkative & restless & somewhat noisy. Feb. 21 Visited frequently by her sister Has not changed very much. Mch 26 Visited by mother & taken home.

Discharged.

Personal and Medical History of Annie Waters

Whole No. 4912

Residence, Welch, Goodhue Co. Minn.

Date Admission, November 6th 1899.

Admitted by Dr. H.H. Herzog hour,

How Sent, Axel Haller J. of P. Goodhue Co.

Sex, female Age, 19 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Housekeeper. (Father a farmer)

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

~~Nationality~~ Native, Minn. (Father Ireland. Mother Ill.) Became resident of state Dec. 1878.

Physicians Committing, Chas. N. Hewitt & Geo. C. Wellner.

Correspondents, Thos. Waters (Father) Ether Minn.

No. of Years, 19

Insane Relatives, None known. Father drinks.

Cause Exciting, Probable love affair.

Cause Predisposing, Unknown.

Form, Acute mania.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 mos. ago.

Duration, 2 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 19.

Time of Leaving, Sept. 2. 1899

Time in Hospital, 9 mos. 27 d.

Result, Discharged Apr. 28' 99 Recovered

EXAMINATION ON ADMISSION BY DRS. Ch. & P.M. Phelps *Date of* Nov. 8' 99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, Impaired Special Subjects, Impaired

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Illusive

REASONING POWER, Ordinary Subjects, Much impaired

Special Subjects, Impaired.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Many & varied.

Temp. 100° Pulse 120 Resp. 26.

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, 2 mos.

ONSET, Gradual or Sudden, Sudden.

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

Father, Says a drunkard for years.

Paternal Relatives,

Mother, Dead.

Maternal Relatives,

Brothers and Sisters,

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

Says none.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Noisy & restless at night
Appetite good. Bowels constipated.

Personal and Medical History of Annie Waters.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6 in. PRESENT WEIGHT, 131 lbs. USUAL WEIGHT, NUTRITION, Impaired.

WOUNDS, Abnormalities and condition of Skin, Scar over left eye & on back of neck.

TONGUE, Coatings or Promptness of Movement, Skin hot & dry. Red - rough - no coating.

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

SIGHT, Fair used glasses at one time.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, No trouble

HEARING, Good

COORDINATION, Arms, Normal Legs, Normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Fine of hands & tongue - None general.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds full & irregular - Pulse 120 Muscular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Sym. normal. Expans. fair - Breath sounds normal. Resp. 24 to 26.

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 9/99 EXAMINATION URINE, Quantity, XXVI ℥ Sp. g. 1030 Reaction, Acid Color and Appearance, Yellowish red - Cloudy

Albumen, present by all tests Sugar, about.

Casts and Crystals, Amor. urates, oxalate of lime crystals, Excess of pus corpuscles, bladder & vaginal epith., fat globules.

Nov 6/99 GYNECOLOGICAL EXAMINATION, Labia minora hypertrophied - external genitals otherwise normal. Uterus adhered to left side - leucorrhoea - yellowish discharge.

MENSTRUATION,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Poor

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).

Very noisy & restless. Talks in a very incoherent noisy manner. Mind wanders from one subject to another. General physical condition quite impaired.

Personal and Medical History of Annie Waters.

1897

This patient was brought here by Sheriffs deputy R.J. Lundquist attended by John Waters in fair physical condition with the following history: No history of consanguinity or heredity: First symptoms of attack manifested about 2 mos. ago by melancholia. Disease appears increasing: Not variable, with no rational intervals: Derangement now manifested by erotic mania talking of men: Symptoms mental: No evidence of sexual excitement: Menstruation has been regular - just passed: Not disposed to injure others: Not suicidal: Tears clothes, no filthy inclinations evident. Previous peculiarities - has been rather melancholy: Father a free drinker: No severe disease or injury to head: Has had personal attendance: Has been given anodynes + cathartics: no effect:

On personal examination no further particulars noted.

On admission put upon B. W. (G.H.U. Rpt) Complexion dark: Hair brown: eyes gray: Condition of skin hot + dry: No marks noticed: Scars on left side of neck + over left eye: Eruptions on lower lip + on right side of face: A few small bruises on arms + legs: So duly: Behavior quiet: Talks very little: Answers questions very ill: Has some delusions)

Nov. 6 Nurse's Fourteen Day Record:- Bathed + put to bed: pounded on door all night:

Nov. 7 T. 100.6 P. 120. R. 28. Appetite fair: Put in restraint: quite noisy + restless: Slept quite well: Nov. 8 T. 101⅖ P. 100. R. 24. Tonic given: bowels constipated: Appetite good: In restraint day + night: noisy + struggling all night: Nov. 9: T. 101.8. P. 106. R. 26. Sponge baths given: In restraint: Slept about 3 hrs. Gets out of restraint: Nov. 10 A.m. T. 100⅘ P. 100. R. 19. Refused tonic: cascara given: also hyps 10 p.m. Got out of restraint several times: tore two restraint sheets: bladder washed out twice: Slept 4 hrs. P.m. T 100⅖ P. 96 R. 20. Nov. 11 T. 99⅘ P. 92. R. 14. Refused tonic: Calomel given, also enema: Bowels moved: In restraint: Sponge bath given: Bladder washed out twice: Slept well: Nov. 12 T. 100⅖ P. 92 a.m.: enema given: Bladder washed out daily: T 100⅖ P. 92 R. 20 p.m. Nov. 13 T. 100. P. 98. R. 21 a.m. enema given: Catheterized: pulse more quiet: noisy 1 hr. Slept well: In restraint: mouth washed. T. 100⅖ P. 100 R. 20. p.m. Nov. 14. During remainder of second week Temp. varied from 99⅘ to 100⅘. Pulse from 96 to 98. Last 3 days refused to eat: fed with tube: refused tonic every day: Cascara given: also salts: Catheterized daily: Limbs rubbed with alcohol + mouth washed daily: Bladder washed out daily: Speech incoherent: very noisy: Got out of restraint by struggling. Nov. 18 was up on ward: very nervous + troublesome: slightly destructive + inclined to be violent: Bowels inclined to be constipated. Summary of notes by Dr. Wm. Phelps.

Nov. 4 Wt. 178⅝. Has been very quiet most of time: So somewhat silly. So becoming somewhat more active in assisting with the work + in morning about.

May 20 99 Visited by sister: So helping somewhat with the work + has improved very much: Still rather dull + quiet. July 26 Trans. to Infirmary. Continued to improve and on June 16 Trans. to B'. July 6. More talkative: assists with work: neat + tidy: Aug. 31. very anxious to go home: Talks quite sensibly: Takes out door

Personal and Medical History of

exercise

Personal and Medical History of Mary Grace Dickey

Whole No. 4913
Residence, Richland, Rice Co. Minn.
Date Admission, November 8' 1897.
Admitted by Dr. C.B. Eby. hour, 3 10 P.M.
How Sent, R.A. Mott J. of P. Rice Co.
Sex, Female Age, 26.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, None (Has been at school for Feeble-minded)
Degree Education, Common school.
Profession, Religion, None (Parents Methodists.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Father Penn. Mother N.Y.)
she is a legal resident of Minnesota
Physicians Committing, J.W. Bailey + L.A. Wheeler
Correspondents, Father. W.B. Dickey Faribault. Minn

No. of Years, 80.
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Yes. Attempted by choking. Propensity active
Date of this Attack, Nov 2 Has been at school for F.M. at Faribault 8 yrs.
Duration, 6 days.
No. of Attack, Not 1st
No. of Admission, see above.
Age First Attack, —
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR.s R.M. + Sh. Phelps *Date of* Nov. 8/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused + Sluggish.
MEMORY, Past Events, Impaired.
Recent Events, " Special Subjects, Impaired.
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,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
Seems to have many
Very dull + listless - no will power. Has had epileptic fits
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,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living + healthy
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Can determine nothing from patient.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, for years.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleeps well. Appetite good. Bowels regular.

Personal and Medical History of Mary Grace Dickey

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in. PRESENT WEIGHT, 115 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Scar on left leg.
Skin covered with an eruption.
TONGUE, Coatings or Promptness of Movement, whitish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Regular - Size dilated.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good.
COORDINATION, Arms, Normal. Legs, Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Both about normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating + slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Sounds normal. Regular 90
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Chest sym. normal
Expansion Good
Breath sounds normal
Resp. 14

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. 27 /97 EXAMINATION URINE, Quantity, XIV ℥ Sp. g. 1030 Reaction, acid Color and Appearance, Yellowish red. Cloudy, copy deposit
Albumen, absent Sugar, do
Casts and Crystals, Amor. + sodium urate. Uric acid crystals. a few Epith cells

Nov. 8/98 GYNECOLOGICAL EXAMINATION, Hymen intact - external genitals normal.
MENSTRUATION, Sometimes painful + irregular.
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).

Mental condition very demented + confused. Power of attention very poor. Is quite imbecile General physical condition fairly good. Has become suicidal of late. Requires close watching.

1897 Personal and Medical History of Mary Grace Dickey

This patient was brought her by Sheriff's deputy W.B. Dickey attended by Belle Bradfield, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or self: Attacks have occurred periodically, as is usual in Epileptic insanity; duration from 3 to ten days: Has been in school for Feeble Minded at Faribault for eight years: Physical & mental condition improved during early years of treatment: Mental condition has not improved of late: First symptoms of present attack manifested Nov. 2 '97 by destructive impulses. Disease appears increasing: Was variable until three months ago with rational intervals occurring from 5 days to six weeks apart: Not variable now: Derangement now manifested by destructive impulses & acts: Occasionally states that people are trying to kill her: Is disposed to injure others. Has attempted suicide by choking herself with strips of clothing & bedding: Propensity is now active: Is destructive but not filthy in habits: No previous peculiarities noted: Has been restrained by camisole & isolated when in danger of injuring other children: Has been given bromides for epilepsy with beneficial results formerly but not of late. On personal examination is at times very quiet at others employes to be

Nov. 8 Killed On admission put upon B2 (G.H.U. Rpt. Complexion dark: Hair black: eyes brown: Condition of skin normal: Several scars on left leg & one on right foot: Both knees bruised: Is clean: Behavior quiet: Talks very little & incoherently)

Nov. 8 Nurse's Fourteen Day Record:- Bathed & put to bed: slept well: Nov. 9: T. 98.8 P. 70. R. 19. Transf. to C2: Appetite good: bowels regular: menstruating: slept well: had two convulsions during night: Nov. 10 T. 98.4 P. 73. R. 19. neat: talks sensibly: had three convulsions, Nov. 11 T. P. R. normal: appetite good: bowels regular: Had 2 convulsions: Nov. 12 Had two convulsions: Nov. 13 Three convulsions. Nov. 14 Had one convulsion: awake most of night: Nov. 15 Two convulsions: slept most of night:

Nov. 16 Appetite good: bowels regular: sleeps quite well: Nov. 17 One convulsion: seems very dull:

Nov. 18 Three convulsions: Nov. 20 Two convulsions: Nov. 21 Appetite good: bowels regular: Sleeps well: takes outdoor exercise. Summary: Appetite is good, bowels are regular: seems quite dull: Has about five convulsions per day. Summary Notes by Dr. Wm. Phelps.

May 28 '98. Visited by mother & friends. Has had one or two spells of actively maniacal behavior: Once tried to commit suicide. Sept. 1 Trans. to B3. Still has occasional convulsions, rather melancholy: always feeble minded:

Oct. 17 Had a convulsion, fell to floor & fractured clavicle: Trans. to Infirmary:

Oct 18 up & about ward. Feb. 1 '99 Wt. 114# Patient continues in about condition.

Mch 1- Aug 31 '99 General health good: appetite good: bowels regular: menstr. regular: Sleeps well. Takes outdoor exercise: untidy & rather careless in appearance: Has frequent convulsions, & often is very stupid after them, & sometimes violent: takes

Personal and Medical History of Mary Grace Dickey

medicine: Mar. 8 Fell during convulsion & bruised head: Wt. 113½#

Sept 1- Feb 28 '1900 (Dr. Heyerdale) Has frequent convulsions: very stupid & helpless: untidy Appetite good: Sleeps well: Takes outdoor exercise: Bowels regular: Menstruates regularly: Jan 17. Wt. 114. Feb. 22 Fell in convulsion bruising lips: Fought when put to bed: Frequently injures herself falling when she has convulsions

Mch 1- Sept 1- (Dr Linton) untidy & at times violent: Has many convulsions night & day: Is quite stupid: Has delusions: Talks incoherently: Appetite quite good: Sleeps well: Bowels regular: Menstruation regular: Takes outdoor exercise: July 21 Vaccinated. Aug. 9 Fought nurses: In seclusion 4 hrs. Sept. 15 Had three convulsions during day: Very stupid: dirty: Violent: sometimes talks incoherently: Menstruation regular: Oct 16 Had seven convulsions during day also some in night bruised right eye: Dec 1- Feb 28 '1901. No change. Feb 24 Wt. 115#

Mar. to June 1901 No change in general condition May 29 Wt. 116#

June to Sept. menstruates regularly, no change in physical or mental condition. Aug. 30 Wt. 113#. Sept. to Dec. Patient is very dull mentally, is very troublesome, has frequent convulsions during day and night and often bruises her face and head severely, at times very helpless, dirty in habits, takes out door exercise, Nov. 16 Wt. 115#.

Dec. to Feb. 1903 No change. Wt about 113#

Personal and Medical History of Mary E. Joyce

Whole No. 4915

Residence, Grand Meadow, Mower Co. Minn.

Date Admission, November 9th 1897.

Admitted by Dr. R. M. Phelps. hour, 6.45 P.M.

How Sent, A. L. Washburn Jo. of P. Mower Co.

Sex, Female. Age, 27.

Civil Condition, Married.

Children, One.

Age Youngest Child, Prematurely confined June 14/97. (twins)

Occupation, Housewife (Husband a farmer)

Degree Education, Holds teachers certificate.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Iowa. (Father Ill. Mother Canada)

Physicians Committing, A. W. Allen + C. H. Washburn. Became resident of State Jan 1888.

Correspondents, Family Physician Dr. O'Connor, Grand Meadow Minn

No. of Years, 82

Insane Relatives, Grandmother.

Cause Exciting, Nervous disease following her miscarriage

Cause Predisposing, Acidity?

Form,

Accompanying Bodily Disorder, Is nervous + anaemic.

Suicidal or not, Not.

Date of this Attack, April '97.

Duration, about 7 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27 yrs.

Time of Leaving, Jan. 15. 1898

Time in Hospital, 2 mo. 6 d.

Result, Discharged May 4. 1898

EXAMINATION ON ADMISSION BY DRS. A. L. + R. M. Phelps Date of Nov. 10/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused at times though seems sensible part of time.

MEMORY, Past Events, Recalls slowly but is quite correct.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

At times illusive.

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects,

Own Mental State, Realizes that she is not right in mind.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Mind is quite confused at times.

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),

Grandmother only one admitted to be insane by husband

Father,

Paternal Relatives,

Mother,

Maternal Relatives, Grandmother

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 Mary E. Joyce.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, 110 USUAL WEIGHT, NUTRITION, Impaired. Pale.

WOUNDS, Abnormalities and condition of Skin, Picks face until covered with sores.

TONGUE, Coatings or Promptness of Movement, Slightly coated - sluggish.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Probably good Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, No special tremor of hands. General nervous + jerky movements.

PATELLAR REFLEX, Both exaggerated 8 & 7. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, No murmurs Sounds normal. Pulse 72.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest sym. normal. Expansion fairly good. Resp. 14.

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 19/97 EXAMINATION URINE, Quantity, ± Sp. g. 1025 Reaction, Acid Color and Appearance, Yellowish red-Cloudy

Albumen, Trace only by Tests Sugar, Absent.

Casts and Crystals, Excess amor. urates - Epith cells of all varieties. a few fats corpuscles. Excess oxalate of lime crystals. a few fat globules.

Nov. 9/98 GYNECOLOGICAL EXAMINATION, Uterus retroflexed - Menstruation established at 13 yrs of age.

MENSTRUATION, Menstruating on admission.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps fairly well.

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). Answers questions very slowly - Seems quite correct in statements if allowed time enough to collect her thoughts - Seems to realize that her memory is failing. General physical condition much impaired. Emaciated + pale. Very nervous in actions.

Personal and Medical History of Mary E. Joyce

1897

This patient was brought here by sheriff's deputy J. R. Joyce attended by John Quinn in fair physical condition with the following history: No history of consanguinity: First symptoms of attack manifested in April '97: became extremely nervous: (was refused admittance to St. Mary's, Rochester after examination on account of insanity) Disease appears stationary: Not variable, no rational intervals: Derangement manifested by lack of memory: + carelessness about her person. will not dress or wash herself: Formerly had peculiar views upon religion: Not disposed to injure others: No disposition to filthy or destructive habits: One grandmother said to have been insane. No previous peculiarities noted: No severe disease or injury to head: Last spring had to be closely watched: Has received little treatment altho she has been examined by several physicians. On personal examination seems rather weak + anaemic + nervous. It is difficult for her to remember things:

Dr. Phelps notes. "Has been this way since last April. Child born June 14. Had twins. Has refused food lately.

Nov 9 On admission put upon B^r W (Gen. Rpt. Complexion. dark: hair black: eyes blue: Condition of skin normal: No marks nor scars: A slight eruption on face: Is rather dirty: Behavior quiet: Has delusions + is very absent-minded.)

Nov. 9. Nurse's 14 Day Record: Rec'd on ward. bathed + put to bed: slept about 4½ hrs.

Nov. 10 T 98^4 P. 54. R. 16. Ate some each meal: very much confused: nervous + restless: thin in flesh: slept about 3 hrs. visited by father, husband + priest: Nov. 11: Ate nothing: bowels constipated: powder given: out of bed all night: restless + quite noisy at times: Nov. 12: Fed with tube: cathartics given: very nervous: did not sleep:

Nov. 13 Fed with tube: cascara given: very restless + much confused: extremely noisy: fought nurses. slept well: Nov. 14: Fed with tube: refuses tonic: much more quiet: genl health poor: refused tonic: ate dinner bowels inclined to be constipated Did not sleep: Nov. 15. Ate dinner + supper: took tonic 7 a.m. + 1 p.m. Refused in evening: very quiet: visited by father: slept quite well. Nov. 16 Drank milk: took tonic, also pills: complains of pain in abdomen: very quiet + not so nervous: talks rather sensibly at times: Nov. 17 T. 98^8 P. 56 R. 19. Drank milk: ate some: refused tonic: Fed by nurse: went riding: has many delusions: pain in abdomen: Nov. 19 Very pale + thin: genl health seems poor: appetite poor: bowels inclined to be constipated:

Nov. 21 Appetite improving a little: neat + tidy: talks sensibly on ordinary subjects: has delusions: Is very absent minded: quiet: very constipated: cathartics given: Elec. treatments given: sleeps well. Summary Notes by Dr. B.M. Phelps.

Jan 12 '98 Visited by friends: Jan 15 Taken home on trial by father + husband: Has quieted down a good deal

Discharged.

Personal and Medical History of

Personal and Medical History of Annie Thinnjan

Whole No. 4916
Residence, Frontenac, Minn.
Date Admission, Nov. 10th 1897
Admitted by A. J. Kilbourne M.D. hour, 3:30 P.M.
How Sent, Axel Haller & of P. Goodhue Co.
Sex, Female Age, 67 yrs.
Civil Condition, married.
Children, 2 -
Age Youngest Child, died at age of 18. 9 yrs. ago.
Occupation, Housewife (Husband a farmer)
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate.
Nationality, Native of Germany (Parents Germany) Became resident of State 1859.
Physicians Committing, Drs. Jaching & J. V. Anderson.
Correspondents, Husband's address Frontenac, Minn.

No. of Years, 8 yrs.
Insane Relatives, Not Known
Cause Exciting, Loss of children.
Cause Predisposing, -
Form, Acute melancholia.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 9 yrs. ago.
Duration, 9 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 67.
Time of Leaving, Nov. 20. 1897
Time in Hospital, 10 Da.
Result, Died - Dysentery

EXAMINATION ON ADMISSION BY DRs R. M. & D. L. Phelps. *Date of* Nov. 10/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Much confused - sluggish.
MEMORY, Past Events, Much impaired.
Recent Events, Special Subjects Much impaired
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Illusive & dull.
REASONING POWER, Ordinary Subjects, Much impaired.
Special Subjects, Much impaired
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Very excitable & agitated.

DELUSIONS, Systematized, Transitory, Special Subjects,
Seems to have many & varied

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, no history obtainable from her.
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, Very restless, does not sleep. Appetite very poor: Bowels regular

Personal and Medical History of Annie Thinnjan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 2 in. PRESENT WEIGHT, 125. USUAL WEIGHT, NUTRITION, Somewhat exhausted
WOUNDS, Abnormalities and condition of Skin, None. Skin somewhat dry & irritated.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light.
SIGHT, Seems fair.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands. Keeps limbs in constant motion.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow & thick.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Mitral regurgitant murmur
Apex Beat, Regularity,
Pulse irregular. 90
ARTERIES,
Seem normal.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Expansion fair Friction sounds on left side & dry rales on right side posteriorly.

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,

None made
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Sleeps very poorly.
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). Agitated melancholia from senile changes. Very restless, in constant motion. Worries continually. Mind much confused.

Personal and Medical History of Annie Thimjan.

1897.

This patient was brought here by Sheriff's deputy John Thimjan (husband) and Michael Ackerman, in poor physical condition, with the following history:- No history of consanguinity or heredity known: This is first attack & first symptoms were manifested nine years ago by searching for her daughter who had recently died: Disease appears increasing: Is not variable: no rational intervals: Derangement manifested on subject of loss of her children: Expects them to come back: Does not recognize friends: Not disposed to injure others: No disposition to filthy or destructive habits: No previous peculiarities noted: No severe disease or injury to head: Has not been confined or restrained: Has been treated by physicians with no results. On personal examination is physically in fair vigor: Wanders aimlessly about the room: Does not comprehend questions sufficiently to give rational answers.

Nov. 10 On admission put upon B^r W (A.H.U. Rpt Complexion fair: Hair gray: eyes blue: no marks, scars or bruises. Is dirty: Very maniacal: Does not speak English.)

Nurse's 14 Day Record: Recd on ward, bathed & put to bed: did not sleep: struggled while in restraint: Nov. 11 a.m. T. 100^2 P. 72 R. 24: In restraint during day ate very little: cascara given: bowels moved: nervous & restless: coughs some: Slept greater part of night. 5 pm. T. 101^6.

Nov. 12 9 a.m. T. 101. Appetite poor: In restraint day & night: sponge bath given: very restless:

Nov. 13. T. 101^8 P. 100. R. 20: Appetite fair: sponge bath given: hot bath at bed time: Sleeping dose at 8:30: very restless & out of bed this morning: visited by husband slept well: 5 pm T. 101. P. 98 R. 20.

Nov. 14 9 a.m. T. 100 P. 98. R. 19 Appetite fair: sponge baths given: medicine given often: more restless: had to be held in bed: put in restraint: taken out & slept 3 hrs this p.m. bowels moved 4 times: Nov. 15 9 a.m. T. 100. P. 98. 4:30 pm. T. 103: P. 100: R. 30: 5 pm. T. 101: P. 98. R. 29: medicine every hour: sponge baths given: appetite fair: bowels moved several times: very restless: struggles considerably: slept well: Nov. 16 T. 101^4 P. 100 R. 22. B. milk given several times: medicine every 2 hrs. alcohol baths often: cold applications to head. Nov. 17 T. 100. P. 98. R. 20. B. milk often: medicine every hour: baths given: very restless & struggles some: put in restraint: slept quite well. Nov. 18 Milk given: medicine often: baths given often: more quiet: seems cold: sand-bags applied. Transf. to Inf.

Nov. 18 T. 101. R. 30. Milk given often: toast given: had diarrhoea: medicine given: Sponge baths: Sleeping dose 10 p.m. Slept well: Nov. 19 6 a.m. T. 100. R. 32. 1:30 pm T. 101 P. 100 R. 30. 4:30 pm T. 102. P. 100. R. 46. medicine given: milk given often: bowels moved frequently. alcohol bath given: lying in stupor: hot sand bags applied: broken out: vaseline & bandages applied to limbs: pulse weak & thread-like:

Nov. 20 Lying in stuporous condition: Died at 1:30 a.m.

Died

Personal and Medical History of

Personal and Medical History of Elizabeth Bolland

Whole No. 4922
Residence, Mabel, Minn.
Date Admission, November 12th 1897.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, Female Age, 52.
Civil Condition, Married.
Children, Two.
Age Youngest Child, 22 yrs.
Occupation, Housewife (Husband a farmer)
Degree Education, Can read & write Norwegian.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality,~~ Nativity Norway (parents also born there)
Resident State 16 yrs. for 4 yrs.
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents,

No. of Years, 88
Insane Relatives, Mother, one sister, one brother.
Cause Exciting, ?
Cause Predisposing, Heredity
Form, Melancholia.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, July 97.
Duration, About 4 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 52 yrs.
Time of Leaving, Jan. 29. 1898
Time in Hospital, 2 mo. 17 d.
Result, Discharged May 4. 1898
Improved.

EXAMINATION ON ADMISSION BY DRs R.M. & S.L. Phelps *Date of* Nov. 13 '97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & Sluggish
MEMORY, Past Events, Impaired
Recent Events, Special Subjects, Impaired
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Illusive Dull.
REASONING POWER, Ordinary Subjects, Impaired
Special Subjects, "
Own Mental State, "
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks people are trying to poison her.
Is afraid of everybody.
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,
Children 5 - 2 living - 1 child still born - & 2 died at age of 2 mos.
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, Sleeps poorly. Appetite good
Bowels constipated.

Personal and Medical History of Elizabeth Bolland.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, 146 lbs USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, None. Skin normal.
TONGUE, Coatings or Promptness of Movement, Heavy white coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size somewhat contracted. Response to light & accomodation normal.
SIGHT, Impaired: Uses glasses.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, None.
HEARING, Seems good.
COORDINATION, Arms, Normal Legs, Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Rather slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs.
Sounds normal: Apex beat normal.
Pulse 74.
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,

Nov 20/97 EXAMINATION URINE, Quantity, — Note Cannot retain urine well & pain on passing. Sp. g. 1032 Reaction, Acid Color and Appearance, Reddish yellow - cloudy
Albumen, Absent. Sugar, Trace by both Fehling & Bismuth
Casts and Crystals, Amor. urates - a few bladder cells. Oxalate lime crystals - a few pus corpuscles.
Nov. 12/98 GYNECOLOGICAL EXAMINATION, Extensive laceration of cervix - lac. of perinium. Leucorrhoea. Vaginal walls lax & patulous - pain in right fornix -
MENSTRUATION, Menopause passed. 3 yrs. Menstruation established at 16 yrs. - always irregular - suppressed for two years.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Very restless: Sleeps poorly.
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).
Appears slightly senile but ordinary melancholia in form. Has been in fair health. Has been worse since last April tho not well for 20 yrs.

Personal and Medical History of Elizabeth Balland.

1897

This patient was brought here by Sheriff's deputy J. Balland attended by A. Hemmingsgard, in fair physical condition with the following history:- No history of consanguinity: First symptoms of attack manifested, (July 97) by fear of everyone: Afraid that someone will injure or kill her. Disease appears increasing: Is variable but never fully rational: Derangement now manifested principally by idea that she is to be killed. No disposition to injure others, nor to filthy or destructive habits: Mother has been insane, is well now. One sister also but has fully recovered. A brother is insane in Norway: No previous peculiarities noted: No severe disease or injury to head: Has not been in confinement nor restraint. Has consulted a number of physicians but without relief. On personal examination has all the appearance of mania.

Nov. 12/97 On Admission put upon B.W. (G.H.U. Rpt. Complexion dark: Hair brown, partly gray: Eyes blue: Condition of skin normal: No marks or scars & bruises on legs: Is dirty: Behavior quiet. Has delusions.)

Nov 12 Nurses 14 Day Record: Retd at 9:30 pm. Bathed & put to bed did not sleep:

Nov. 13 T. 98⅘ P. 87. R. 19. Ate dinner & supper, but no breakfast: bowels regular: noisy at times: Is much afraid of someone: very restless: does not sleep: Nov. 14 T. 98⅘ P. 89. R. 20. ate dinner & supper: bowels moved: very restless during day. Cries considerable: visited by two gentlemen: slept little: Nov. 15 T. 98⅖ P. 89. R. 18: Appetite fair: refuses cascara: up on ward: cries & talk considerable: very obstinate: sat up in bed during night. Nov. 16 T. 98⅘ P. 87 R. 18. Cascara given: bowels moved: Restless & walks up & down ward: talks sensibly on ordinary subjects: S.D. at 8:30 pm. Did not sleep well Nov. 17 Inclined to be untidy: nervous & restless: S.D. at 8:30 Did not sleep: Nov. 18 Appetite fair: Has cascara: S.D. at 8:30 without effect: Nov. 19 Bowels inclined to be constipated: pills given: slept some: Nov. 20 Very disagreeable at times untidy in appearance: complains of pain: slept some: Nov. 21 Appetite good: cascara given twice since last note: Goes walking & riding: Has delusions: talks sensibly at times: worries & cries considerably: assists some with work: Has been more quiet of late but talks to herself: complains of pain: bowels are not regular: takes cathartics: sleeps well. Summary Notes by Dr. Wm. Phelps. Nov. 18 Has many delusions: cries a great deal. Is very depressed: Knows various sleeping doses.

Nov. 19 Still troubled in the same way: Works in the dining room. Jan 29 '98 Taken home by husband on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Eliza Johnson

Whole No. 4925
Residence, Choice, Minn.
Date Admission, November 17. 97.
Admitted by Dr. C.B. Eby hour, 2 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, Female Age, 33
Civil Condition, married.
Children, one
Age Youngest Child, 5 yrs.
Occupation, Housewife
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Minn. (Parents Norway)
Born in Fillmore Co. Minn.
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents,

No. of Years, 92.
Insane Relatives, a cousin
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
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, 33
Time of Leaving, June 3. 1898
Time in Hospital, 7 m. 13 da.
Result, Discharged Dec. 17. 1898.
Recovered

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 11/20/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect on many subjects
REASONING POWER, Ordinary Subjects, Answers fairly correct.
Special Subjects, Poor
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Melancholy.
DELUSIONS, Systematized, Transitory, Special Subjects,
Is afraid always that she has disease of womb.
Has done secret sins.
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, Says one month probably more.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Some insanity on Father's side — Children of his sister
Father living — old.
Paternal Relatives,
Mother, Living — not strong.
Maternal Relatives,
Brothers and Sisters, 3 sisters & 6 brothers
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had small pox and mumps.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches this Spring — Not before that since 14 years old.
OCCUPATION, Healthy or not, Housework
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
" poor of late.

Personal and Medical History of Eliza Johnson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in PRESENT WEIGHT, 109½ lbs USUAL WEIGHT, NUTRITION, Not much impaired.
WOUNDS, Abnormalities and condition of Skin, — Skin fair condition.
TONGUE, Coatings or Promptness of Movement, Red — No coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal — Size normal. Respond to light & accom.
SIGHT, Normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal
COORDINATION, Arms, — Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal
PATELLAR REFLEX, Normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Fairly 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,

Nov 20/97 EXAMINATION URINE, Quantity, XXV ℥ viz Sp. g. 1021 Reaction, acid Color and Appearance, Yellow. Flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, Amor. urates. axalate of lime crystals, Epith cells. {squamous — overlapping / round.
a few pus corpuscles.

Nov. 18/97 GYNECOLOGICAL EXAMINATION, Uterus retroflexed & adhesions on right side. Lac. of perineum. External genitals otherwise normal. Triangular lac. of os. More tenderness on right side. Said she had uterus curetted.
MENSTRUATION, regular — usually no pain — some lately — mostly in hypgastrium — some in back. Profuse & tenacious leukorrheal discharge following menstruation.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor.
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 some heredity but denies any direct — Brother says that she never was quite right — Always a little weak — Did not learn well. Learned slowly but sluck to it. Hint of a low grade "Always melancholy" etc.

Personal and Medical History of Eliza Johnson

1894.

This patient was brought here by Sheriffs Deputy Martin J Elefson attended by Jacob Johnson in fair physical condition, with the following history:- No history of consanguinity: First symptoms of attack manifested about one month ago, became melancholy over religious matters: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested on subject of religion: Imagines she has committed some awful sin: Thinks of nothing else: Not disposed to injure others: Not suicidal filthy nor destructive in habits: One cousin was at this (Rochester) hospital, insane: Patient has always been very melancholy: No severe disease or injury to head: Has not been confined or restrained: Has consulted several physicians without benefit: On personal examination is very melancholy: Is afraid someone is going to carry her off: Afraid she is not going to be saved, etc. On admission put upon B'd W(G & H. Rpt Complexion fair: Hair light: Eyes blue: Condition of skin normal: Eruptions on back & face: Is rather dirty: Behavior quiet: Has delusions.)

Nov. 18 Nurses 14 Day Record: Received on ward: bathed & put to bed: visited by husband: did not sleep well: Nov. 19 T. 98⅘ P. 87 R. 19. Appetite poor: worries & cries a great deal: visited by husband: did not sleep well. Nov. 20 T. 98⅖ P. 87. R. 19: nervous & somewhat excited: visited by husband: slept quite well. cascara given: Nov. 21 T. 98 P. 90. R. 20. Appetite poor: talks a good deal: bowels inclined to be constipated: visited by husband: cries considerably: Nov. 22 Cascara given: patient is neat & tidy: has many delusions: slept most of night: Nov. 23: Appetite poor: talkative: nervous & easily excited: complains of pain in head. Nov. 24 T. 99⅖ P. 89 R. 22 Appetite fair: powder given: runs to doors & tries to escape: has many delusions: Is restless: B. D. 8 p.m. Slept about four hours: Nov. 25 Ate very little: cascara given: seems much confused: complains of pain all over body: slept well: Nov. 26 Fed with tube: coughed some during night: slept well: Nov. 27 Ate some: pills given for bowels: has many delusions: worries a good deal: complains of pain in stomach: Nov. 28. ate some: quiet all day: reads some: slept well. Nov. 29. Bowels inclined to be constipated: cascara given: more quiet: Nov. 30 Worries & has many delusions but answers questions sensibly: Appetite fair. Oct. 1 more quiet than usual: cascara given: appetite fair: sleeps well.

Summary Notes by Dr. R. M. Phelps. Quite stupid: does not talk much: Refuses to eat, is fed by tube occasionally will eat if fed by nurses. Jan. 12 Visited by friends Has not changed much altho she is more cheerful.

May 13. Wt 136# Tries to escape when out of doors: When on ward is considerably better. June 3 94 Visited by father & brother & taken home. Still rather melancholy.

Discharged.

Personal and Medical History of

Personal and Medical History of Bertha Zabel.

(4926 see Folio 73)

Whole No. 4927.

Residence, Richland. Rice Co, Minn.

Date Admission, November 19' 1897.

Admitted by Dr. Les B. Eby. hour, 3 PM.

How Sent, T. A. Mott J. of P. Rice Co.

Sex, Female Age, 29.

Civil Condition, married.

Children, One.

Age Youngest Child, Seven weeks.

Occupation, Housewife (Husband butcher)

Degree Education, Common school.

Profession, Religion, German Lutheran.

Habits, Not intemperate.

~~Nationality,~~ Statutory, Germany (Parents also born there)

Became resident of State in Aug 1894

Physicians Committing, Spencer R. Jackson & W.H. Bobilliard

Correspondents,

No. of Years, 93.

Insane Relatives, None

Cause Exciting, Childbirth

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Attempted to Take Strychnia.

Date of this Attack, About 5 wks. ago.

Duration, 5 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 29

Time of Leaving, July 29. 1898

Time in Hospital, 8 m. 10d.

Result, Discharged Nov. 9'98 Unimproved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 11/20/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Not quick.

MEMORY, Past Events, Fair - Somewhat impaired.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull -

REASONING POWER, Ordinary Subjects, Somewhat impaired

Special Subjects, " "

Own Mental State, Mild confusion -

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mild excitement with some confusion - Sometimes melancholy -

DELUSIONS, Systematized, Transitory, Special Subjects,
Yes - In regard to her child - Also transitory delusions -

HALLUCINATIONS, None determined.

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),
Don't know of insanity in family.
Father, Died when patient was very young.

Paternal Relatives,

Mother, Died when patient was a little baby.

Maternal Relatives,

Brothers and Sisters, 1 (One child 7 wks.)

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Severe sickness 5 yrs. ago - Thinks typhoid.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.

OCCUPATION, Healthy or not, Housework & some little outdoor work.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Bertha Zabel.

Takes Paris Green. 1898
Faribault, Minn., Special, Aug. 4.—Mrs. Bertha Zabel, wife of William Zabel, a farmer of Richland, took a dose of paris green and died from the effects. She had but recently returned from the insane hospital, pronounced cured.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 111 Lbs. USUAL WEIGHT, NUTRITION, Seems somewhat impaired

COPY OF LETTER REGARDING BERTHA ZABEL.

Richland, Aug.8, 1898.

Mr. Arthur Kilbourne,
Rochester, Minn.

Dear Sir:-

Well I am sorry to say that Bertha is dead Sunday I could see at times she was not what she ought to be, and tuesday she seemed to be alright in the morning she done up her work and about ten oclock she took a lot of Paris green she mixed it in a little water she was out dorse when she took it, she left a little in the cup it was just thick. after she took it she called me and then I see it on her face and she told me she took three teaspoons full but she took more than that by what she vomited up I give hir sweet milk and lard and she vomited up and awful lot and as quick as the doctor got there he pomped out her stomic he said she took enough to kill ten horses by what we had told him what had come up we done everything we could and the doctor but she died at quarter to seven that night it was a terrible sight to see it. I would like to have you send her velece down to me that she left there.

Well I will close.

Mr. W. H. Zabel,
Richland Minn.

Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Nov 7/98 EXAMINATION URINE, Quantity, 3 XVII Sp. g. 1035 Reaction, Acid Color and Appearance, Yellowish red-

Albumen, Trace by Esbach's only Sugar, Trace by Fehling & Bismuth Character cloudy with flaky sed.

Casts and Crystals, Excess amor. urates - a few oxalate of lime crystals - uric acid crystals - a few epith. cells

GYNECOLOGICAL EXAMINATION, adhesions anterior & to left of uterus, uterus retroflexed - general inflammation of cervix - Endometritis - extensive lateral laceration of os also lac. of perineum, cystocele.

MENSTRUATION, Painful - pain in hypogastric & lumbar regions

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Usually sleeps well.

BOWELS, Present Condition, Constip. - Reg. lax. occas.

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 somewhat neurasthenic & describes a series of neurasthenic symptoms ending in a kind of confusional mental state characteristic of such symptoms. Lactation Insanity — Form - Acute Confusional.

Personal and Med

(4926 see Folio 73)
Whole No. 49
Residence, Ri
Date Admission,
Admitted by Dr.
How Sent, R. A. Mo
Sex, Female Age,
Civil Condition, married.
Children, one.
Age Youngest Child, Seven weeks.
Occupation, Housewife (Husband butcher
Degree Education, Common school.
Profession, Religion, German Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Germany (Parents also born there)
Became resident of State & Co in Aug 1895
Physicians Committing, Roscoe N. Jackson & W.H. Bobilliard
Correspondents,

No
Age First
Time of Leaving,
Time in Hospital,
Result, Discharged
Unimproved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps. *Date of* 11/20/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Not quick.
MEMORY, Past Events, Fair - Somewhat impaired.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull -
REASONING POWER, Ordinary Subjects, Somewhat impaired
Special Subjects, " "
Own Mental State, Mild Confusion -
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mild excitement with some confusion - Sometimes melancholy -
DELUSIONS, Systematized, Transitory, Special Subjects,
Yes - In regard to her child - Also transitory delusions -
HALLUCINATIONS, None determined.
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),
Don't know of insanity in family
Father, Died when patient was very young.
Paternal Relatives,
Mother, Died when patient was a little baby.
Maternal Relatives,
1 Brothers and 3 Sisters,
One child 7 wks.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Severe sickness 5 yrs. ago - Thinks typhoid.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.
OCCUPATION, Healthy or not, housework & some little author work
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Bertha Zabel.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in. PRESENT WEIGHT, 111 lbs. USUAL WEIGHT, NUTRITION, Seems somewhat impaired
WOUNDS, Abnormalities and condition of Skin, Some pallor & anaemia Scar on right breast.
TONGUE, Coatings or Promptness of Movement, Not coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Normal. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue.
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.
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,

Nov. 23/97 EXAMINATION URINE, Quantity, ℥ XVII Sp. g. 1035 Reaction, Acid Color and Appearance, Yellowish red - Character cloudy with flaky sed.
Albumen, Trace by Tauret's only Sugar, Trace by Fehling & Bismuth.
Casts and Crystals, Excess amor. urates - a few oxalate of lime crystals - uric acid crystals - a few epith. cells
GYNECOLOGICAL EXAMINATION, adhesions anterior & to left of uterus uterus retroflexed - general inflammation of cervix - Endometritis - extensive lateral laceration of os. also lac. of perineum, cystocele.
MENSTRUATION, painful - pain in hypogastric & lombar regions
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Usually sleeps well.
BOWELS, Present Condition, Constip. - Reg. lax. occas.

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 somewhat neurasthenic & describes a series of neurasthenic symptoms ending in a kind of confusional mental state characteristic of such symptoms. Lactation Insanity - Form - Acute Confusional

Personal and Medical History of Bertha Zabel.

1897

This patient was brought here by Sheriff's deputy J.W. Moshier attended by Mr. Zabel in fair physical condition:- No history of consanguinity or heredity: First symptoms of attack manifested about 5 weeks ago by hallucinations: Disease appears increasing: Is variable with irregular rational intervals: Derangement manifested by mania of persecution: Thinks unknown persons are after her child: Apparently wants to kill the child: Is filthy & destructive in habits: No previous peculiarities noted: No history of intemperance in parents or self known: No severe disease or injury to head: No confinement or restraint employed: Has taken bromides, hyso & Nemines - effect slight.

On personal examination is nervous, excitable & talkative.

On admission put upon B^r W. (J.H.U. Rpt. Complexion fair: hair light. eyes gray: Condition of skin normal: Scar on right breast: Is dirty Behavior quiet: Has delusions but talks sensibly)

Nov. 14 Nurse's 14 Day Record: Rec'd on ward, bathed & put to bed: quiet: slept about four hours: Nov. 20 T. 98^6 P. 85 R. 20. Appetite good: quiet: converses a good deal: complains of head: slept some: Nov. 21 T. 98^2 P. 89. R. 20. Cascara given: tonic 3 times daily: expresses a few delusions: sings at times: complains of pain in abdomen: slept quite well: Nov. 22: T. 98. P. 82 R. 20 Ate regular meals: tonic given. bowels inclined to be constipated: cathartics given: slept well: Nov. 23 T. 98^4 P. 83 R. 19 Cascara & tonic continued: complains of pain in lower part of abdomen: also pain when urine is passed: sleeps well: Nov. 24 Appetite fair: Headache dose 3:30: seems rather weak: genl health seems poor: has delusions: Nov. 25 Tonic continued: also cascara: talks quite sensibly on ordinary subjects: takes out door exercise: Nov. 29 Bowels are regular: takes cathartics: agreeable on ward: assists with work: talks considerably: visited by husband Nov. 27. Neat & tidy. Had headache Nov. 28. Headache dose given: quiet but complains a great deal: Has delusions: appetite good: sleeps well: Dec. 2 Tonic continued: complains of pain in uterus: lies down often: constipated: takes cathartics: takes gyn. treatments takes out door exercise: Is easily exhausted. assists with work: sleeps well

Summary:- Notes by Dr. R.M. Phelps. Dec. 23 Patient's health seems fairly good. Is able to talk quite rationally: Is anxious to go home & was allowed to go today with her husband. Mch 3 Returned in about same condition as when she came in before. May 1 Patient seems fairly quiet & agreeable: complains some at times of various symptoms, but there is no special ailment. Talks quite rationally

July 29 '98 Patient went home on trial.

Discharged

Note Suicided at home on Aug. 4 '99.

Personal and Medical History of

Personal and Medical History of Albertina Zurwaski.

Whole No. 4928

Residence, 786 W. Minnehaha St. St. Paul, Minn.

Date Admission, November 19th 1897.

Admitted by Dr. C.B. Eby. hour, 6 45 P.M.

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

Sex, female Age, 48 yrs. (she says 56)

Civil Condition, married

Children, - one -

Age Youngest Child, 22 yrs.

Occupation, Domestic (Father a laborer)

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

~~Nationality~~ Nativity, Germany. (Parents also born there)

Became resident of State Co. 1897

Physicians Committing, T. Stamm & A. Schwyzer.

Correspondents,

No. of Years, 95

Insane Relatives, One cousin.

Cause Exciting, Anaemia.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Anaemia.

Suicidal or not, Not attempted. Propensity active.

Date of this Attack, 6 wks. ago.

Duration, 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 48.

Time of Leaving, Jan. 14. 1898

Time in Hospital, 1 mo. 26 da.

Result, Discharged July 30 '98 Recovered.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 11/20/97

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, ? Probably fair except for
Recent Events, delusions. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Not correct.

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed (mildly)

DELUSIONS, Systematized, Transitory, Special Subjects,
Transitory probably.

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, Husband says 7 wks. for 2 wks. quite bad.

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Living in Germany.
Paternal Relatives,
Mother, Died when she was 10 yrs old.
Maternal Relatives,
Brothers and Sisters,
2 children - girls.

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Washing

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

Sleep, Appetite, and Bowels, ?

Personal and Medical History of Albertina Zurwaski.

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft. 8½ in PRESENT WEIGHT, 100 lbs USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, None

TONGUE, Coatings or Promptness of Movement, White coating.

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

SIGHT, Probably fair.

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

HEARING, Fair.

COORDINATION, Arms, Seemingly good. Legs, Grasp,

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

PATELLAR REFLEX, Normal - equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Speaks only German - no motor difficulty noted.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,
Normal

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Resp. 20.
Expansion fairly normal
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,

Nov 23/97 EXAMINATION URINE, Quantity, ℥ XIX Sp. g. 1.007 Reaction, acid Color and Appearance, Yellowish red - Clear
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates - a few pus corpuscles - bladder epith

GYNECOLOGICAL EXAMINATION, Uterus retroflexed & adherent to left side. extreme tenderness of entire uterus lac. of os & perineum: endometritis - profuse, thick, tenacious, yellowish discharge. Cystocele. Inflammation of urethral orifice

MENSTRUATION, Established at 14 - regular.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps little

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 restless & incoherent - Speech wanders while she answers some questions with fair accuracy. Keeps talking half to self afterwards. Husband says she required constant watching for two weeks as she wanted to burn the house. For 7 wks. has been more or less troublesome. Suggestions of Senility.

Personal and Medical History of Albertina Zurowski.

1897

This patient was brought here by Sheriffs Deputy M.P. Flannigan attended by patients husband, in fair physical condition with the following history: No history of consanguinity mentioned: First symptoms of disease manifested about six weeks ago by abnormal nervous excitement & irritation: Disease appears increasing. Is not variable: Derangement now manifested by loss of self-confidence, cries continually, has hallucinations: Patient not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe disease nor injury to head: Husband has watched her day & night for past two weeks: Has been given tonic, iron. On personal examination patient claims to have had several children, of which three are still alive.

On admission put upon B2 W (Ward Nurse Pfeiffer) Complexion dark: Hair brown: Eyes brown: Condition of skin normal: No marks, scars nor bruises: Is dirty: Behavior quiet: Has delusions)

Nov. 19 Nurses 14 Day Record: Paid no ward, bathed & put to bed: up & pounded on door all night: Nov 20 T98 P82. R 19: Ate some: cascara given: very restless & nervous: talks a great deal: out of bed 3 hours: Nov. 21 T. 98 P. 84 R 20: Appetite fair: up on ward: mischievous restless & nervous: slept some: Nov. 22 T98 P. 76 R 21. Cascara given: has to be watched continually: rather untidy: Nov. 23 T 98 P. 80. R 20. Enema given: bowels moved freely: appetite good: has to dressed & undressed: untidy: Slept quite well: Nov. 24: Bowels inclined to be constipated cathartics given: Nov. 25 Scolds a good deal: noisy: complains of pain in stomach: Nov. 26 Appetite good: complains of pain: undressed & put to bed: moaned considerably: slept well: Nov. 27 Inclined to be hysterical: very mischievous: Nov. 30: Cathartics given: scolds nearly all the time: attempts to fight. Dec. 1: Very untidy: complains of being sick: bowels regular: Sleeps well: Dec. 2 Appetite good: cascara given fought nurses: has to be watched continually: Speaks German: Sleeps well.

Summary Notes by Dr. P.M. Phelps. Nov. 19 Rather untidy: Does not talk very well is very mischievious. Dec 24 Visited by husband: Jan 15 98 Taken home by her husband: has cried a good deal & complained of headache, but toward the last was able to answer questions quite accurately & seemed to have recovered very well.

Discharged.

Personal and Medical History of

Personal and Medical History of Hannah Wiggins

Whole No. 4926.
Residence, Albert Lea, Freeborn Co. Minn.
Date Admission, November 18' 1897.
Admitted by Dr. H.H. Herzog hour, 6⁴⁵ P.M.
How Sent, Herman Blackmer Dep. Freeborn Co.
Sex, Female Age, –
Civil Condition, Widow
Children, – two –
Age Youngest Child, 8 yrs.
Occupation, Housewife.
Degree Education, Partial.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nationality, Norway – (Parents also born there)
Physicians Committing, Ed. Blackmer – & W. Bank
Correspondents, –

No. of Years, 93.
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, –
Form, Mania Chronic
Accompanying Bodily Disorder, None given.
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, One week.
No. of Attack, 7th
No. of Admission, 7th
Age First Attack, –
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. P. M. Phelps Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
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,
Exalted
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 Hannah Wiggins

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in. PRESENT WEIGHT, 141 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, & tongue & facial muscles.
PATELLAR REFLEX, Equal & marked. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Sounds full & strong. Apex beat normal position – Regular.
ARTERIES,
Pulse 86 Regular & strong
LUNGS, Chest, Symmetry, Expansion, Good
Breath Sounds,
Expansion good.
Normal Broncho-vesicular
Resps. 24.

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 20/97 EXAMINATION URINE, Quantity, ℥XXX ℥IX Sp. g. 1.007 Reaction, acid. Color and Appearance, pale yellow. Cloudy.
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates. a few bladder epith.

GYNECOLOGICAL EXAMINATION, Extensive laceration of perineum. Labia minora hypertrophied external genitals otherwise normal. a few posterior adhesions: slight retroflexion of uterus. Lateral laceration of cervix. Chocolate colored discharge.
MENSTRUATION, Regular & quite free from pain.
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 only recently & was discharged only a little while before recommitment. The old description & notes of her condition still apply. Her state is chronic & changes little or none

Personal and Medical History of Hannah Wiggin

1897.

This patient was brought here by Sheriff's Deputy W.C. Mitchell attended by A.B. Hanson, in fair physical condition with the following history: No knowledge concerning consanguinity: First attack occurred in March 1891 & patient was in this (Rochester) hospital from Mar 3 '91 to Nov. 3 '97, was taken home by daughter unimproved: (For further particulars see Vol. 15 Folio 361 No. 2629.) First symptoms of present attack manifested about a week ago: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by violence: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe diseases nor injury to head: Has been watched for about a week: Has received no treatment. On personal examination is very violent & headstrong.

Nov. 18 On admission put upon B² W (G.H.U. Rpt. Complexion dark: Hair brown: eyes gray: Condition of skin normal: No marks scars nor bruises, Is clean: behavior quiet: Speech incoherent.)

Nov. 18 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: slept some:

Nov. 19. T. 98⁴ P. 80. R. 20 Ate regular meals: Has delusions: neat & tidy: slept well:

Nov. 20 T. 98² P. 87 R. 20. pills given: bowels are regular: assists in dining room: Nov. 21 T. 98 P. 86 R. 20. Appetite good: pills given: rather silly in actions Sleeps well

Nov. 22 T. 98⁶ P. 84. R. 21. Laughs & talks a great deal: works in dining-room: Nov. 24 Has delusions: very talkative: expectorates some: appetite good: bowels regular: sleeps well. Transf. to annex: Dec. 1 Since transferred appetite has been good & bowels regular: patient has worked in dining-room: very talkative: silly & incoherent: has delusions: sleeps well. Summary Nov. 30:- Patient's appetite good: habits clean: noisy: talks incoherently: has delusions: uses obscene language: gen'l health good: sleeps well: takes out door exercise. Summary Notes by Dr R.W. Phelps.

Feb. '99 Patient is drifting along in the same way at the annex: occasionally will scold. Is usually sitting in a dull way on seat at side of ward. (Cont. by Dr. R. J. Bell) Mar. to Sept. Gen'l health & appetite good: sleeps well: takes out door exercise: neat: during disturbed periods is extremely noisy & violent: excited: between spells much quieter & more sensible: very incoherent & has many delusions: works in dining room except when too much disturbed:

Aug. 18 Wt. 148#. Sept 1 - Feb 28 '1900 (Dr. Heyerdale) Nov. 3 Attacked nurses: & threw dishes. Neat: has delusions: Talks incoherently: vulgar & profane & violent at times: General health good: Takes outdoor exercise: Feb. 14 Attacked nurses: put in seclusion for 8 hrs. fought again when let out: Trans. to B².

Mch. 1 - Nov 30 '1900 (Dr. Linton) Neat in habits: at times quite noisy: very easily excited: Talks very incoherently & often threatens violence: Appetite fair: Sleeps well: menstruates regularly: Takes outdoor exercise: General health good: works in dining room. July 23 Vaccinated. Oct 1 Very noisy: in seclusion

Personal and Medical History of

4 hours: hypodermic given. Nov 23 Wt. 121#. Dec 1 - Feb 28 '1901. Dec. 29 Trans. to B². having been violent & attacked nurses. Feb 3. Wt 150# General health good.

Mar. to June 1901. No change in mental or physical condition, May 29 Wt. 129#.

June to Sept Patient shows no change in general health or mental strength, Aug. 30 Wt. 125#. Sept. to Dec. Is as a rule quiet, at times becomes very much disturbed mentally is then very troublesome and noisy, expresses delusions and hallucinations, at times is violent and very profane in her language, general health good, takes out door exercise, menstruates regularly, when not in her spell attends amusements, Nov. 25 Wt. 125#.

Dec. to Feb. 1903. No change. Wt about 135#

Personal and Medical History of Jennie Mason.

Whole No. 4919

Residence, San Francisco Cal.

Date Admission, Nov. 22' 1897.

Admitted by Dr. Hatch Herzog hour, 645 PM.

How Sent, D. D. Washburn & af P. Nurses.

Sex, Female Age, 25

Civil Condition, Married (deserted by husband)

Children, 2.

Age Youngest Child, Nine years. Older 11

Occupation, Actress? (Husband actor)

Degree Education, Very little

Profession, Religion, Not a church member

Habits, Temperate.

Nationality, San Francisco Cal.

Physicians Committing, F. E. Dargineau & F. K. Foster.

Correspondents, Brother-in-law. Chas Mason 678 Howard St, San Francisco. Cala.

No. of Years, 96

Insane Relatives, ?

Cause Exciting, Desertion by husband.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

Suicidal or not, Yes - attempted to drown herself.

Date of this Attack, Nov 20' 97.

Duration, 7 days.

No. of Attack, unknown

No. of Admission, 1st here.

Age First Attack, —

Time of Leaving, Feb. 16' 98

Time in Hospital, 2 mo. 25 d.

Result, Discharged July 30. 1898 Recovered

EXAMINATION ON ADMISSION BY DR. R. Fee Phelps *Date of* 11/22/97

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Slightly confused now. Clearer than yesterday.

MEMORY, Past Events, Slightly confused.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Somewhat dulled.

REASONING POWER, Ordinary Subjects, -

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Is rather dulled & slow at present. All that appears.

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, Short.

ONSET, Gradual or Sudden,

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

Father, Dead - Killed - Brakeman.

Paternal Relatives,

Mother, Died - dropsy

Maternal Relatives,

Brothers and Sisters, none.

Children - 2 - San Francisco (boys married at 18 yrs.)

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

Typhoid fever - 4 yrs. ago.

HABITS, Drinking and Smoking, Don't drink

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches - Sort of Epileptic fits for 5 yrs. Fell from Prospect's Stage - thrust herself - unconscious for 2 days

OCCUPATION, Healthy or not,

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

Has had these attacks for 5 yrs.

Sleep, Appetite, and Bowels,

Personal and Medical History of Jennie Mason.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 5½ in. PRESENT WEIGHT, 137 lbs. USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin, Skin fair condition

TONGUE, Coatings or Promptness of Movement, Healthy.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size slightly dilated. Responds to light

SIGHT, Says almost blind.

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

HEARING, Fair

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None

PATELLAR REFLEX, ? Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal.

ARTERIES,

Normal.

Pulse irregular in rate & strength

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,

Nov 29/97 EXAMINATION URINE, Quantity, ½XIX (2) Sp. g. 1.021 Reaction, acid. Color and Appearance, Yellow - cloudy.

Albumen, about Sugar, do.

Casts and Crystals, Amor. urates, excess pus corpuscles. Blood corpuscles bladder & vaginal epith. uric acid crystals

GYNECOLOGICAL EXAMINATION, Uterus normal position: Slight discharge - lac. of perineum 2 cm. External genitals otherwise normal.

MENSTRUATION, Established at 11 yrs. Regular - said always had convulsions 2nd day but had none while here

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). Says has sort of "Epileptic fits" every month at about 2nd day of menstruation. Cannot describe them fully. Says Dr. says they are & her husband says so also but she thinks they are "nervous" or hysterical. The bent of mind is somewhat epileptic & the loss of her self also & a diagnosis of Epileptic Dementia is made tho' no fits are seen or proved.

1897 Personal and Medical History of Jennie Mason.

This patient was brought here by sheriff's deputy Jno. C. Johnson Jr. - attended by Sarah Johnson, in fair physical condition with the following history:- Patient is a non-resident & a copy of a letter from W.A. Gates was sent with commitment papers, authorizing her commitment until her legal residence be ascertained: No information concerning consanguinity, heredity or previous attacks: She was found wading in the river on Nov. 20 & taken into custody: Disease appears stationary: Is variable with frequent rational intervals: Derangement now manifested by continually talking on one subject, she is looking for her husband & gets violent: Has threatened to injure others & attempted suicide by drowning No disposition to filthy or destructive habits Nothing known concerning previous peculiarities, severe diseases or injury to head: Supposed cause of disease desertion by husband: On personal examination has no clear idea as to how she got here or where she is going, says she is looking for her husband & continually repeats that she wants him: Has delusions of possession.

Note Patient says her maiden name is Jennie Craig. She told sheriff that a Brother-in-law, Chas. L. Mason, (No 478.) on electric car running between Market St. & Wharf has her two children.

On admission put upon Br. W. (GHN Rpt Complexion dark: hair & eyes brown: skin normal: No marks, scars or bruises noted: Is dirty: Has vermin: Behavior quiet: Talks sensibly)

Nov. 22 Nurse's 14 Day Record:- Received on ward: bathed & put to bed: complains of pain: restless: slept 4 hrs: Nov. 23 T. 98. P. 74. R. 20: Ate regular meals: patient is menstruating: has considerable pain: pills given for pain: very talkative: ointment applied to scalp: Did not sleep well: Nov. 24 T. 98² P. 76 R. 19. Appetite good: tonic given 3 times daily: 24 hrs. urine saved: amt. 19 oz: complains of pain in abdomen: Nov. 25 Up on ward: talks considerably & sensibly: assists with work Nov. 26. Tonic continued: cries: pain in head this a.m.: bowels regular: appetite good: quiet & agreeable: expressed desire to kill herself. Nov. 27 Ointment applied to scalp: works on ward & in dining room: sings greater part of day: sleeps well.

Nov. 28. Tonic continued 3 times daily: appetite good: Patient very talkative & agreeable: seems very happy

Nov. 29 & 30 Complained of tooth ache: medicine applied, also sand-bag: Dec. 2. Takes out door exercise: assists with work: sings a good deal: talks sensibly: neat & tidy. Dec. 3: Tonic still continued: Headache dose given: complains of pain in eye: washed out with sol. twice: Dec. 5: eye washed out daily: cries at times: talks sensibly: behaves well: bowels regular: sings most of day: some times disagreeable: sleeps well.

Summary Notes by Dr. R.M. Phelps. Dec. 28 Patient transferred to Cᵒ. Has complained of pain in

Personal and Medical History of

abdomen: Has been rather hysterical in manner & at times tries to strike nurses. Talks rather vulgarly. Jan 30 '98 Health good: Says it is claimed that she had fits but she thinks they were hysterical ones. Feb 16 Patient taken to California by Mr. Gates.

Discharged.

Personal and Medical History of Mary Jane Klein

Whole No. 4932
Residence, Zumbrota, Minn.
Date Admission, December 3rd 1897.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, Female Age, 34
Civil Condition, married
Children, none.
Age Youngest Child, –
Occupation, Housewife
Degree Education, Common school
Profession, Religion, Congregationalist
Habits, Temperate
Nationality, Scotland (Parents Scotland)
Become resident of State of Co in March 1880
Physicians Committing, Geo. C. Wellner & M. Thrane
Correspondents, H. J. Klein Zumbrota, Minn.

No. of Years, 99
Insane Relatives, Mother hysterical during pregnancy
Cause Exciting, Death of nephew.
Cause Predisposing, –
Form, Mania Chronic.
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Not.
Date of this Attack, 1897.
Duration, 5 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 29
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* Dec 12/97

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,
Fairly correct but dull.
REASONING POWER, Ordinary Subjects, Some impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
Said to have of persecution but spoke of none this morning. Herself says that she has 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, Years - indefinite - worried since a
ONSET, Gradual or Sudden, girl. Nervous before nephew died worse past two years.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother, divorced from father for persistent inebriety.
Maternal Relatives,
Brothers and Sisters, 1 bro. nervous 1 sister like self.
Children - none. Thinks never menstruated but about 10 times at irregular intervals.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), 6 mo ago had brain fever. Later had ovaries removed - worse since.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
Severe headaches at periods.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
None but always nervous.
Sleep, Appetite, and Bowels, Sleep poor of late.
Appetite always good.

Personal and Medical History of Mary Jane Klein

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in. PRESENT WEIGHT, 137½ lbs. USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, N.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, –
HEARING, Good
COORDINATION, Arms, Supposably good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Nervous movements
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred; Hesitating, Slow, Fair. Nervous & jerky.
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,

Dec 9/97 EXAMINATION URINE, Quantity, ℥ IX Sp. g. 1.030 Reaction, acid Color and Appearance, Yellow. Cloudy.
Albumen, absent Sugar, do.
Microscopical exam. Casts and Crystals, not made.

GYNECOLOGICAL EXAMINATION, Operation July 27 '97
MENSTRUATION, Established at 18 yrs. menstruated 3 times - then thought she had a miscarriage - says last menst. July 11 '97 & that brain fever followed.
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).

Evidently always of hysterical, nervous type. A bug insidious invasion is indicated by her own account. Now thinks her mind is failing - is confused. can't remember - knows she has delusions.

Personal and Medical History of Mary Jane Klein.

1897

This patient was brought here by Sheriff's deputy H. G. Klein in fair physical condition with the following history: No information concerning consanguinity: First symptoms manifested in 1892, became melancholy after death of nephew: Disease appears increasing: Variable with irregular rational intervals: Derangement now manifested by thinking that people are trying to poison her: Not disposed to injure others: Neither filthy nor destructive in habits: Mother had hysterical attacks during pregnancy - was intemperate also: No previous peculiarities shown: Had brain fever in June 1897. Has had to be watched for past two weeks: Has had ovaries removed: On personal exam. very emotional, loquacious, & restless, pulse rapid.

Dec. 3 On admission put upon B² W (G. H. N. Rpt. Complexion dark: Hair black: Eyes blue: Skin normal: Scar (ovariotomy) on abdomen: Is clean: Abnormal amount of hair on limbs: Behavior quiet: Has delusions.)

Dec. 3 Nurse's 14 Day Record:- Received on ward: bathed & put to bed: restless & did not sleep: Dec. 4 T 98 P. 84 R. 20. Ate regular meals: expectorates considerably: complains of headache: cries: complains of being cold: slept some: bowels regular:

Dec. 5 T 98³ P. 82. R 19. Talks sensibly on ordinary subjects: has delusions: Is up on ward: Is hysterical: cries: Dec. 6: Appetite fair: cascara given: converses a great deal with other patients: rec'd gyn. treatments: slept quite well: Dec. 7 Talks considerably & is slightly noisy at times: complained of being sick: stayed in bed two hours: Dec. 8. Bowels regular: appetite good: complains of being sick: tonic given: seems very pleasant: Dec. 10. Still complains of being sick: likes to take her meals in bed: appetite good: Gyn treatment given: Dec. 11 Feeling better: very talkative at times: bowels regular: slept well: tonic continued: Dec. 16 During remainder of 14 days appetite was good & bowels were regular: tonic & gyn. treatment continued: patient seemed to be improving: talked sensibly slept well.

Summary Notes by Dr. Rm Phelps. Mch. 4 '98 Visited by mother: Has been quite quiet for the past month or two & quite rational in manner. Mch 7 Today quite excited & rather hysterical in behavior. Trans. to B². Mch. 27 Trans. to B¹. Very variable in behavior but most of time will answer questions quite well.

July 15 Visited by friends. July 21 Trans. to B². Sept. 1 Trans. to B³. Oct 22 Taken home on trial by her brother: has complained very much at times: has written very many letters trying to get out & claiming that she was not insane: says she was abused by her husband. Has, however, very many delusions & is in a kind of paranoiac state which has been growing for

1899 many years. Feb 18 '99 Patients trouble has been growing until now she will occasionally fight at times. So full of vague delusions. (Cont. by Dr. Bell)

Mar. to July: General health good: appetite good: takes outdoor exercise: neat: at times is noisy & much excited: uses profane language often very obstinate & disagreeable full of delusions: attacks nurses & other patients: occasionally destructive:

Personal and Medical History of Mary Jane Klein.

1899

Nov. 29 Kicked over three tables and broke plants: when agreeable works some on ward: Often remains in bed during morning & sometimes all day, saying she does not feel well: seldom makes any definite complaint: July 17-18 Visited by friends.

July 10 Complained of feeling sore & swollen: July 21 Transferred to Infirmary

July to Aug 12 Has inflammatory rheumatism. Temp. at no time very high: ranges from 98 to 102# Pulse & resp. usually normal: Appetite very poor: hot compresses applied to feet: restless greater part of time: July 22 Plaster of Paris cast applied to feet & left knee: pain gradually spread to other joints & she was quite restless greater part of time: slept very fairly well after first few nights pain: shifted from feet to knees, shoulder, elbows & wrists: ointment applied & joints bandaged: has affected wrists: left shoulder also affected: sometimes cries because of pain: takes nourishment quite well: bowels regular: hand and arm affected during third week & pain extended to left leg & right knee: pain gradually became less: arm & shoulders very lame & sore: temp also reduced: appetite improving: Aug 12. Sitting up part of day. Sept 1 - Feb 28 '1900 (Dr. Heyerdale) Sept 14 Visited by husband: Oct 19 Very disagreeable to patients & nurses: Expresses many delusions: Appetite good: Sleeps well: Frequently lies on bed: Trans to Cr. Jan. 17 Wt. 157½#. Nov 24. Expresses many delusions: very profane at times. Takes outdoor exercise:

Mch 1 - Aug 31 '1900. (Dr. Linton) Usually very noisy: habits clean: has many delusions: Converses readily: Appetite very good: usually sleeps well: Bowels regular: Takes outdoor exercise: May 13 While out walking slipped & fell spraining left ankle which was properly dressed for several days: July 25 Hair pulled, thrown to floor & kicked by Mrs Malo. Eyes blackened: face bruised & septum of nose deflected. Since then has complained several times of nose troubling her - which is a delusion. Sometimes complains of ill treatment of nurses & doctors. July 17 Vaccinated.

Aug 3. Visited by husband: refused to see him. Sept 1. Nov 30 (Dr. Heyerdale) Says that teeth are drilled at during night & that people persecute her: Eats & sleeps well: Takes outdoor exercise: Oct 6 Visited by friends. Nov 23. Wt. 149#

Dec 1 - Feb 28 '1900. General & health good: No change: Feb. 15 Wt. 145¼#

Mar to June 1901 No change in physical or mental condition May 30 Wt. 144#.

June to Sept. June 15 visited by friends, July 8 by mother, general condition remains the same, Aug. 31 Wt. 146#. Sept. to Dec. Oct. 5 patient has been very agreeable and pleasant for a considerable time although she expresses many delusions, seems to have improved a great deal, transferred to B. 3, assists with ward work, Oct. 30 patient very much disturbed, expresses a great many delusions, thinks she has just given birth to a child, transferred to C. 2, Nov. 23 Wt. 147#. Dec to Feb. 1903 No change. Wt about 148#.

Personal and Medical History of Clara W. Maire

Whole No. 4933
Residence, Olmsted Co. Minn.
Date Admission, December 4th 1897.
Admitted by Dr. H. F. Kilbourne hour, 11:30 A.M.
How Sent, F.A. Leonard J. of P. Olmsted Co.
Sex, Female Age, 50.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, House work.
Degree Education, Common school.
Profession, Religion, Episcopal
Habits, Temperate & moral.
Nationality, Minn. (Father Germany - Mother Wisconsin)
Because resident of Co. 3 mos. ago.
Physicians Committing, Chas T. Granger & C. Graham.
Correspondents,

No. of Years, 100
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Several months ago.
Duration, Several months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 50
Time of Leaving, Mar. 18. 1898
Time in Hospital, 3 mo. 14 da.
Result, Discharged Aug. 15. 1898
Much Improved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps Date of 12/6/97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick. Some confusion.
MEMORY, Past Events, Fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. Incorrect at times.
REASONING POWER, Ordinary Subjects, Not very good.
Special Subjects, Poor.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly silly & exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
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, 1 yr. or more.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
None discovered.
Father, living & married again - Healthy.
Paternal Relatives,
Mother, Died Consumption 15 yrs ago.
Maternal Relatives,
Brothers and Sisters, 2 sisters Healthy
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None of special note.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Domestic - Clerk - etc.
Detail Date, Duration, and Character of Previous Attack, if any,
Previously had nightmare & was nervous.
Sleep, Appetite, and Bowels, Sleep poor - Appetite good.
Bowels normal.

Personal and Medical History of Clara W. Maire.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 129 lbs. USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, None.
TONGUE, Coatings or Promptness of Movement, Some white coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. normal. Respond to light & accom.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Nervous movement - No well defined tremor.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Good.
Runs up to 120 on exam. - Nervous
ARTERIES,
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,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal -
Says has feared Consumption

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

GYNECOLOGICAL EXAMINATION, Hymen intact - External genitals normal.

MENSTRUATION, Painful - Regular until Sept. 96 - then Every 2 weeks for a time.
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 girl - herself gives many hints of an unstable condition preceding the last year of more defined trouble. Nervous & fidgety. Has hallucinations which keep her awake nights. Slightly silly & foolish in talk. Hysterically inclined.

Personal and Medical History of Clara W. Maire.

1897

This patient was brought here by Sheriff C.N. Stewart attended by Sister Leta Maire & Miss Murray, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First symptoms of attack manifested several months ago by peculiarity in disposition: Derangement now manifested by hallucinations & irrational conversation: Not disposed to injure others, nor to filthy or destructive habits: No previous peculiarities noticed: No severe diseases nor injury to head: Has not been confined nor restrained: Has received no treatment: On personal examination is excitable & irrational in conversation: On admission put upon B & M. (G.H.U. Rpt. Complexion fair eyes blue hair light: No marks, scars or bruise noticed: Is clean: behavior good.)

Dec. 4 Nurse's 14 Day Record:- Received on ward at noon: bathed & put to bed: ate dinner & supper: extremely noisy: did not sleep: Dec. 5 2.98 P.88. R.19. Ate regular meals except breakfast: Is extremely noisy at times: slept two hours during day: sings greater part of time: restless during night: bowels regular:

Dec. 6 2.98⅘ P.84 R.20. Pills given for bowels: talks rationally at times: up on ward to-day: complains of pain in head: slept well: Dec. 7: Restless & very noisy to-day: sings a good deal: coughs during night: appetite fair: Dec. 8 Cascara given: Has a number of delusions: rather stupid: Inclined to be untidy: Is menstruating: Did not sleep well: Dec. 9 Seems more cheerful: Has pain in abdomen: In bed this a.m. about 3 hrs. Slept some: Dec. 10 Appetite fair: pills given: has delusions: takes out door exercise: Is nervous & restless Slept well: Dec. 11 Coughs: Is neat & clean: agreeable: Cascara given: Dec. 12 Cries at times: Colds: resists: Slept well. Dec. 13 Appetite fair: Disagreeable & extremely noisy at times: bowels inclined to be constipated: pills given: Dec. 14. Pills given: took out door exercise: complained of being cold: Out of bed & noisy 3 hours: Dec. 15: Nervous & walks up & down ward a great deal: Has many delusions: Slept during day: Dec. 16 At times very cross & irritable: noisy: appetite fair: takes out door exercise: Sleeps well:

Dec. 17 Bowels regular: Has been extremely noisy for past two days.

Summary Note by Dr. P.M. Phelps. Dec 23 Hans. to Ca. At times rather noisy, restless, discontented & nervous. Jan. 6 98 Visited by her sister: Is nervous & mildly maniacal. Febr. Wt. 132th Seems to have improved very much.

Mch 18 Went home: Sister has waited her several times lately & finally decided to take her home: Has escaped quite well recovered of late.

Discharged.

Personal and Medical History of

Personal and Medical History of Sarah E. Neff

Whole No. 4934	No. of Years, 101
Residence, Cannon Falls, Minn.	Insane Relatives, None.
Date Admission, December 7th 1897.	Cause Exciting, Injury to head.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.	Cause Predisposing, —
How Sent, G. Willrich J. of P. Ramsey Co.	Form, Senile Dementia,
Sex, Female Age, 62	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Widow	Suicidal or not, Not.
Children, 3	Date of this Attack, One year ago.
Age Youngest Child, 16 yrs.	Duration, About a year
Occupation, Housewife.	No. of Attack, 1st
Degree Education, Common School	No. of Admission, 1st
Profession, Religion, Episcopal	Age First Attack, 61 yrs.
Habits, Temperate & moral.	Time of Leaving, December 1st 1901
~~Nationality~~ Nativity, Ohio - Became resident of state of Co.?	Time in Hospital, 3 yr 11 mos 24 ds
Physicians Committing, C.L. Dohn & T.J. Hawkins	Result, Died: Chronic Nephritis
Correspondents,	

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 12/ /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, About one year.

ONSET, Gradual or Sudden,

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

Father, Died of blood poisoning.

Paternal Relatives,

Mother, Died of dropsy.

Maternal Relatives,

2 Brothers and 2 Sisters,

3 children

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

Had a fall one year ago - made only dizzy - Typhoid Fever.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, None

OCCUPATION, Healthy or not, at home

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

Sleep, Appetite, and Bowels,

Notice of Hearing Petition for Guardian for Sarah E. Neff - (Nettie E. Thomas) served on Dr. Kilbourne & filed with commitment papers.

Jan - '97

...h E. Neff

...RISTICS.

...VEIGHT, NUTRITION, Good.

...ut. Projection of upper part - forwards

normal.

Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - Days also of head at times.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Deformed but no probable effect of same.

Resp. 16.

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,

Dec. 9/97 EXAMINATION URINE, Quantity, ℥ LXXII Sp. g. 1.015 " " 1022 Reaction, Neutral " " acid Color and Appearance, Yellowish red. cloudy. Reddish yellow, clear

Passed Nov 20/1901 Sp. Nov 20/1901 Albumen, absent heat o - Tannets o - Sugar, do. Fehling's Sol o - Bismuth o -

Casts and Crystals, amor. urates - a few bladder & vaginal epith - a few fat droplets. urates amor. mucus bands: pus. a few corp. epithelium several cells.

GYNECOLOGICAL EXAMINATION, Uterus adherent to left side - Triangular lac. of os: also lac. of perineum - Slight discharge

MENSTRUATION, Menopause about 8 yrs. ago

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 senile - Mental trouble commenced about one year ago with irritability & peevishness. Later actual fear of troubles. Usually fear of financial troubles. This now a well defined delusion. This makes a fairly good diagnosis of Senile Dementia.

Personal and Medical History of

Whole No. 4934

Residence, Cannon Falls, Minn.

Date Admission, December 7th 1897.

Admitted by Dr. R.M. Phelps hour, 6.45 P.M.

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

Sex, Female Age, 62

Civil Condition, Widow

Children, 3

Age Youngest Child, 16 yrs.

Occupation, Housewife.

Degree Education, Common School

Profession, Religion, Episcopal

Habits, Temperate & moral.

~~Nationality~~ Nativity, Ohio -

Became resident of State of Co.?

Physicians Committing, C.L. Dohn & V.J. Hawkins

Correspondents,

Cau...

Cause Predispo...

Form, Senile ...

Accompanying Bodily Disorder, ...

Suicidal or not, Not.

Date of this Attack, One year ago.

Duration, About a year

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 61 yrs.

Time of Leaving, December 1st 1901

Time in Hospital, 3 yr 11 mos 24 Ds

Result, Died: Chronic Nephritis

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 12/ /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, About one year.

ONSET, Gradual or Sudden,

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

Father, Died of blood poisoning.

Paternal Relatives,

Mother, Died of dropsy.

Maternal Relatives,

2 Brothers and 2 Sisters,

3 children

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

Had a fall one year ago - made only dizzy - Typhoid Fever.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Some

OCCUPATION, Healthy or not, at home

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Sarah E. Neff

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Chest - deformed in front - Projection of upper part - forwards Skin good condition.

TONGUE, Coatings or Promptness of Movement, Fairly good.

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

SIGHT, Normal - except use of glasses.

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

HEARING, Fair

COORDINATION, Arms, Normal. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - Says also of head at times.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Deformed but no probable effect of same.

Resp. 16.

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,

Dec. 9/97 EXAMINATION URINE, Quantity, ℥ LXXII Sp. g. 1.015 Reaction, Neutral Color and Appearance, Yellowish red - cloudy. Reddish yellow, clear

Passed Nov 20/1901 " " 1022 " " acid

Ed. Nov 20/1901 Albumen, absent heat o - Tannin o - Sugar, do. Fehling's Sol o - Bismuth o -

Casts and Crystals, amor. urates - a few bladder & vaginal epith - a few fat droplets. Urates amor. mucus bands: pus. a few corp. epithelium several cells.

GYNECOLOGICAL EXAMINATION, Uterus adherent to left side - Triangular lac. of os: also lac. of perineum - Slight discharge

MENSTRUATION, Menopause about 8 yrs. ago

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 senile - Mental trouble commenced about one year ago with irritability & peevishness - Later actual fear of troubles. Usually fear of financial troubles. This now a well defined delusion. This makes a fairly good diagnosis of Senile Dementia.

Personal and Medical History of Sarah E. Neff

1899

This patient was brought here by Sheriff's deputy J.B. Arend attended by Mr & Mrs. Thomas, in fair physical condition with the following history:- No history of consanguinity or heredity. First symptoms of attack manifested about a year ago. patient fell & struck back of head: Disease is not variable, no rational intervals: Derangement manifested in regard to property: Not disposed to injure others - not suicidal, filthy or destructive in habits: Previous peculiarity fear of being poisoned: No severe diseases - head injured by fall - as above stated: On personal examination thinks that her children are trying to get her

Dec. 7 '99 money away from her. On admission put upon Br. W. (Gen. Rpt. Complexion dark: hair brown, part gray, eyes brown. Skin normal condition: A few small scars on right leg & on neck: Is clean: Sternum is curved in, She says it has been so from childhood: Is quiet: Has delusions.)

Note Son-in-law states - Very irritable for about a year. Dr Hawkins attended her. No heredity known: Function of appetite etc. healthy now. Sleep irregular: The fall not specially noted at the time: Fell on door step & struck back of head. No special symptoms followed.

Dec. 7 Nurses 14 Day Record: Received on ward: bathed & put to bed: restless:

Dec. 8 T. 98 P. 67 R. 20: Ate regular meals: cascara given: quiet: talks quite sensibly: seems neat & tidy: mouth washed out with listerine: Dec. 9: Expresses a few delusions: complains of pain in shoulder & chest: worries considerably: bowels regular: slept well: Dec. 10: T. 99 P. 94 R. 20: Appetite good: refused headache dose: seems agreeable: talks some: pain in abdomen: sand-bag applied: back rubbed with alcohol:

Dec. 11. Cascara given: bowels moved three times: Is up on ward: Has many delusions: disagreeable & obstinate: slept well: Dec. 12 Worries continually: appetite good:

Dec. 13 Salts given: also tonic 3 times daily: has delusions about her clothes: Dec. 17 Salts given twice since last note: tonic continued but refused occasionally: Has many delusions: cries often: worries: complains of being cold: nervous & very disagreeable: slept well: resists a great deal: fights when being bathed: Dec. 18 Abscess formed behind ear: hot flaxseed poultices applied often: Dec. 20 Tonic continued: bowels inclined to be constipated: salts given often: complains of being cold: Talks rationally on ordinary subjects: has many delusions: sleeps well. Summary continued by Dr R.M. Phelps.

Jan 26 '94 Talks at times with fair accuracy but is quite deluded. Trans. today to B'. At times will resist & fight. Feb 26 Wt. 121# Apr. 1 Visited by relatives. Apr 21 Wt. 113#

Aug 23 1899 Patient at times noisy & violent & rather profane. General health is good. Sept. 16 Transferred to C3. Jan 28 '99 Appetite good: Is at times noisy & violent. (Cont. by Dr. R.A. Bebb)

Mar. to Oct. Physical condition fair: appetite good: sleeps well: bowels regular: neat: very destructive at times & often very noisy, scolding because deprived of liberty & rights, blaming the authorities here for her detention: always resists nurses when bathed & sometimes at bed time & when brought in

Personal and Medical History of Sarah E. Neff

1899

from out of doors: extremely irritable. May 25 & July 21 & 25 Attempted to escape while on lawn: takes outdoor exercise: uses profane language: Mar. 9 Visited by son & daughter

July 22 Visited by friend. Sept. 1 - Feb 28 '1900 (Dr. Heyerdale) Neat in habits: Appetite good: Bowels regular: usually sleeps well: Very disagreeable & occasionally noisy: often resists being bathed: At times disturbed & expresses many delusions: Thinks people are stealing her clothes & occasionally attacks nurses & patients: Is very resistive Jan 13 Wt. 105# Feb 16 Teeth extracted. Mch 1 - Nov. 30 '1900 (Dr. A.) Mch 1 - Very neat: General health good, Takes outdoor exercise: Very disagreeable at times: Expresses delusions of persecution Thinks food is poisoned: Very profane & excited at times. Apr 4 & 5 Visited by friends June 21 Vaccinated. Nov 21 Wt 100#. Dec 1 - Feb 28 '1901 General health good: Very destructive at times: Expresses delusion that people wear her clothes.

Mar. to June 1901 In fair physical condition, expresses delusions that people wear her clothes, answers questions quite readily is unoccupied May 30 Wt. 98 1/2 #.

June to Sept. July 30 visited by gentleman friend, no change in general condition. Aug 30 Wt. 94#. Sept. to Dec. Oct. 29 patient has been failing for some days, has very severe diahorrea which does not respond to treatment, eats but little, transferred to Infirmary West. Nov. 2. Patient improved from this condition considerably under treatment, but never regained her strength and at times diahorrea would return, also became very constipated and required various kinds of cathartics as well as enemas to move the bowels, she became gradually weaker and died on Dec. 1st at 2:55 A.M.

Dead

Personal and Medical History of Annie Peterson #2

Whole No. 4945
Residence, St. Paul, Minn.
Date Admission, December 24th 1897.
Admitted by H H Herzog M.D. hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 32? (says 34)
Civil Condition, married.
Children, Four
Age Youngest Child, 9 mos. (twins)
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
~~Nationality~~ Nativity Norway. (Parents also born there)
Became resident of State 7 yrs. ago of E. 3 mo. ago.
Physicians Committing, C. E. Eshelby & J. T. Shustison
Correspondents,

No. of Years, 112.
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not suicidal.
Date of this Attack, One week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 32 (?)
Time of Leaving, ~~Mar.~~ Apr. 14. 1898
Time in Hospital, 3 mo. 18 d.
Result, Discharged Aug. 10. 1898
Unimproved

EXAMINATION ON ADMISSION BY DR. P. M. Phelps *Date of* Dec. 24 '97.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull. Confused some.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Silly - indifferent - quiet.
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, Says one week.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denied.
Father, "Died drunk".
Paternal Relatives,
Mother, Died dropsy.
Maternal Relatives, -
Brothers and Sisters, 3 bro. 1 sister. 4 children
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No history.
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,
Complains of lack of sleep.

Personal and Medical History of Annie Peterson #2

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in. PRESENT WEIGHT, 138 lbs. USUAL WEIGHT, NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, None. - Skin good condition.
TONGUE, Coatings or Promptness of Movement, Some white coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. Respond to light & accom.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, Normal. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None noted.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, 2nd sound - accentuated & some rough - Apex beat normal
ARTERIES,
Pulse weak.
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,

Dec 27/97 EXAMINATION URINE, Quantity, ℥ XXIII Sp. g. 1,030 Reaction, acid. Color and Appearance, Yellow. Cloudy, copy deposit
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates - a few fat globules - excess of epith cells - all varieties ax. of lime crystals.
GYNECOLOGICAL EXAMINATION, hac. of os. & perinum. erosion of os. leucorrhea.
MENSTRUATION, regular - estab - at 15 yrs.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Says poor.
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). Had twins 9 mo. ago. Seemed getting along well until one week ago - history says - On admission seemed quiet, silly & careless like a chronic dement. Yesterday was melancholy & weeping. Today is again careless & irrelevant - Seems to understand, but gives no intelligent response.

Personal and Medical History of Annie Peterson #2

1897

This patient was brought here by Sheriff's deputy H.H. Herzog M.D. attended by Lillian Carixsan, in good physical condition, with the following history:- No history of consanguinity: heredity or intemperance in parents or self: No previous attacks: First symptoms manifested one week ago by melancholia & periods of excitement: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested on subject of persecution; & by delusions: Not disposed to injure others: Not suicidal, filthy or destructive: No severe disease nor injury to head: Has been closely watched by family for past week: Has been given sedatives: On personal examination patient is in good physical condition has nursed twins for past nine months.

Dec 24/97 On admission put upon B^r W (G.H.U. Rpt. Complexion dark: eyes gray: Hair brown: Condition of skin good: No marks nor scars noted: Is clean: Behavior quiet, is rather silly.)

Dec. 24 Nurse's 14 Day Record:- Received on ward: bathed & put to bed: slept well

Dec. 25 T. 98^6 P. 70. R. 20. Appetite good: medicine given 3 times daily: breasts dressed daily: Dec. 26 T. 98^6 P. 71. R. 20: up on ward: Dec. 27 T. 98^2 P. 71. R. 19. Salts given: seems nervous this p.m. laughing & singing considerable: noisy one hour: slept 6 hrs: Dec. 28 Appetite good: medicine continued: answers questions sensibly: slept greater part of night: Dec. 29 Cries often: refuses to take out door exercise: takes cathartics often: Dec. 30 Inclined to be obstinate: refused to have breasts bandaged: sleeps well: Dec. 31: Resists at times: breasts bandaged:

Jan. 3. Appetite good: medicine after meals continued: Salts given: expresses delusions occasionally: quiet: sleeps well: Jan. 6: Bowels regular: complains of pain in head: appetite good: medicine after meals continued: laughs a good deal: visited by brother: sleeps well. Summary continued by Dr. Phelps. Jan 7/98 Visited by brother: 2^8 Is more stupid: does not talk. Is receiving gynaecological treatments: Noted as having a number of hysterical spells. Nov. 4 Wt. 124# Feb. 20 Visited by husband. Apr. 14 Visited by husband, who took her home. Has seemed most of the time rather quiet & stupid in behavior.

Discharged

Personal and Medical History of

Personal and Medical History of Ellen Morrison

for #947 see folio 101.

Whole No. 4948

Residence, St. Paul, Minn.

Date Admission, January 5th 1898.

Admitted by Dr Ira B Eby hour, 1:30 P.M.

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

Sex, Female Age, 27 yrs.

Civil Condition, married.

Children, two.

Age Youngest Child, two years.

Occupation, Housewife.

Degree Education, Common school

Profession, Religion, Catholic

Habits, Not intemperate.

~~Nationality~~ Nativity, Ireland (Parents also born there.)
(Became resident of State + Co in 1874.)

Physicians Committing, Hartland B Johnson + A. Swenny.

Correspondents, Jno Morrison (Husband)
477 E. Bloodgood St. St. Paul.

No. of Years, 115.

Insane Relatives, One sister

Cause Exciting, -

Cause Predisposing, heredity

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not

Date of this Attack, One year ago.

Duration, One year

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 26.

Time of Leaving, Aug. 6. 1898

Time in Hospital, 8 m. 1 d.

Result, Discharged Feb. 8. 1899
Much Improved

EXAMINATION ON ADMISSION BY DR. Babb *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Somewhat impaired.

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, "

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent or slight depression

DELUSIONS, Systematized, Transitory, Special Subjects,
No definite delusions.

HALLUCINATIONS, None determined.

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, One yr. given

ONSET, Gradual or Sudden, probably gradual + of longer duration

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, Headaches.

OCCUPATION, Healthy or not, Housekeeper.

Detail Date, Duration, and Character of Previous Attack, if any,
First attack.

Sleep, Appetite, and Bowels, Constipated

Personal and Medical History of Ellen Morrison.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4 PRESENT WEIGHT, 120 lbs. USUAL WEIGHT, NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, No scars nor bruises. Skin anaemic + flabby. Eruption on scalp.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, Fair - somewhat impaired.

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

HEARING, Fair.

COORDINATION, Arms, Fair Legs, fair. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands facial muscles + general.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Indistinct + hesitating.

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,

Jan. 7/98 EXAMINATION URINE, Quantity, ℥ XXXIV Sp. g. 1.024 Reaction, acid Color and Appearance, Yellow - cloudy -

Albumen, about Sugar, do.

Casts and Crystals, amor. urates - a few bladder + vaginal cells

GYNECOLOGICAL EXAMINATION, Uterus retroflexed - adhesions on right side - lac. of os + perineum. Cystocele + rectocele. Thick yellowish leucorrheal discharge.
Abdominal examination Apr. 7/98 - negative.

MENSTRUATION, Always regular until Nov 22'97 - Suppressed until · free from pain.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps well.

BOWELS, Present Condition, Constipated. require laxatives.

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). Previous mental grade probably below average. Is dull + stupid in appearance, almost feebleminded, but answers questions fairly well. Statements not always reliable + at times wholly untruthful. Sometimes refuses to talk. She is rather hypochondriacal + depressed - also slightly hysterical at times. Mild melancholia most constant phase of trouble.

Personal and Medical History of Ellen Morrison.

1898

This patient was brought here by Sheriff's deputy J.B. Ahern, attended by husband, in fair physical condition with the following history:- No information concerning consanguinity; One sister insane: This is first attack: first symptoms manifested one year ago by hypochondria & excessive worry & anxiety over ordinary affairs: Disease appears increasing: Is not variable: no rational intervals: Derangement now manifested by general apathy & unconcern, neglect of herself & her duties, loss of memory & depression: Not disposed to injure others: Not suicidal: untidy in habits, will not take care of herself: Sister is in asylum in Ireland: Previous peculiarities as follows - was hypochondriacal & very fussy over children worried about trifles & was very active - now condition is one of apathy: No intemperance in parents or self: No severe disease nor injury to head: Has not been confined nor restrained: Has received tonics & supporting treatment - effect, temporary improvement: On personal examination patient's attitude is one of dejection & indifference to surroundings - of late has gained in weight.

Jan 5/98 On admission put upon B.W. (G.H.N.Rpt. Complexion dark; hair black: eyes brown: Is cross-eyed: Eruption on scalp: No scars. no bruises: Has vermin, & is dirty: Behavior quiet: Has delusions.)

Jan 5/98 Note by Dr. Phelps. Duration about one year - Sister in Ireland - insane. 2 children 2 & 4 yrs.)

Nurse's 14 Day Record:- Rec'd on ward, bathed & put to bed: Jan 6: Ate regular meals: bowels moved: bathed each day: complains of feeling weak: refuses to talk slept well: Jan 7 T. 98 P. 76 R. 18 Answers questions sensibly: complains of pain in head: refused baths: Jan 8 T. 98.2 P. 78 R. 18 Appetite good: baths given: Jan 9 T. 98.2 P. 76 R. 18 Quiet: seems agreeable: sleeps well: Jan. 10 Bowels are irregular: baths given: Takes out door exercise: Jan 11 Appetite good: expresses no delusions: very quiet Jan. 12 Still in bed: Jan 13 Inclined to be hysterical: Jan. 14 Appetite good: Baths given: Is up on ward complains of being weak: sleeps well: Jan 15 Appetite has continued good: bowels irregular: lies down most of day: quiet: has delusions: inclined to be untidy: answers questions sensibly: sleeps well.

Summary Notes by Dr. Wm. Phelps. Jan 31 '98 Trans. to B'. Talks in a sensible way on ordinary subjects: General health fairly good. Feb 27 Wt. 128 lbs. Is continually asking to go home. Is mildly deluded but is in fairly good mental state. May 21 Patient's ankles have been badly swollen & she was put to bed. May 31 Appears very much better. July 6 '98 Patient went home on trial after considerable discussion showed a good deal of mild dementia but was able to answer questions fairly well & was of fairly sane appearance.

Discharged.

Personal and Medical History of

Personal and Medical History of Katie Anderson

Whole No. 4947
Residence, St. Paul, Minn.
Date Admission, December 28th 1897.
Admitted by Dr. R.M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 30
Civil Condition, married
Children, none
Age Youngest Child, ×
Occupation, Housewife (husband farm laborer)
Degree Education, Common school.
Profession, Religion, Methodist.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there. Became resident of state & Co. eight yrs. ago.
Physicians Committing, J. A. Quinn & A. Sweeney.
Correspondents, Husband Ole Anderson (address unknown)

No. of Years, 114.
Insane Relatives, unknown
Cause Exciting, Toxaemia from Typhoid.
Cause Predisposing, —
Form, Melancholia Acute.
Accompanying Bodily Disorder, none mentioned. Has had typhoid fever.
Suicidal or not, Not.
Date of this Attack, 3 mo. ago.
Duration, 3 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 30 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R.M. Phelps. *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Sluggish
MEMORY, Past Events, Poor seemingly.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects, Probably poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Dull - quiet
DELUSIONS, Systematized, Transitory, Special Subjects,
Can't talk much English - Seems rather 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, Stated as recent.
ONSET, Gradual or Sudden, Comparatively sudden
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Cannot tell.
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 Katie Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in PRESENT WEIGHT, 121 lbs USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, None - Skin. good - some pallor.
TONGUE, Coatings or Promptness of Movement, Good
PUPILS, Equality, Size, Response to Light, and Accommodation, Left slightly larger. Size normal. Respond to light.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of hands.
PATELLAR REFLEX, Slightly unequal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Apex beat in nipple line or nearly so. Pulse 80 - weak.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry normal. Resp. 18.

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,

Dec 30/97 EXAMINATION URINE, Quantity, ℥ XXI Sp. g. 1.010 Reaction, Neutral. Color and Appearance, Yellow - cloudy, ropy deposit.
Albumen, absent. Sugar, absent.
Casts and Crystals, Excess. amor urates & pus corpuscles - oxalate of lime crystals bladder & vaginal epith.
GYNECOLOGICAL EXAMINATION, One miscarriage - leucorrhoea
MENSTRUATION, Regular until Sept. '97 -
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 said to have become depressed & melancholy on recovering from Typhoid Fever - Is in good flesh & weight but somewhat anaemic.

Personal and Medical History of Katie Anderson

1897

This patient was brought here by Sheriff's deputy Arend attended by Theresa Williams, in fair physical condition, with the following history:- No information concerning consanguinity, heredity or previous peculiarities: First attack. Three months ago had Typhoid followed by Melancholia. Disease appears stationary: Is not variable: No rational intervals: Derangement now manifested by belief that she is going to Hell & that people are trying to take her there: Not disposed to injure others: Neither filthy nor destructive in habits: No history of intemperance in parents or self: No severe diseases except typhoid mentioned above: Patient has been at City & County hospital for about two months: Nutritive & stimulating treatment pursued.

On personal examination Cries a great deal: Facial expression melancholy: Forehead irregularly wrinkled: Attitude fixed:

Dec 28/97 On admission put upon B^n W (G.H.U. Rpt. Complexion fair: eyes blue: hair brown: Condition of skin normal: No marks, scars nor bruises noted: Is rather dirty! Behavior quiet: Has delusions.)

Dec. 28 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: slept well during night: Dec. 29 T 98^4 P. 74. R 20. Appetite good: salts given: very quiet: does not care to talk with anyone: Dec. 30 T. 98^2 P. 72 R. 20. Enema given: sits up in bed most of day: perspires a great deal: Dec. 31 Cascara given: does not talk much but answers questions sensibly: Is up on ward: sleeps well:

Jan. 1. Takes regular meals: salts given: assists with work in dining-room:

Jan. 2 Neat & tidy: bowels seem constipated: Jan. 3 Salts given: appetite good: Has a desire to work all the time: quiet & very agreeable: sleeps well.

Jan. 4. Salts given: expresses no delusions: talks sensibly when questioned: Jan. 5. Cascara given: seems very absent-minded: very quiet: Jan. 6 Cascara given: Complains of pain in side: goes walking: Jan. 7 Appetite good: complains of pain in chest: circulation poor: sleeps well: Jan. 10 Takes cathartics when necessary: perspires considerably: sleeps well: Is very agreeable & willing to help with work: Appetite is good. Continued by Dr Rue Phelps.

Jan 28 Patient has been behaving quite silly: answers questions with fair accuracy: Teases to go home & seems of fairly good disposition. Feb 22 Went home on trial:

May 2 Returned: Is rather quiet in behavior. May 24 Has become quite quarrelsome & resistive & at times violent. Trans. to C. Feb 20 '99 Patient still very resistive & at times apt to be violent. Always quite untidy & demented in appearance

Mch to Sept. '99. By Dr Babb Appetite variable, usually good: Habits untidy: Is noisy violent & destructive. Usually sleeps well part of night: Bowels regular: Part of time expectorates a good deal. Sept 1 - Feb 28 '1900 (Dr. Heyerdale) Dirty in habits. Violent at times Appetite good: occasionally very destructive, especially at night. Bowels regular. Jan 17 Wt. 126. Feb 21 Appetite good. General health good.

Personal and Medical History of

Mch 1 - Aug 31 '1900. (Dr. Linton) Habits dirty violent & destructive: Sleeps well: bowels regular: Takes outdoor exercise: May 26. Struck by T. Ischida on head: 2 small gashes. July 17 Vaccinated. Sept 1 - Feb 28 '1901 (Dr Heyerdale. Dirty & violent: Will not converse: Sleeps well: bowels regular: Oct 16 Does not seem as well as usual In bed for a couple of days. Nov 20. Wt. 121#. General health good. Feb 28 124½#

Mar. to June 1901 No change in mental or physical condition. May 29 Wt. 126#.

June to Sept. Patient is in fair physical condition, eats & sleeps well, takes out of door exercise, menstruates regularly, at times is violent, is unoccupied, sits doubled up on a bench most of the time in bay, sing and talks considerably, refuses medicine, Aug 31 Wt. 123#. Sept. to Dec. Clean in habits, sits in bay, during the day, quarrelsome and noisy, speaks very little, occasionally is violent attacks nurses and patients, Nov. 24 Wt. 118#.

Dec. to Feb. 1903 No change. Wt about 120#.

Personal and Medical History of Augusta Neiman

Whole No. 4949
Residence, Came from Poor Farm Washington Co.
Date Admission, January 6th 1898.
Admitted by Dr. R.M. Phelps. hour, 6.45 P.M.
How Sent, Frank T. Wilson Jof P. Wash Co.
Sex, Female Age, 82.
Civil Condition, Widow
Children, None
Age Youngest Child, –
Occupation, None
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality,~~ Nativity Germany (Parents also born there.)
Has been at Wash. Co. Poor Farm 5 yrs.
Physicians Committing, J.M. Watier & J.C. Clark.
Correspondents, Chas. Wolf (niece's husband)
Stillwater, Minn.

No. of Years,
Insane Relatives, Unknown
Cause Exciting, Death of child cause of first appearance.
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, About 2 yrs. ago.
Duration, About 2 yrs.
No. of Attack, 2nd. (1st)
No. of Admission, 1st
Age First Attack, –
Time of Leaving, Apr. 13 '99
Time in Hospital, 1 yr. 3 m. 7 d.
Result, Died. Valvular Heart Disease

EXAMINATION ON ADMISSION BY DR. Dr. R. M. Phelps *Date of* 1/7/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull - very confused.
MEMORY, Past Events, } no evidence of recollection
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,
Listless - Indifferent.
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, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No history obtainable.
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,
" Poor

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 11 in PRESENT WEIGHT, 96 lbs. USUAL WEIGHT, NUTRITION, –
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Dry.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, ?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Rt. eye blind. Old corneal ulcer. Arcus senilis marked.
HEARING, Seems poor
COORDINATION, Arms, Feeble - no distinct ~~Legs,~~ incoordination Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Not marked of hands.
PATELLAR REFLEX, ? Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Says only a few half audible words.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Murmur follows 1st sound - Strength sounds palpitating & labored - Apex beat somewhat to left. Irregular - p. 72
ARTERIES,
Moderately atheromatous.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry fair
B. sounds tubular - short inspiration
prolonged expiration.
Resp. 25 to 40 steady.

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,

Jan 12/98 EXAMINATION URINE, Quantity, ℥ XX Sp. g. 1.012 Reaction, Acid. Color and Appearance, Yellow - Clear.
Albumen, Absent Sugar, do.
Casts and Crystals, Excess. amor. urates. a few pus corpuscles. bladder epith & a few fat globules.
GYNECOLOGICAL EXAMINATION, Uterus retroflexed & atrophied - Cervix atrophied & adherent to left side. labia majora hypertrophied - Inflammation around vaginal orifice.
MENSTRUATION,
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 senile.
Arteries at wrist moderately resistant. Very dull. Hardly realizes - Cannot get answers to questions - Talks only German
Don't seem to understand even when asked in German. Breathing quick. Went to Poor Farm 5 yrs. ago. Has been gradually failing since that time.

1898

This patient was brought here by Sheriff's deputy Leo Jackson attended by Mrs. M. A. Elliott in fair physical condition, with the following history:-
No information concerning consanguinity, heredity or intemperance in parents or self: First attack occurred several years ago, was of short duration: First symptoms of second attack manifested about two years ago: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by progressive Senile Dementia: Is disposed to injure others & is filthy & destructive in habits: No previous peculiarities known: No severe diseases nor injury to head: Has had to be locked in room of late - Has been at Poor Farm for five years: Has received general treatment. On personal examination it was learned that if not confined patient wanders away from home, destroys her clothing, is filthy in her habits & needs constant watching or confinement:
Moans & mutters constantly & has restless uneasy movements.

Jan 6 On admission put upon B^t W (T. & U. Rpt) Complexion dark: hair partly gray, eyes gray: Condition of skin normal: Ulcer on right eye: No marks scars nor bruises: Is clean: Very restless: Does not speak English.)
Nurse's 14 Day Record:- Received on ward: refused supper: bathed & put to bed: out of bed greater part of night: Jan 7 In bed: Slept most of day - appetite very good: bowels regular: slept well at night: Jan 8 Up & dressed: quiet: habits clean: Jan 9. T. 98^8 P. 78 R. 20: Eats & sleeps well: bowels regular: Jan. 10: Passed 20 oz. urine in 24 hrs. Appetite very good: Jan. 11 Had fainting spell this morning, lasting very short time: Jan. 12 Quite excitable at times: Jan. 13 T. 98^8 P. 76 R. 20: Eats & sleeps well: bowels are regular: quiet all day: resists quite a little on being undressed for bed at times out of bed at night: goes riding: Summary Notes by Dr. P. M. Phelps. Patient in fairly good health for her. Is quite senile & lies quietly in bed. Feb 18 Struggled on being changed. would bite & scratch. Feb 24 Seems rather weak: Temp. normal. Feb 28 Up on ward. Aug 31 '98 Patient kept in bed the greater part of time: Seems to do better there: Is quite helpless. Feb. 28 Patient has been in bed most of the time or in her room. Is rather senile in appearance.

Mch 1899 By Dr. Bess Appetite good: Bowels regular: Very untidy in habits: Temp. normal:
Apr 12 Appetite failing: seems quite weak: Red sore place on back: dressed with vaseline & boracic acid. Temp 100 - P. 100 R. 20. Apr 13 1:30 P.M. T. 104. Very low: Apr. 14 Died.

Died.

Personal and Medical History of Clara McDonald

Whole No. 4953
Residence, Stillwater, Minn.
Date Admission, Jan. 11th 1898
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, Frank T. Willson J. of P. Wash Co.
Sex, Female Age, 21.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Dressmaker.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, New Brunswick. (Parents Scotland)
Physicians Committing, B.J. Merrill & Jas C. Rhodes.
Correspondents, Mrs. McDonald. 1103 No. 2nd St. Stillwater, Minn.

No. of Years, 120.
Insane Relatives, Unknown.
Cause Exciting, Typhoid fever.
Cause Predisposing, —
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Yes. Attempted Strangulation.
Date of this Attack, Summer of 1895.
Duration, Over two years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, About 19.
Time of Leaving, Dec. 16. 1898
Time in Hospital, 11 m. 5 d.
Result, Discharged June 16. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 1/11/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly quick. Fairly clear on many subjects.
MEMORY, Past Events, } Good
Recent Events, } Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Quick
REASONING POWER, Ordinary Subjects, Not much impaired.
Special Subjects, poor.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Quiet
DELUSIONS, Systematized, Transitory, Special Subjects,
Gets angry easily.
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, 3 yrs +.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died - La Grippe at 60 yrs.
Paternal Relatives, Two uncles insane.
Mother, Living - healthy.
Maternal Relatives,
1 Brothers and 2 Sisters, Healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Typhoid fever Summer '95
Sick in bed 2 Mos. Always nervous. Easily excited Family that way
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches + dizzy spells.
OCCUPATION, Healthy or not, Sewing for living.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Clara McDonald

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, None. Skin fairly good condition.
TONGUE, Coatings or Promptness of Movement, whitish - Fairly prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Bloodshot now from the hanging.
HEARING, Good.
COORDINATION, Arms, Normal. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Hands Slightly tremulous.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs.
Sounds normal. Apex beat normal.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, B.
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,

Jan 20/98 EXAMINATION URINE, Quantity, ℥. XII Sp. g. 1.032 Reaction, acid Color and Appearance, Yellowish red - Cloudy
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates - a few epith cells.

GYNECOLOGICAL EXAMINATION, External genitals normal - Cervix adherent to right side - slight erosion of cervix - leucorrhoea - yellowish in character - Inflammation of vagina
MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor past few days weeks
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). For 3 mos. past has not cared to live. She says. Tried to hang herself a few days ago. Gives no special reason or happening to account for this. Answers questions quietly + accurately - Reticent on subject of her own mental state - Don't think anything matter with her mind. Shows no delusions in course of examination.

1898

Personal and Medical History of Clara McDonald.

This patient was brought here by Sheriff's deputy J. Fesenden attended to Sarah McCowl in fair physical condition with the following history:-
No history of consanguinity: First symptoms of disease appeared after attack of Typhoid fever in summer of 1895 - Have been apparent in a mild way ever since: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by delusions of persecution: Thinks that every one hates her: That she has wronged others - This is an incentive to attempted suicide: Not disposed to injure others: Has attempted to strangle herself: Neither filthy nor destructive in habits: Ever since attack of Typhoid in 1895 has had delusions of persecution: changeable & irritable in disposition since then-
Father intemperate & uses tobacco: No injury to head sustained:
No confinement or restraint employed: No treatment pursued.
On personal examination is noncommunicative: Tongue coated: Rapid pulse: Extensive haemorrhagic extravasation in conjunctiva of both eyes & cellular tissue about eyes: This resulted from the self strangulation which was attempted four days previous.
On admission put upon B.W. (G.H.U. Rpt. Complexion dark: hair brown eyes gray & bloodshot: Skin normal condition: Is clean: Behavior hysterical: Has delusions.)

Jan. 11 Nurse's 14 Day Record:- Received on ward: ate supper: bathed and put to bed: slept about 2 hrs.: quiet remainder of night: Jan. 12 Ate breakfast but not much dinner & supper: cascara given: quiet: answers questions sensibly: seemed more nervous & excited in p.m. attempted to choke herself: slept some: Jan. 13 T 98 P. 96 R. 23. Did not eat: enema & salts given: Is up on ward: Has many delusions: Took out door exercise: Quiet: very constipated: Jan. 14 T. 97.8 P. 82 R. 20. Drank milk: Has many delusions: does not care to talk with any one: Jan. 15 T. 97.6 P. 89 R. 20 Refused food: fed with tube: struggled while being fed: refused cascara:
Jan. 16 Fed with tube a.m. & p.m. very obstinate: refuses to take anything by mouth: Very quiet: does not talk: cascara given: Sleeps well: Jan. 18 Watched continually: expresses delusions: takes gyn. treatments: appetite poor: Jan. 20 Is menstruating: answers questions sensibly: tries to escape when taken off ward:
Jan. 21 Acts very strangely: seems excited about something: fought nurses & tried to escape put in restraint at night: Jan. 22 Fed with tube: salts given: seems to be thinking of something: Takes out door exercise: Jan. 23 Urine saved: 12 oz in 24 hrs. Appetite poor: takes cathartics: Jan. 24 Appetite poor: fed with tube occasionally quiet & seems more stupid: obstinate: sleeps well. Summary Notes by Dr. Rm. Phelps.
Feb 25 Patient has at times been inclined to be stupid at others resists. Has been in restraint. Is occasionally fed with tube. Mch 8 Wt. 98.2 Apr 21 Wt. 102. Once stole the keys & tried to escape. May 5 Tried to choke herself. May 16 Got hold of a bottle of sanitas &

Personal and Medical History of Clara McDonald.

drank some. Nov 30 During last two months has improved & occupies herself with fancywork. Dec. 16 Was taken home by her sister: Appears to have improved very much & to be fairly well recovered.

Discharged.

Personal and Medical History of Grace Kaplen (Nee Kaplen)

Whole No. 4955

Residence, Janesville, Minn.

Date Admission, January 18, 1898.

Admitted by Dr. H. H. Herzog hour, 3:30 P.M.

How Sent, Geo. A. Wilson Jr. Asst. Waseca Co.

Sex, Female Age, 29.

Civil Condition, Married

Children,

Age Youngest Child, 7 wks.

Occupation, Housewife.

Degree Education, Common school.

Profession, Religion, None.

Habits, Temperate + moral.

~~Nativity~~ Nationality, Minn. - Parents Illinois.

Physicians Committing, W. F. Taylor + H. J. Young.

Correspondents, Chas Kaplen (Husband) Janesville, Minn.

No. of Years, 1/2

Insane Relatives, Uncle on father's side.

Cause Exciting, Puerperal fever.

Cause Predisposing, Heredity ?

Form,

Accompanying Bodily Disorder, Puerperal fever.

Suicidal or not, Not.

Date of this Attack, 6 wks. ago

Duration, 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 29.

Time of Leaving, May 30. 1898

Time in Hospital, 4 m. 12 d.

Result, Discharged Nov. 8'98 Recovered.

EXAMINATION ON ADMISSION BY DR. T. M. Phelps. *Date of* 1/18/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused - Semi-delirious.

MEMORY, Past Events, } Poor.
Recent Events, }

Special Subjects, ?

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Very dull now.

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Seemingly slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Don't talk much. Rambles when she does.

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, 7 wks. - since birth of child.

ONSET, Gradual or Sudden, Quite sudden.

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

Father, Died 8 yrs - ago.

Paternal Relatives, Father's brother - insane from Cerebral Apoplexy

Mother, ?

Maternal Relatives, ?

Brothers and Sisters,

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

Puerperal - Insanity commenced about 3 days after birth of child

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,

Poor now.

Personal and Medical History of Grace Kaplen

Mrs. Grace Kaplen's brother

C. F. Pride,

Ames,

Arcadia Lodge, No. 249, A. F. & A. M.
Joshua Chapter, No. 127. Iowa.

SICAL CHARACTERISTICS.

not taken USUAL WEIGHT, NUTRITION, Not much impaired

Slight bruises only. - Skin fairly good.

Slight coating only.

mmodation, Equal - Eye normal - Responds slightly to light.

ubles,

HEARING, Normal.

COORDINATION, Arms, Probably good. Legs, Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Normal

(Exam. not very Complete.

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, ℥ XII Sp. g. 1.018 Reaction, Acid Color and Appearance, Yellowish red - Cloudy, Hazy deposit

Albumen, Excess by heat, HNO_3 + Tanrets. Sugar, absent.

Casts and Crystals, pus corpuscles. excess of amor. + sod. urates. a few epith. cells. excess of uric acid crystals

GYNECOLOGICAL EXAMINATION, Laceration of perineum, external genitals otherwise normal. Hypertrophy of cervix: leucorrhoea: slight retroflexion of uterus.

MENSTRUATION, Estab. at 14. sometimes considerable pain - quite regular but liable to menstruate the third week.

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 said to have good family history. Paternal uncle insane. No preceding attacks or prodromes are noted except that she was irritable for about one month before confinement. Confinement easy + normal - 3 days later slight mental symptoms which for a week gradually grew worse. Then was better until last Friday when the present violent delirious outbreak commenced. Yesterday temp. was 103 + + salts - enema + baths given. Today out of restraint, much better but mind still half-delirious. Temp. 101.

Personal and Medical History of Gene Kaplin (Nov Kaplin)

Whole No. 4955
Residence, Janesville, Minn.
Date Admission, January 18/1898.
Admitted by Dr. H. H. Herzog hour, 3:30 P.M.
How Sent, Geo. A. Wilson Jr. Asst. Waseca Co.
Sex, Female Age, 29.
Civil Condition, Married
Children,
Age Youngest Child, 7 wks.
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, None.
Habits, Temperate + moral.
~~Nationality~~ Native, Minn - Parents Illinois.
Physicians Committing, W. J. Taylor + H. J. Young.
Correspondents, Wm Kaplin (husband) Janesville, Minn.

No. of Years, 1/2
Insane Relatives, Uncle on father's side.
Cause Exciting, Puerperal fever.
Cause Predisposing, Heredity?
Form,
Accompanying Bodily Disorder, Puerperal fever.
Suicidal or not, Not.
Date of this Attack, 6 wks. ago
Duration, 6 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 29.
Time of Leaving, May 30. 1898
Time in Hospital, 4 m. 12 d.
Result, Discharged Nov. 8'98 Recovered.

EXAMINATION ON ADMISSION BY DR. T. M. Phelps. *Date of* 1/18/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Semi-delirious.
MEMORY, Past Events, Poor.
Recent Events, Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull mod.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Seemingly slightly depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Dont talk much. Rambles when she does.
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, 7 wks. - since birth of child.
ONSET, Gradual or Sudden, Quite sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died 8 yrs - ago.
Paternal Relatives, Father's brother - disease from Emetine
Mother, ?
Maternal Relatives, ?
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Puerperal - Insanity commenced about 3 days after birth of child
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,
Poor now.

Personal and Medical History of Gene Kaplin

PHYSICAL CHARACTERISTICS.

WEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Not much impaired
WOUNDS, Abnormalities and condition of Skin, Slight bruises only. - Skin fairly good.
TONGUE, Coatings or Promptness of Movement, Slight coating only.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal - Respond slightly to light.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, Probably good. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of note.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Normal
(Exam. not very Complete.
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,

Jan 21/98
EXAMINATION URINE, Quantity, ℥ XXII Sp. g. 1.018 Reaction, Acid Color and Appearance, Yellowish red-Cloudy, Hazy deposit
Albumen, Excess by heat, HNO_3 + Tannets. Sugar, absent.
Casts and Crystals, pus corpuscles. excess of amor. + sod. urates. a few epith. cells. excess of uric acid crystals
GYNECOLOGICAL EXAMINATION, Laceration of perineum, external genitals otherwise normal. Hypertrophy of cervix: leucorrhoea: slight retroflexion of uterus.
MENSTRUATION, Estab. at 14. sometimes considerable pain - quite regular but liable to menstruate the third week.
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 said to have good family history. Pat. maternal uncle insane. No preceding attacks or prodromes are noted except that she was irritable for about one month before confinement. Confinement easy + normal. 3 days later slight mental symptoms which for a week gradually grew worse. Then was better until last Friday when the present violent delirious outbreak commenced, yesterday temp. was 103 + + sats - enema + baths given. Today out of restraint, much better but mind still half-delirious. Temp. 101.

Personal and Medical History of Gene Kaplin.

1899

This patient was brought here by Sheriff's Dep. Geo. Goodspeed attended by husband & Hattie Lemmp, in poor physical condition, with the following history:-
No history of consanguinity: First symptoms of disease manifested six weeks ago: Disease appears increasing: Is variable - patient has been rational once since beginning of this attack: Derangement manifested on no particular subject. Not disposed to injure others: Neither suicidal, filthy nor destructive in habits: No previous peculiarities manifested: No injury to head: No severe disease but puerperal fever: Has had to be watched constantly: Has received ordinary treatment for puerperal fever. On personal examination seems very nervous & unable to control himself.
On admission put upon Bd W. (2d W. Rft. Complexion dark: Hair & eyes brown Condition of skin normal: No marks, scars ~~nor bruises~~ noticed:
Bruise on nose & left side of face: So clean: Very maniacal & incoherent)

Jan. 18 Nurses 14 Day Record:- Received on ward: bathed & put to bed: Milk given: clothes on fire.
often: Jan. 19 - 9 a.m. T. 103⅖ P. 110: 1 p.m. T 102⅖ P. 110. appetite fair Salts & enema given: also medicine 3 times during day: Has incoherence of speech: Liniment applied to breasts: visited by husband & friends: alcohol baths given: cold applications to head: In restraint: mouth washed: Jan. 20. T. 100⅖ P. 111. - 9 a.m. 1 p.m. T 101. P. 100: 5 p.m. T 102⅘: Refused dinner: milk given often: alcohol baths given: medicine after meals: bowels moved: Very quiet this a.m. talks sensibly: Liniment applied to breasts: restless & had to be held in bed this p.m.: in restraint at night: noisy: Slept 3½ hrs.: Jan. 21 - 6 a.m. T. 100⅘: 9 a.m. T 101⅘: medicine continued: Salts given: visited by husband: slightly noisy: talked rationally: alcohol bath given. also hips & knees rubbed with alcohol: mouth washed with listerine: Liniment applied to breasts: cold applications to head: 3 p.m. T. 100⅖ P. 120. R. 30: 5 p.m. T. 101⅘ P. 120. R. 30 Taken out of restraint: Transferred to Inf. Very restless in p.m. Very hard to keep in bed: cold applications to head: very restless & noisy all night: bowels moved frequently: Slept 2 hrs: Jan. 22 Very restless & noisy in a.m.: warm bath given with cold to head: more quiet since: appetite quite good: visited by husband: Jan. 24 T. 99⅖ to 101⅖ since last note. P. 112 & 118. R. 24 & 27 appetite quite good: Sleeping doses at night twice: bowels rather irregular: Warm baths daily with cold to head: Talks coherently part of time & at times very excited & noisy: In restraint at night & part of time during day: milk given often:
Jan. 25 a.m. T. 99⅘: p.m. T 101 P. 118. R. 24 Calomel given: Jan. 26 - 9 30 a.m. T. 104⅘ P. 140 R. 30. 1 p.m. T. 102⅘: 5 p.m. T. 100⅖ P. 118 R. 27. Appetite continues good: warm alcohol bath with cold to head kept up for an hour: very restless & struggling considerably: face very flushed: more quiet after bath: mouth cleaned with listerine: Jan. 27 T. 101⅘ P. 116-120. R. 24-26 In restraint about 3 hrs. cold applied to head: out of bed a great deal: sleeping dose given: In restraint: Slept 6 hrs.: restless & noisy for part of night: Jan. 28 T. 100⅖ to 101⅘ P. 116 to 120. R. 26 to 28: ate breakfast but refused dinner: milk given often.

Personal and Medical History of Gene Kaplin.

Quiet: visited by husband: talked quite sensibly: enema bath given: face very flushed:
Jan. 29 to Feb. 1 T. 100⅘ to 102⅘ R. 26 to 28. P. 120. Jan. 30 T 99⅘ to 101⅘ P. 118 R. 24: Jan. 31 T. 101⅘ - 101⅘ P. 118. R. 26. T 100⅖ to 101⅖ R. 24-26 P. 118-120. Appetite quite good last 3 days: sleeping doses occasionally: refused once: Very restless & noisy usually during day: Has to be held at times: In restraint usually at night: when not, is out of bed & is violent: sleeps fairly well: complained at one time of headache: mouth washed with listerine. Feb. 5: T. 100⅘ to 100 P. 108 to 100. R. 28-24. baths & cold applications to head continued: In restraint part of time: enema & salts given: Feb. 7 T. 99 to 100⅖ past 3 days. P. 90 to 100. R. 19 to 30. warm baths with cold to head continued: still restless: In restraint part of time: appetite good: enema & salts given: bowels moved freely: leg swollen: was bandaged: sleeps well. Feb. 10 T. 99⅘ to 98⅘ since Feb. 7 P. 79-88. R. 18-30. pills & enema given: baths continued: sleeping doses occasionally: more quiet past 2 days: Talks sensibly: Feb. 14 T. about 99. P. 80 to 114 R. 19-24. Up & dressed 11 to 13 hr. Bowels moved freely seemed confused: expressed desire to see friends: Feb. 14 Stayed in bed: not so well appetite poor: Feb. 17 T. has not been over 99: Patient up & dressed: seemed nervous this p.m. restless: restless greater part of night: Feb. 18 T 99⅖ R 100 to 90. R. 21 Enema given: Had to be held in bed some of day: Feb. 19 Menstruating: pain: hot sand bags applied to bed: quiet: Feb. 21 Patient up: restless: full bath given: Feb. 22 Appetite poor: Feb. 23-24 pills given nervous: T. about 100. P. 102 R. 30. Castor oil given: appetite poor: destructive: will not keep dressed. Slept 7 hrs: Feb. 25 nervous & excited 24hr: out of bed at night. Feb. 25 Transf. to 6th Feb 26 Temp. 101. In bed during day In restraint at night. Is mildly maniacal & quite restless. March 25 Has been in restraint at times, requires constant watching. May 21 Went home. During month of may has been somewhat excited at times but much quieter on the whole somewhat more rational in manner.

Discharged.

Personal and Medical History of Louise Koonst

Whole No. 4956

Residence, Burnside Pp. Goodhue Co. Minn.

Date Admission, January 19th 1898.

Admitted by Dr. R. M. Phelps hour, 6.45 P.M.

How Sent, Axel Hallen J. of P. Goodhue Co.

Sex, female Age, 56

Civil Condition, widowed.

Children, 3.

Age Youngest Child, 19 yrs.

Occupation, Housewife.

Degree Education, Common school.

Profession, Religion, None.

Habits, Not intemperate.

Nationality, Sweden (Parents also born there) Became resident of State or Co. in 1871.

Physicians Committing, M. Moreau & F. W. Dennett

Correspondents,

No. of Years, 123.

Insane Relatives, None can be ascertained (Mother)

Cause Exciting, Unknown.

Cause Predisposing, Previous attacks - Chronic - (heredity)

Form, Mania chronic.

Accompanying Bodily Disorder, None mentioned (Chronic ulcer on leg)

Suicidal or not, Not.

Date of this Attack, Nov. 97.

Duration, About 2 mos.

No. of Attack, ?

No. of Admission, 5th here - Has been in St. Peter.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result, -

EXAMINATION ON ADMISSION BY DR. F. M. Phelps Date of 1/20/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused on some subjects.

MEMORY, Past Events, Fair but confuses them.

Recent Events, Fair Special Subjects,

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

REASONING POWER, Ordinary Subjects, Pathn poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal + slightly exalted.

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, ? Some months.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Won't tell us much.
Father, Died - Heart disease.

Paternal Relatives,

Mother, Died.

Maternal Relatives,

Brothers and Sisters, Children 3

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies sickness. Ulcers on legs.

HABITS, Drinking and Smoking, ?

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Work on farm - Outdoor work.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Louise Koonst.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7in. PRESENT WEIGHT, 167lbs. USUAL WEIGHT, NUTRITION, Somewhat poor

WOUNDS, Abnormalities and condition of Skin, Skin changed by weather.

TONGUE, Coatings or Promptness of Movement, Fairly normal.

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

SIGHT, Wears glasses.

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

HEARING, Normal.

COORDINATION, Arms, Normal. Legs, do Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
No murmurs.

ARTERIES,
Possibly some hardening

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,

Jan 25/98

EXAMINATION URINE, Quantity, 32 XXI Sp. g. 1.021 Reaction, Acid Color and Appearance, Yellow. Cloudy.

Albumen, Absent Sugar, do

Casts and Crystals, Excess of overlapping squamous epith. Amor. urates. Oxalate of lime crystals.

GYNECOLOGICAL EXAMINATION, Extensive laceration of perineum - Labia minora hypertrophied, uterus normal position. Slight effusion leucorrhoeal discharge.

MENSTRUATION, Not estab. until 25 yrs. of age. usually profuse - lasting a week or more. Menopause occurred at 53 previous to that time irregular for about a year. Labors very easy. usually up day after

OPHTHALMOSCOPIC EXAMINATION, confinement.

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Normal.

BOWELS, Present Condition, Normal

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 first attack 18 yrs. ago. Has been in St. Peter, once. here.

Personal and Medical History of Louise Coonst.

1898

This patient was brought here by sheriff's deputy P. J. Lundquist attended by Mrs. Lundquist, in fair physical condition, with the following history:- No history of consanguinity or heredity: Has had various previous attacks Admissions here as follows. First transferred from St. Peter Mar 24/81 left June 10/81 - (Vol. 2 Fol. 63 No. 243)
Second - Oct. 17th 1885 left. Nov. 4 1887. (See Vol. 6 Folio. 99 No 999)
Third Nov. 5th 1890 left. Sept. 30th 1891 (Vol. 14 Folio. 194 No. 2534)
Fourth Sept. 17 1894 left. May 8 1895 (Vol. 26 Folio 301 No 3845.)
(For Condensed acct. of above admissions see Vol. 26 - 301.)
First Symptoms of present attack manifested in Nov. 97 by incoherent language, delusions etc. Disease appears increasing: Is not variable: Derangement manifested by delusion that she is in danger of attack by robbers + by men who desire to violate her person: Not disposed to injure others. Neither filthy nor destructive in habits: No history of intemperance in parents or self: No severe disease nor injury to head: Has been confined in hospitals as above given - On personal examination nothing further learned.

Jan 19 On admission put upon B2 W (G.H.N. Rpt. Complexion dark: Hair brown partly gray: Eyes brown: Condition of skin normal: No marks, scars nor bruises. Ulcer on right leg: Is dirty: Behavior quiet. Has delusions.)

Jan. 19 Nurse's 14 Day Record:- Rec'd on ward: ate supper: bathed + put to bed: noisy greater part of night: Jan. 20 Appetite good: extremely noisy at times: does not stay in bed: sore on limb from varicose veins: washed daily + bandaged:

Jan. 21 T. 98 P. 71 R. 16. pleasant + agreeable: bowels regular: answers questions sensibly: Does not sleep well: Jan. 22 T. 98 P. 76 R. 18: works in dining-room: neat + tidy: noisy 5 hrs.: Jan. 23 Has many delusions: scolds a good deal: noisy all night: slept 1 hr. Jan. 24 Is agreeable + talks sensibly on ordinary subjects: takes out door exercise: bowels regular: Jan. 27 Appetite continues good: Scolds greater part of time: very vulgar: limb still bandaged + dressed with vaseline + cotton: Is very lame: at times is very pleasant: awake a great deal at night:

Jan. 31 Is the same as she has been ever since admission: Appetite good: bowels regular: works in dining-room: noisy vulgar + disagreeable: Has hallucinations: also has a number of delusions: does not sleep well. Summary Notes by Dr. R. M. Phelps.

Feb 5 Threatened to commit suicide + transferred to B2. Feb 7 Complained of severe pain in limb which was found to be swollen: ulcers were washed out + the whole limb was found to be swollen + inflamed: Colored red in the first place by the red under-clothing + seeming to be poisoned in spots. Feb 12. Condition rather serious: Visited by son + daughter. Temp. 104 in the afternoon: Since then has seemed to be improving. Mch 30 Wound dressed almost daily: Slight rise of temperature.

May 31 Has had a slight rise of temperature during the month of March: General condition has improved but complains of being unable to bend her knee on account of contracted muscles secondary to the inflamed condition. July 10 '98 Has become rather melancholy: Is, however, quite rational + is melancholy principally on account of her helpless condition

Personal and Medical History of Louise Coonst.

1898.

Sept 1 '98 Temp 99. General health quite good: Appetite good: Sleeps well: Bowels regular: Neat in habits, agreeable in manner: Usually cheerful + converses readily Limbs are contracted + she is unable to walk Spends most of time in her own room but taken out of doors frequently: Is usually inactive but reads a little never works. Sept 1 - 99 - Feb 28 '1900 (Dr. Heyerdale) Neat: Is quiet: Converses readily Is almost helpless in lower limbs which necessitates her sitting in room most of time: Appetite good: Bowels regular: Sleeps well: Jan 5 Wt. 175.

Mch 1 - Nov 30 '1900. Very little change from month to month: Sits quietly in room + sews + reads - Is very kind to other patients: Complains at times of inability to use limbs but is generally cheerful + pleasant + tries to persuade the other patients to be so. Dec 1 - Feb 28 '1901 General health good: Wt. 183#

Mar. to June 1901 May 4 patient has been getting gradually disturbed during past few days - culminating in explosion of maniacal excitement in which she threw a mirror on the floor smashing it, also using very profane language, Transferred to C. 3. West. May 24 patient continues very much disturbed mentally, talks constantly, has delusions of persecution, uses vile and vulgar language, at times extremely noisy, also expresses hallucinations of sight and hearing, May 30 Wt. 176½#. June to Sept. Untidy in habits and appearance, no change in mental or physical condition, Aug. 31. Wt. 149#. Sept. to Dec. Patient very much improved, transferred to B. 3 West. assists some with ward work, Nov. 23. Wt. 154#.

Dec. to Feb 1903 No change. Wt about 170#.

Personal and Medical History of Anna Newman

Whole No. 4957

Residence, Stillwater, Minn. (State Prison)

Date Admission, Jan. 20th 1898.

Admitted by Dr. R. M. Phelps hour, 6:55 P.M.

How Sent, F. J. Wilson J. of P. Washington Co.

Sex, Female Age, 27.

Civil Condition, Single.

Children, none

Age Youngest Child, –

Occupation, milliner.

Degree Education, Common school.

Profession, Religion, ?

Habits, Strictly temperate. (?)

~~Nativity~~ Nationality, New York. (Father Germany - Mother New York)

Physicians Committing, G.E. Clark + E.O. Freleigh.

Correspondents,

No. of Years, 1st

Insane Relatives, Mother 1 yr. at death of brother.

Cause Exciting, Neurotic.

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 2nd

Age First Attack, ?

Time of Leaving, Feb. 14. 1899

Time in Hospital, 1 yr. 25 d.

Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 1/24/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick - Not very accurate about self.

MEMORY, Past Events, } Normal.
Recent Events, } Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Normal.

REASONING POWER, Ordinary Subjects, Slightly impaired

Special Subjects, Poor

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Sometimes depressed - Now about normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

A general belief that people are working against her. Worse at times. Thinks she is not insane.

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, Slow.

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

Thinks Mother was insane 18 yrs ago.

Father, Dead - Leg inflamed - Slight attacks for 7 yrs. ago

Paternal Relatives,

Mother, Died in '98.

Maternal Relatives,

Brothers and Sisters, 1 brother killed in factory.

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

Bilious fever. Influenza in '8 yr. apart. Was depressed.

HABITS, Drinking and Smoking, took some morphia last winter

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches 6-8 yrs ago

OCCUPATION, Healthy or not, Did at home mostly -

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

Drinks - Has had trouble for 7-8 yrs.

Sleep, Appetite, and Bowels,

ical History of Anna Newman

TERISTICS.

L WEIGHT, 140 NUTRITION, Normal.

Size normal. Respond to light.

Grasp,

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,

Sp. g. 1.008 Reaction, acid Color and Appearance, Yellow. cloudy

Sugar, none.

nor, urates - a few bladder cells - oxalate of lime crystals

ent Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the

mental grade, and any physical impairment). Patient 39 yrs old - Has been paranoiac in behavior for

k or behavior at times as to make her considered only eccentric. She has continuous thread of in-

of persecution - or rather the idea that people are doing things to annoy her. In general, however her

mania rather moves. Is quite bright now but is said to have spells of depression

Fruitwater Gazette Nov 24/01

SHE WANTS THE MONEY.

Anna R. Neuman Demanded $2,000 of Warden Wolfer But Did Not Get it

An attorney has been secured by Miss Annie R. Newman and she will make a strong effort to resist committal to the insane asylum at Rochester. The hearing will take place next Wednesday.

ECCENTRIC CHARACTER.

Been an Inmate of Penal Institutions and of Rochester for Insane.

Anna R. Neuman, an eccentric character, demanded $2,000 of Warden Wolfer of the state prison, accompanied with threats of making it uncomfortable for him and last Friday was lodged in the city jail.

The Neuman woman is an eccentric character who has been an inmate of the St. Cloud reformatory, the state prison and the Rochester hospital for the insane. She was raised on a farm near Stillwater Junction.

On Sept. 4 she wrote a letter to Warden Wolfer in which she said he was responsible for damage to her business by having her committed to the Rochester asylum and making a demand for $2,000. The letter also stated that the warden would be given until Nov. 15 to pay the sum demanded.

Friday evening the warden arrived home from the national prison congress at Kansas City. About 9 o'clock he answered a telephone call. Miss Neuman had gone to the residenec of James S. O'Brien and was given permission to use the telephone from there.

Warden Wolfer was informed by phone from Miss Neuman that the last day of grace for paying the money demanded in her letter had expired and she was on hand, ready to receive it. She left the O'Brien residence and later was arrested by Captain Barnes of the police force as she got off an Owen street car at the lower end of Chestnut street. Warden Wolfer had telephoned for the police to keep a lookout for her.

Miss Neuman spent the night in the city jail and it was determined to file an information of insanity against her, on the theory that she might do violence to some person.

In the spring of 1897 Miss Neuman was arrested in Minneapolis on a charge of grand larceny and sent to the St. Cloud reformatory on May 19 of that year. When taken into custody her rooms in Minneapolis were searched. Several trunks were found there in which there were quantities of silverware, silks and other goods taken from stores and dwellings. It was her habit to go into dwellings on various pretexts and while there purloin various articles. The search of her trunks was made by J. P. Hoy, a Minneapolis detective, well known here.

During her incarceration at St. Cloud the woman became bothersome and was transferred to the state prison, July 15, 1897 on the alleged grounds of incorrigibility. She showed signs of insanity while in the state prison and after an examination by the probate court of Washington county she was on Jan. 20, 1898, sent to the Rochester hospital for the insane. Being pronounced cured there she was sent back to the state prison Oct. 11, 1898 and discharged from the latter place Nov. 26, 1898. Since then she has made her home in the Twin Cities and occasionally has visited this city.

An information of insanity was made Friday against Miss Neuman by Policeman McNaughton and the examination will probably be held in the probate court Monday, she remaining in the county jail in the meantime.

A pathetic incident of her being locked up was the affection shown by her shepherd dog. When taken to the city jail last night the dog followed her and made such a demonstration that it was admitted to her cell. Today the animal followed her to the county jail, and springing up would lick her hands and whine. Sheriff Smith, at the earnest solicitation of the woman, allowed the faithful canine to follow her into the jail quarters.

Miss Neuman paid a visit to Judge Wilson in his office Friday afternoon. She called him names and blamed him for being partly responsible for her commission to the hospital for the insane on a former occasion. She also was incoherent in her remarks about Warden Wolfer.

Annie R. Newman will not be compelled to submit to an investigation as to her sanity, the information having been withdrawn and she will be permitted to return to Minneapolis.

Personal and Medical History of Anna Neuman

Whole No. 4957

Residence, Stillwater, Minn. (State Prison)

Date Admission, Jan. 20th 1898.

Admitted by Dr. R. M. Phelps hour, 6th P.M.

How Sent, F. I. Wilson J. of P. Washington Co.

Sex, Female Age, 27.

Civil Condition, Single.

Children, none

Age Youngest Child, -

Occupation, Milliner.

Degree Education, Common school.

Profession, Religion, ?

Habits, Strictly temperate. (?)

~~Nativity~~ Nationality, New York. (Father Germany - Mother New York)

Physicians Committing, G.E. Clark + E.O. Freleigh.

Correspondents,

No. of Years, 1st

Insane Relatives, Mother 1 yr. at death of brother.

Cause Exciting, Neurotic.

Cause Predisposing, Previous attack

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 2nd

Age First Attack, ?

Time of Leaving, Feb. 17. 1899

Time in Hospital, 1 yr. 28 d.

Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION BY DR. T. M. Phelps *Date of* 1/24/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick - Not very accurate about self.

MEMORY, Past Events, } Normal.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Normal.

REASONING POWER, Ordinary Subjects, Slightly impaired

Special Subjects, Poor

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Sometimes depressed - Now about normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

A general belief that people are working against her. Worse at times. Thinks she is not insane

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, Slow.

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

Thinks Mother was insane 18 yrs ago.

Father, Dead - Leg ripped off - Slight attacks 6 or 7 yrs. ago

Paternal Relatives,

Mother, Died in 98.

Maternal Relatives,

Brothers and Sisters, 1 brother killed in factory.

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

Bilious fever Influenza in '98 or 99. Was depressed.

HABITS, Drinking and Smoking, took some morphia last winter

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches 6-8 yrs ago

OCCUPATION, Healthy or not, Lived at home mostly -

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

Denies - Has had trouble for yrs. 8 yrs.

Sleep, Appetite, and Bowels,

Bazille in his contention by striking out the objectionable clause and inserting in lieu thereof the agreement "in consideration of the sum of $1 and in accordance with a proposition this day filed with

Annie N... Taken ... Miss An... reformato... liberated ... to the Ro... where she ... date of hi... dition of ... satisfied t... erate her ...

Stillwater Gazette Mar 24/99

SHE WANTS THE MONEY.

Anna R. Neuman Demanded $2,000 of Warden Wolfer But Did Not Get it and Is Locked Up.

IS AN ECCENTRIC CHARACTER.

Been an Inmate of Penal Institutions and of Rochester for Insane.

Anna R. Neuman, an eccentric character, demanded $2,000 of Warden Wolfer of the state prison, accompanied with threats of making it uncomfortable for nim and last Friday was lodged in the city jail.

The Neuman woman is an eccentric character who has been an inmate of the St. Cloud reformatory, the state prison and the Rochester hospital for the insane. She was raised on a farm near Stillwater Junction.

On Sept. 4 she wrote a letter to Warden Wolfer in which she said he was responsible for damage to her business by having her committed to the Rochester asylum and making a demand for $2,000. The letter also stated that the warden would be given until Nov. 15 to pay the sum demanded.

Friday evening the warden arrived home from the national prison congress at Kansas City. About 9 o'clock he answered a telephone call. Miss Neuman had gone to the residenec of James S. O'Brien and was given permission to use the telephone from there.

Warden Wolfer was informed by phone from Miss Neuman that the last day of grace for paying the money demanded in her letter had expired and she was on hand, ready to receive it. She left the O'Brien residence and later was arrested by Captain Barnes of the police force as she got off an Owen street car at the lower end of Chestnut street. Warden Wolfer had telephoned for the police to keep a lookout for her.

Miss Neuman spent the night in the city jail and it was determined to file an information of insanity against her, on the theory that she might do violence to some person.

In the spring of 1897 Miss Neuman was arrested in Minneapolis on a charge of grand larceny and sent to the St. Cloud reformatory on May 19 of that year. When taken into custody her rooms in Minneapolis were searched. Several trunks were found there in which there were quantities of silverware, silks and other goods taken from stores and dwellings. It was her habit to go into dwellings on various pretexts and while there purloin various articles. The search of her trunks was made by J. P. Hoy, a Minneapolis detective, well known here.

During her incarceration at St. Cloud the woman became bothersome and was transferred to the state prison, July 15, 1897 on the alleged grounds of incorrigibility. She showed signs of insanity while in the state prison and after an examination by the probate court of Washington county she was on Jan. 20, 1898, sent to the Rochester hospital for the insane. Being pronounced cured there she was sent back to the state prison Oct. 11

...ical History of Anna Neuman

...TERISTICS.

...L WEIGHT, 140 NUTRITION, Normal.

...uman

...Gradual St

...falls. N.Y.

Size normal. Respond to light.

Anna Neuman.

Grasp,

...ial Muscles, General, Normal

Other Reflexes,

...tating, Slow, Normal.

Sad, Etc.,

...nds, Size,

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,

...ion,

...ON,

...ent Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degr... mental grade, and any physical impairment). Patient 59 yrs old - Has been paranoiac in behavior for years ... or behavior at times as to make her considered only eccentric the one continuous thread of insanity delusional seems the idea of persecution - or rather the idea that people are doing things to annoy her. In general, however her mental state is quite erratic + her behavior rather worse. Is quite bright now but is said to have spells of depression

Jan 30/99 — Sp. g. 1.008 Reaction, acid Color and Appearance, Yellow. Cloudy

Sugar, none.

...nor. urates - a few bladder cells - oxalate of lime crystals

Personal and Medical History of Anna Newman

Whole No. 4957
Residence, Stillwater, Minn. (State Prison)
Date Admission, Jan. 20th 1898.
Admitted by Dr. T. M. Phelps hour, 6:55 P.M.
How Sent, F. Wilson J. of P. Washington Co.,
Sex, Female Age, 27.
Civil Condition, Single.
Children, none
Age Youngest Child, —
Occupation, milliner.
Degree Education, Common school.
Profession, Religion, ?
Habits, Strictly temperate. (?)
~~Nationality~~ Nativity, New York. (Father Germany - Mother New York)
Physicians Committing, G.E. Clark + E.O. Fraleigh.
Correspondents,

No. of Years, 1st
Insane Relatives, Mother 1 yr. at death of brother.
Cause Exciting, Neurotic.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, 2nd
Age First Attack, ?
Time of Leaving, Dec. 14. 1899
Time in Hospital, 1 yr. 325 d.
Result, Transferred to Fergus Falls.

EXAMINATION ON ADMISSION BY DR. T. M. Phelps *Date of* 1/24/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - Not very accurate about self.
MEMORY, Past Events, } Normal.
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Normal.
REASONING POWER, Ordinary Subjects, Slightly impaired
Special Subjects, Poor
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Sometimes depressed - Now about normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
A general belief that people are working against her. Worse at times. Thinks she is not insane.
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, Slow.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Thinks Mother was insane 18 yrs ago.
Father, Dead - Leg inflamed - Slight stroke 6 or 7 yrs. ago
Paternal Relatives,
Mother, Died in 94.
Maternal Relatives,
Brothers and Sisters, 1 brother killed in factory.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Bilious fever Influenza
in 1/8 gr. doses. Was depressed
HABITS, Drinking and Smoking, took some morphia last winter
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches 6-8 yrs ago
OCCUPATION, Healthy or not, Lived at home mostly -
Detail Date, Duration, and Character of Previous Attack, if any,
Denies - Has had trouble for 7-8 yrs.
Sleep, Appetite, and Bowels,

ical History of Anna Newman

Earl Newman
#205 Gradual St
Buffalo N.Y.
(Brother of Anna Newman.

Annie Newman, Hopelessly Insane, Taken to the Rochester Asylum.
Miss Annie Newman, who has served a reformatory sentence at the prison, was liberated yesterday only to be taken back to the Rochester hospital for the insane, where she should have been from the date of her sentence owing to the condition of her mind. Warden Wolfer was satisfied that it would be unwise to liberate her and so informed Dr. Kilbourne

TERISTICS.

L WEIGHT, 140 NUTRITION, Normal.

Eye normal. Responds to light.

Grasp,

Tongue, Facial Muscles, General, Normal

Other Reflexes,

red, Hesitating, Slow, Normal.

, 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,

Jan 30/99 EXAMINATION URINE, Quantity, — Sp. g. 1.008 Reaction, acid Color and Appearance, Yellow. cloudy
Albumen, none Sugar, none.
Casts and Crystals, amor. urates - a few bladder cells - oxalate of lime crystals

GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
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 29 yr. old - Has been paranoiac in behavior for years evidently, yet so bright in talk or behavior at times as to create her considered only eccentric. No one continuous thread of insanity delusional seems the idea of persecution - or rather the idea that people are doing things to annoy her. In general, however, her mental state is quite erratic + her behavior rather worse. Is quite bright now but is said to have spells of depression

Personal and Medical History of Anna .

Whole No. 4957

Residence, Stillwater, Minn. (State Prison)

Date Admission, Jan. 20th 1898.

Admitted by Dr. P. M. Phelps hour, 6:55 P.M.

How Sent, F. I. Wilson J. of P. Washington Co.

Sex, Female Age, 27.

Civil Condition, Single.

Children, none

Age Youngest Child, —

Occupation, Milliner.

Degree Education, Common school.

Profession, Religion, ?

Habits, Strictly temperate. (2)

~~Nationality~~ Nativity, New York. (Father Germany - Mother New York)

Physicians Committing, G.E. Clark + E.O. Freleigh.

Correspondents,

No. of Years, 1st

Insane Relatives, Mother (

Cause Exciting, Neurotic

Cause Predisposing, Previous at

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 2nd

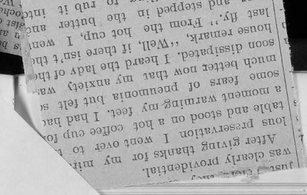
Age First Attack, ?

Time of Leaving, Dec. 14. 1899

Time in Hospital, 1 yr. 325 d.

Result, Transferred to Fergus Falls.

Hawthorne school. ... Plays and Little People' will be the topic. Miss Officer will read a paper. Mrs. Mary P. Hunt will read a paper on the Crocus Hill Mothers' club Tuesday afternoon at the home of Mrs. J. Relation and Value of Child Study to ers." ... The Monday Evening Study circle will to-morrow evening at the home of Mrs. ... Monfort, on Dayton avenue. The Revel of 1850" will be the topic. Everett Rikke Jules Demeritt will read the papers. "Plays and Games" ... will be the subject


was clearly providential. ... After giving thanks for my ... house remark, "Well, if there isn't ... soon dissipated. I heard the lady of the ... much better now than my anxiety was ... a moment warming my feet. I had had ... some fears of pneumonia, but felt ... table and stood on a hot coffee cup for ... After preservation I went over to ... just as stepped in the butter ... last fly." From the butter ... hot cup, I went ... Just ... and ... rub it ...

EXAMINATION ON ADMISSION BY DR. P. M. Phelps Date of 1/24/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick - Not very accurate about self.

MEMORY, Past Events, } Normal.

Recent Events, } Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Normal.

REASONING POWER, Ordinary Subjects, Slightly impaired

Special Subjects, Poor

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Sometimes depressed - Now about normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

A general belief that people are working against her. Worse at times. Thinks she is not insane.

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, Slow.

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

Thinks Mother was insane 18 yrs ago.

Father, Dead - Leg inflamed - Slight stroke bet 7 yrs. ago

Paternal Relatives,

Mother, Died in '98.

Maternal Relatives,

Brothers and Sisters, Brother killed in factory.

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

Bilious fever Influenza in 1892 yr. doses. Was depressed

HABITS, Drinking and Smoking, took some morphia last winter

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches 6-8 yrs ago

OCCUPATION, Healthy or not, Lived at home mostly -

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

Drugs - Has had trouble for 7-8 yrs.

Sleep, Appetite, and Bowels,

ical History of Anna Newman

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 129 lbs USUAL WEIGHT, 140 NUTRITION, Normal.

WOUNDS, Abnormalities and condition of Skin, Normal.

TONGUE, Coatings or Promptness of Movement, Normal.

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

SIGHT, Wears glasses - Poor vision

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

HEARING, Normal.

COORDINATION, Arms, — Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Normal

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

Jan 30/99 EXAMINATION URINE, Quantity, — Sp. g. 1.008 Reaction, acid Color and Appearance, Yellow. Cloudy

Albumen, none Sugar, none.

Casts and Crystals, amor. urates - a few bladder cells - oxalate of lime crystals

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 29 yrs. old - Has been paranoiac in behavior for years evidently, yet so bright in talk or behavior at times as to make her considered only eccentric. The one continuous thread of insanity delusional seems the idea of persecution - or rather the idea that people are doing things to annoy her. In general, however, her mental state is quite erratic + her behavior rather worse. Is quite bright now but is said to have spells of depression

1898 Personal and Medical History of Anna Newman,

This patient was brought here from State Prison, Stillwater minn - where she was serving term for grand larceny in second degree: by Warden H. Wolfer attended by Mrs Wolfer, in fair physical condition with the following history: Patient was confined in this (Rochester) Hospital from Mch 20 '93 to May 29 '93 (For further particulars see Vol. 21 Fol 337 No 3302) First symptoms of present attack manifested by petulance, threats, anger & profane language: Disease appears stationary: Is variable with irregular, rational intervals: Derangement now manifested on subject of persecution: Has threatened to kill others: Neither filchy nor destructive in habits. Mother was insane 18 yrs. ago at time of death of brother. Previous peculiarities sleeplessness, fitful appetite: Nervousness nervous headaches, petulance, Anger, threats against associates even to Killing. Previous history states that patient drank to excess & also used morphine: In 1892 had severe trouble with influenza & severe headaches: Has not been in confinement or restraint on account of disease: Received electrical treatment from Dr. Riggs On personal examination is emotional & neurotic.

Jan 20 On admission put upon Br W (G.H.U. Rpt) Complexion dark: eyes blue: hair brown partly gray: No marks, scars nor bruises noted: right ankle is sprained: Is clean behavior quiet: Talks sensibly.)

Jan. 20 Nurses 14 Day Record:- Received on ward: bathed and put to bed: slept about 5 hrs. Jan. 21 Appetite Good: talks sensibly: cried this morning: seems agreeable: Jan. 22 T. 98 P. 56. R. 17: Salts given: bowels moved: menstruating: pain in sides & abdomen: Sleeps well: Jan. 23 T. 98 P. 78 R. 20: Cries often: pain in abdomen: Talks considerably: Jan. 24 Seems very nervous but is quiet: Talks sensibly on ordinary subjects: appetite fair: Jan. 26 Complains of headache: dose given: very nervous & easily excited: Jan. 27 Lies down often & complains of being weak: Jan 28 Salts given: Takes out door exercise: Jan. 29 Head ache dose given: urine saved 31 oz in 24 hrs. Feb. 2 Salts & head ache doses given frequently: Has delusions: Is nervous & at times restless: neat & tidy but rather disagreeable: Lies down often: Talks sensibly: Takes out door exercise.

Feb 14 Transferred to Fergus Falls,

Personal and Medical History of

Personal and Medical History of Rosa Rybka (or Sarah Rybka)

Whole No. 4961
Residence, Steele Co. Minn.
Date Admission, January 28th 1898.
Admitted by Dr. H H Herzog hour, 6 15 P.M.
How Sent, W. A. Eggleston Jaf P. Steele Co.
Sex, Female Age, 27.
Civil Condition, Single.
Children, none
Age Youngest Child, -
Occupation, Housewife (Father a farmer.)
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, not intemperate.
~~Nationality~~ Nativity, Bohemia - Parents also born there.
Became resident State & Co. July 95
Physicians Committing, T. L. Hatch & S. H. Adair M.D.
Correspondents, Joseph Rybka.

No. of Years, 128
Insane Relatives, None
Cause Exciting, "Patient's condition is influenced by her surroundings.
Cause Predisposing, Previous attacks
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not
Date of this Attack, a few days ago. (continuous)
Duration, A few days.
No. of Attack, 2
No. of Admission, 2.
Age First Attack, 24
Time of Leaving, Mar. 26. 1898
Time in Hospital, 2 m. 1 d.
Result, Discharged Aug. 10. 1898
Much Improved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 1/26/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - sluggish
MEMORY, Past Events, } Slow & uncertain
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull.
REASONING POWER, Ordinary Subjects, }
Special Subjects, } Impaired
Own Mental State, }
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - considerably
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS, Thinks people are talking about her all the time.
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 - - Probably not fully
ONSET, Gradual or Sudden, recovered before.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Can't tell us well.
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, 5 ft 5½ PRESENT WEIGHT, 132 lbs USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, Scar on shoulder Skin Normal rather oily
TONGUE, Coatings or Promptness of Movement, Whitish coating
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, Normal.
COORDINATION, Arms, Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal
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,

Feb 3/98 EXAMINATION URINE, Quantity, Tg XVIII Sp. g. 1.012 Reaction, Acid Color and Appearance, light yellow.
Albumen, None Sugar, excess of sugar by bismuth & Fehling (.7% Glucose) } Char. Cloudy with white flaky depos.
Casts and Crystals,
Excess amor. urates, excess overlapping epith. cells. uric acid crystals - a few pus corpuscles.
GYNECOLOGICAL EXAMINATION, uterus retroflexed - strong adhesions.
MENSTRUATION, Regular
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 does not seem healthy - is pale face puffy - anaemic. Is dull, depressed & slow. Talks, however more & better than when she went away. Says she continually hears people talking about her but knows it is not true.

1898

Personal and Medical History of Rosa Rybka.

This patient was brought here by Sheriff Barnard attended by Mrs. Jos. Toneschi, in fair physical condition, with the following history:- No history of consanguinity or heredity known: First attack occurred several years ago & patient was in this (Rochester) hospital from Apr 22 '95 to Apr 6 '97 (for further information see Vol. 28 P. 181 No 4074.) First symptoms of present attack manifested a few days ago when patient became restless & sleepless & complained of headaches: Disease appears increasing: Is variable but no rational intervals. Derangement now manifested by inclination to wander nights: Is depressed & taciturn: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe diseases nor injuries to head: Has received hospital treatment as stated. On personal examination no further

Jan 25 facts noted On admission put upon B' W. (GHU. Rpt. Complexion dary: eyes gray: hair black: Condition of skin normal: Large scar on right shoulder: Eruptions on face & back: Is clean: Behavior quiet: Has delusions.)

Jan 25 Nurse's 14 Day Record:- Received on ward: bathed: one scar noticed on shoulder, from an abscess: put to bed: very quiet: ate supper: Jan. 26 Appetite good: very quiet: Feb. 6 Patients has not changed any since coming: works in Centre lining room: Feb. 7 Transferred to A^r: weight, 128 lbs.

Mar. 26 Quiet on ward: silly: neat in habits: appetite good: bowels regular: sleeps well: takes out door exercise: works in employe's dining room:

Mar. 26 Went Home.

Discharged.

Personal and Medical History of

Personal and Medical History of Sarah E. Comstock.

Whole No. 4962

Residence, Washington, Minn.

Date Admission, January 28th 1898.

Admitted by Dr. R. M. Phelps hour, 12m N.

How Sent, Ex. Farrington J. of P. Fillmore Co.

Sex, Female Age, 24

Civil Condition, Married.

Children, One.

Age Youngest Child, Nine months

Occupation, Housewife. (Husband Farmer)

Degree Education, Common school.

Profession, Religion, None.

Habits, Not intemperate.

~~Nativity~~, ~~Nationality~~, Minn. (Parents England)
Because resident of State 14 yrs. ago.

Physicians Committing, Drs. E. Cora & Henry Jones M.D.

Correspondents,

No. of Years, 1 2 9

Insane Relatives, None so far as Known.

Cause Exciting, Epilepsy.

Cause Predisposing,

Form,

Accompanying Bodily Disorder, Epilepsy, Anaemia

Suicidal or not, Not.

Date of this Attack, Jan 1st 1898

Duration, About 4 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 24 yrs.

Time of Leaving, June 13, 1898

Time in Hospital, 4 m. 16 d.

Result, Discharged Nov. 9 '98. Imp.
(Died in Sept. '98 at home)

EXAMINATION ON ADMISSION BY DR. R. M. Phelps. Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear - not sluggish -

MEMORY, Past Events, Fairly good

Recent Events, " " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Not dull - Fairly correct.

REASONING POWER, Ordinary Subjects, Quite good at present -

Special Subjects, " " " "

Own Mental State, Quite clear at present but has confused periods - Esp. following convulsions

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
About Normal - somewhat restless -

DELUSIONS, Systematized, Transitory, Special Subjects,
Said to be rambling & incoherent, but only quiet & feeble-minded today.

HALLUCINATIONS, None apparent -

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, 1st fits 4 yrs ago - Before that had hysterical spells.

ONSET, Gradual or Sudden, Gradual.

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

Father, Living - Fair health - a little queer.

Paternal Relatives,

Mother, Dead - Was markey.

Maternal Relatives,

Brothers and Sisters, Youngest sister had fits. 1 child.

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches sometimes

OCCUPATION, Healthy or not, Housekeeper -

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

Sleep, Appetite, and Bowels, Sleep poor - Appetite medium Bowels constipated.

Personal and Medical History of Sarah E. Comstock.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ in. PRESENT WEIGHT, 109 lbs. USUAL WEIGHT, NUTRITION, Poor - pale.

WOUNDS, Abnormalities and condition of Skin, None - Pale -

TONGUE, Coatings or Promptness of Movement, Fairly clean

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

SIGHT, Normal.

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

HEARING, Normal.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Possibly murmurs.
Beats nervously - irritably Apex beat feeble

ARTERIES,
Pulse - weak.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Chest asym. fair
Resp. 20. Expansion fair.
Suggestion of dullness on right side.

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,

Jan 29/98 EXAMINATION URINE, Quantity, Sp. g. 1.021 Reaction, acid Color and Appearance, Somewhat red - cloudy.

Albumen, present by heat, HNO3 & Tannic Sugar, absent

Casts and Crystals, fat globules - a few uric acid crystals - oxalate of lime crystals - excess of amor. urates - epith. casts - Sometimes pain on micturation

GYNECOLOGICAL EXAMINATION, Labia minora hypertrophied - Uterus retroverted; Lac. of os & perineum; Erosion of os. Slight milky discharge - cystocele & rectocele -

MENSTRUATION, Regular.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps well -

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 is vaguely said to be weak before the fits come on, & subject to spells, seemingly hysterical (possibly mild fits) Has a sister who also has had fits tho has had none for past year. Father said to be queer. Is in apparently poor health & has a somewhat narrow, sharp face. Appearance of face hardly imbecile though -

Personal and Medical History of Sarah E. Comstock.

1898

This patient was brought here by Sheriffs Deputy H.L. Comstock, attended by Mrs. Dalton, in fair physical condition, with the following history:-
No history of consanguinity or heredity known: 2nd First symptoms of attack manifested Janu 1st '98 by talking incoherently - mind rambles on everything.
Disease appears stationary: Is variable, no rational intervals:
Derangement manifested on no particular subject: Not disposed to injure others: Neither suicidal, filthy or destructive: No previous peculiarities noted: Has had epileptic convulsions for four years: Has Confinement or restraint employd: Has been under physicians care, no effect. On personal examination is emaciated, & anaemic.
On admission put upon 6th W. (G.S.N.Pt. Complexion dark: Hair brown: eyes blue: Condition of skin normal: No marks scars or bruises noted.
Jan 8 Is clean: Behavior quiet. Talks sensibly.)
Note by Dr Phelps. First fit 4 yrs. ago. before that had hysterical spells - don't know just what they were. Since Newyear mind & body affected - Some trouble before.
Jan. 15 Nurse's 14 Day Record: Read or wood. bathed & put to bed: ate dinner & supper: T 99⅖ P 85. R. 19. Slept well: Jan. 29 Appetite good: Castor oil given: patient is quiet: talks sensibly: Feb. 2 Appetite has been good: bowels regular: slept well every night: Coughs & complains of head ache: cough medicine given: Feb. 5 Cough medicine has been given every 3 hrs past 3 days: has eaten regular meals: visited by husband today: Feb. 6: Quite restless & nervous: cough medicine has been continued: Feb. 9 8 pm Had a convulsion: Feb. 10 - 6 a.m. Had a convulsion: Tonic given 3 times a day: Cough medicine every 3 hrs. Appetite is good: bowels regular: So nervous at times
Feb 14 yet. Urine analysis - 1st Clinical - Color yellow, Character cloudy. Quantity 24 hrs. 3j XLVI Sp. g. 1.023. Reaction acid - albumen, trace only by Tannets. Sugar absent 2nd Microscop. Excess: amor. urates - a few pus corpuscles. a few fat globules, Epith. cells. Squamous - overlapping. Summary notes by Dr. R.M. Phelps.
June 7 '98 Had a convulsion: Is an epileptic & has convulsions quite frequently: Has been in rather a confused state of mind but has improved a good deal.
June 13 '98. Went home with husband on trial.

Discharged

Note Died at home in Sept. '98.

Personal and Medical History of

Personal and Medical History of Hilda Thompson

Whole No. 4963
Residence, Found in St. Paul, Minn. - Residence unknown
Date Admission, January 31st 1898.
Admitted by Dr. P.M. Phelps hour, 6.45 P.M.
How Sent, C. Ullrich's J. of P. Ramsey Co.
Sex, Female Age, ?
Civil Condition, ?
Children, ?
Age Youngest Child, ?
Occupation, ?
Degree Education, ?
Profession, Religion, ?
Habits, ?
~~Nationality~~ Nativity, ?
Physicians Committing, Haldor Stein - J. Ohage.
Correspondents,

No. of Years, 130
Insane Relatives, ?
Cause Exciting, Unknown.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes. Fast Fundamm.
Date of this Attack, 3 days ago.
Duration, 3 days.
No. of Attack, 1st
No. of Admission, 1st (Had been at Fergus Falls.)
Age First Attack, ?
Time of Leaving, Feb. 14. 1899
Time in Hospital, 1 yr. 14 d.
Result, Transferred to Fergus Falls.

EK pm

EXAMINATION ON ADMISSION BY DR. P. M. Phelps Date of 2/2/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Seems confused & sluggish.
MEMORY, Past Events, Seems unwilling to tell, tho says does not remember.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull?
REASONING POWER, Ordinary Subjects, Special Subjects, Own Mental State, } Will not talk enough to determine
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - 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, Probably sudden for attack
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 Hilda Thompson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 2 in. PRESENT WEIGHT, 126½ in. USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Normal?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Fairly steady.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Talks almost none.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Weak
Apex Beat, Regularity, Full

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,

ARTERIES,
Normal. Pulse 104
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal.

Fe 3/98 EXAMINATION URINE, Quantity, — Sp. g. 1010 Reaction, acid Color and Appearance, Yellow. Cloudy.
Albumen, none Sugar, none.
Casts and Crystals, Amor. urates, a few epith. cells, uric acid crystals

GYNECOLOGICAL EXAMINATION, External genitals normal - Uterus normal position
MENSTRUATION, Regular. & free from pain.
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 young - age not known probably 20-25. Said to be unknown - yet name given - Said to be "domestic" yet her hands hardly show it. Is quite evidently of Pubescent order. Her melancholy is not very profound but she is rather silly & indifferent.

Personal and Medical History of Hilda Thompson.

1898

This patient was brought here by Sheriff's deputy J B Arend attended by Mrs Coleman in fair physical condition with the following history:- Nothing known concerning patient's previous history or concerning heredity, consanguinity or intemperance in parents or self: She was found three days ago wandering on streets & was taken to county jail: Has attempted suicide by taking laudanum: Is destructive of clothing: Disease appears increasing: Refuses to answer questions, says we have no right to ask them: Has received no treatment so far as known: On personal examination presents a stolid appearance, refuses to talk.

Jan 31 On admission put upon B.W. (G.H.U. Rpt. Complexion fair: hair light brown: eyes blue: Condition of skin normal: No marks scars nor bruises noted: Is dirty: Behavior quiet but is destructive: Talks very little.)

Jan. 31 Nurse's 14 Day Record: Rec'd on ward, bathed & put to bed: Destructive: Slept well:

Feb. 1 Appetite good: salts given: refused to answer questions at times: quiet: Feb. 2 Seems very absent-minded: Has delusions: T. 97 P. 86 R. 20: Up on ward: Feb. 3 T. 98. Pulse & R. same as yesterday: urine saved: 46½ oz. in 24 hrs. Feb. 5: Bowels inclined to be constipated: salts given: quiet: does not talk much but seems agreeable: Sleeps well:

Feb. 6 At times is destructive; Feb. 12 During 2nd week appetite has been good: salts given several times: complained once of head ache: dose given: neat & tidy: goes walking & riding: Talks sensibly on ordinary subjects & does not express any delusions: Sleeps well. Feb 14 '98 Quiet, answers questions sensibly: Takes out door exercise: Appetite good: Trans. to B' West.

Feb 25 Talks sensibly & joins in games on ward: Takes out door exercise: Is very pleasant & agreeable: Mch 1 Trans. to A². Mch 21 Assists with ward work: Spends most of time reading. Mch 26 Has a gathering in right ear: medicine applied: In bed for four days.

Apr 12 – June 22 On Electrical treatments. June 3 Menstruating: Patient continues quiet & agreeable: appetite good: sleeps well: bowels constipated: Takes tonic: Assists some with work. July 3 '99 No change

Nov 27. Patient remains the same from month to month: Quiet: Neat in habits: Appetite good: Sleeps well: Bowels constipated & given cathartics as needed. Reads a good deal.

Feb 14 '99 No change in patient since last note except that she now does no work. Transferred to day to Fergus Falls Hospital.

Personal and Medical History of

Personal and Medical History of Lizzie E. Weber

Whole No. 4964
Residence, St. Paul Minn.
Date Admission, February 1st 1898.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co
Sex, Female Age, 31 yrs.
Civil Condition, married
Children, one.
Age Youngest Child, 4 years old.
Occupation, Housewife
Degree Education, Common school.
Profession, Religion, None.
Habits, Good
~~Nationality~~ Nativity, Penn. (Father Penn. Mother Germany)
Became resident of State of Ct in 1892.
Physicians Committing, J. T. Baker & C. E. Riggs.
Correspondents,

No. of Years, 13.
Insane Relatives, None
Cause Exciting, Childbirth
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened it - propensity active.
Date of this Attack, 4 yrs ago.
Duration, 4 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Feb. 6. 1898
Time in Hospital, 5 da.
Result, Discharged Aug. 10 '98
Unimproved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 2/2/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events, Don't talk connectedly - Delusive ideas control
Recent Events, everything. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, } Poor
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed. Slightly agitated.
DELUSIONS, Systematized, Transitory, Special Subjects,
Transitory chiefly.
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, 4 yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No information obtained.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Childbirth 4 yrs. ago.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Lizzie E. Weber.
C. M. Weber, (husband)
SUPERINTENDENT
Pinkerton's National Detective Agency.
3 TO 6 GERMANIA BANK BLDG.
ST. PAUL, MINN.

...ry of Lizzie E. Weber.

...HYSICAL CHARACTERISTICS.

...GHT, 9. lbs. USUAL WEIGHT, NUTRITION, Somewhat impaired.
..., None. Skin dry.
...t, Fairly normal.
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, Normal.
COORDINATION, Arms, Probably normal - won't test - Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds rapid & irritable.
Normal
ARTERIES,
Pulse 120
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,
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
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). Said by husband to have been gradually coming on for past 4 yrs. Only acute lately. Sent to St. Lukes & she ran away. Spent 3 days in jail - Suicidal ideas

Personal and Medical History of Lizzie E. Weber

Whole No. 4964
Residence, St. Paul Minn.
Date Admission, February 1st 1898.
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich J of P. Ramsey Co
Sex, Female Age, 31 yrs.
Civil Condition, married
Children, one.
Age Youngest Child, 4 years old.
Occupation, Housewife
Degree Education, Common school.
Profession, Religion, None.
Habits, Good
~~Nationality~~, Nativity Penn. (Father Penn. Mother Germany)
Became resident of State of Minn 1892.
Physicians Committing, J. F. Baker & C. E. Riggs.
Correspondents,

No. of Years, 13.
Insane Relatives, None
Cause Exciting, Childbirth
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened it - propensity active.
Date of this Attack, 4 yrs ago.
Duration, 4 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Feb. 6. 1898
Time in Hospital, 5 da.
Result, Discharged Aug. 10 '98
Unimproved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 2/2/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Don't talk connectedly - Delusive ideas control
Recent Events, everything. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, } Poor
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed. Slightly agitated.
DELUSIONS, Systematized, Transitory, Special Subjects,
Transitory chiefly.
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, 4 yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No information obtained.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Childbirth 4 yrs. ago.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Lizzie E. Weber.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 3 in. PRESENT WEIGHT, 9. lbs. USUAL WEIGHT, NUTRITION, Somewhat impaired.
WOUNDS, Abnormalities and condition of Skin, None. Skin dry.
TONGUE, Coatings or Promptness of Movement, Fairly normal.
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, Normal.
COORDINATION, Arms, Probably normal - won't test. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds rapid & irritable.
Normal
ARTERIES,
Pulse 120
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,
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
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). Said by husband to have been gradually coming on for past 4 yrs. Only acute lately. Sent to St. Lukes & she ran away. Spent 3 days in jail - Suicidal ideas

Personal and Medical History of Lizzie E. Weber.

1898

This patient was brought here by Sheriff's deputy P. J. Meisen attended by husband in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self:
First symptoms manifested 4 years ago after childbirth, by insane conduct:
Disease appears increasing: Is variable: No rational intervals:
Not disposed to injure others: Neither filthy nor destructive in habits:
No information concerning previous peculiarities: No severe diseases nor injuries to head: Constructive treatment pursued: Has not been confined or restrained: On personal examination shows symptoms of melancholia.

Feb. 1 On admission put upon Br W (G.H.N. Rpt. Complexion dark: eyes brown: hair brown: Skin hot & dry: No marks scars nor bruises noted: Is dirty: Very nervous & rather noisy: Has delusions.)

Feb. 1. Nurse's 14 Day Record: Rec'd on ward, bathed & put to bed: ate nothing: restless: slept 2½ hrs.: Feb. 2 T 99. P. 120. Refused food: Fed with tube: salts given: very nervous & restless: many delusions: violent & resistive: Had to be held: put in restraint struggled & did not sleep: Feb. 3: Fed with tube: salts given: bowels moved six times: In restraint all day: lips bathed with alcohol: resists at all times: Feb. 4: Fed with tube twice to day: still in restraint night & day: bathed several times & boracic acid & alcohol applied to back & lips: Slept 6 hrs.: Feb. 5: Ate some: also fed with tube in a.m. Resists & fights when taken care of, but seems more quiet to-day: mouth washed with listerine Slept 5 hrs.: Feb. 6 Fed with tube: Taken out of restraint: more quiet: visited by brother & his wife: Taken Home:

Discharged.

Personal and Medical History of

Personal and Medical History of Matilda Jellestad

Whole No. 4966

Residence, Wheeling, Rice Co. Minn.

Date Admission, February 2nd 1898.

Admitted by Dr. R.W. Phelps hour, 6:45 PM.

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

Sex, Female Age, 24

Civil Condition, Single -

Children, —

Age Youngest Child, —

Occupation, Domestic - (Father a farmer)

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

~~Nationality~~ Nativity, Norway. (Parents also born there) Became resident of State & Co. in 1882.

Physicians Committing, Corcor N. Jackson & Jos. Seeley.

Correspondents, Lina Jellestad

No. of Years, 133

Insane Relatives, None

Cause Exciting, Unknown.

Cause Predisposing,

Form, Melancholia Chronic.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not suicidal.

Date of this Attack, June 1897.

Duration, About 8 mos.

No. of Attack, 1st.

No. of Admission, 1st

Age First Attack, 24

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. W. Phelps *Date of* 2/3/98

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, 1- 2 yrs.

ONSET, Gradual or Sudden, Gradual melancholy - Mania came suddenly & recently.

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

Father, Dead.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

Denies any severe disease.

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS, Some headache

OCCUPATION, Healthy or not, Says she worked out.

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

Sleep, Appetite, and Bowels, Appetite good: Bowels normal. Sleeps well - none last night

Personal and Medical History of Matilda Jellestad.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, 127 lbs. USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, None - Skin slightly pallid.

TONGUE, Coatings or Promptness of Movement, No coating: Very tremulous -

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size normal: Respond sluggishly to light.

SIGHT, Normal.

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

HEARING, Normal.

COORDINATION, Arms, Normal Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Of hands & tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

2/4/98 EXAMINATION URINE, Quantity, — Sp. g. 1.025 Reaction, acid Color and Appearance, Yellowish red. Cloudy

Albumen, present by heat, HNO_3 & in excess by Esbach

Sugar, none -

Casts and Crystals, All kinds of epith. a few pus corpuscles. excess of amor urates, a few fat globules.

GYNECOLOGICAL EXAMINATION, Hymen intact. Slight discharge - External genitals normal except small.

MENSTRUATION,

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). Talk of hysterically irregular movements & hysterically variable talk - No connected conversation: No single answer of much value. Seems quite healthy tho absolutely refuses to eat.

Personal and Medical History of Matilda Jellestad.

1898

This patient was brought here by sheriffs deputy G.R. Mochies attended by Lena Jellestad, in fair physical condition with the following history: No history of consanguinity, heredity or intemperance in parents or self: First symptoms manifested about June 1897, became hysterical as at present. Disease appears increasing: Is variable: No rational intervals: Derangement manifested on no special subject: Laughs, talks & cries pretty constantly through the day: Sleeps all night: Not disposed to injure anyone: Neither filthy nor destructive in habits: Has been rather melancholy for about a year: No severe diseases nor injury to Head: Has not been confined or restrained: Has been treated by Dr Leland of Kenyon & Dr Case of Waterville for nervousness: No benefit - On personal examination laughs & talks constantly, Is incoherent & abusive.

Feb 2/98 On admission put upon Ward (Gen. Pat. Complexion dark: eyes blue: Hair dark brown: No marks nor scars noted: Eruption on face, back & chest. Is clean: Very maniacal: Sarcastic.)

Feb. 2/98 Nurse's 14 Day Record: Received on ward, bathed & put to bed: Did not sleep any: noisy, 5 hrs.: Feb. 3 Ate nothing: Fed with tube: Salts given: Disagreeable very sarcastic at times: attempts to strike: Feb 4 Bowels irregular uses profane language: mouth washed out: Feb. 6 Fed with tube twice daily: Salts given occasionally: uses profane language: Hysterical at times: Does not talk sensibly: noisy: mouth washed out: untidy in habits: Sleeps only a few hours each night: Feb 8 Still fed with tube: bowels constipated: Feb 9. Very hysterical at times: also violent: Feb 10: Has been fed with tube twice daily all week: Extremely noisy at times: At times violent: Struggles while being fed: mouth washed with listerine: seems very helpless: laughs a good deal - does not talk with any one usually constipated: Takes cathartics: refuses to take out door exercise: sleeps well.

Summary Notes by Dr. Wm. Phelps. Feb 7 Wt 118#. Mch 18 Wt. 112#. Mch 29 Visited by sister: Apr 11. Wt. 105# Is eating now. Is rather quarrelsome - Aug 28 Has not had to be fed of late. Is rather violent & restless. Feb 28 '99 Still rather destructive & needs watching: is a mildly violent patient. Mch 1 '99 - Nov 1 '99 Appetite is quite good: usually sleeps well: bowels regular: Takes out door exercise. Often tries to elope: Habits usually clean but at times untidy. Is also violent & destructive at times Sept 1 - Feb 28 1900 (Dr. Heyerdahl) Neat. At times violent & destructive Eats & sleeps well: bowels regular: Takes out door exercise Jan 19. Wt. 120#. Frequently attacks nurses & strikes other patients Mch 1 - Nov 30 1900 Very untidy in appearance: Quite noisy & violent at times & is aggressive & resistive General health good. Eats & sleeps well: Bowels regular: Menstruates regularly: Takes out door exercise: May 30 Complained of being ill July 2: Vaccinated. Oct 30. Quiet & stupid at times: Appetite poor:

Personal and Medical History of Matilda Jellestad.

Dec 1 - Feb 28 1901 Appetite good: Bowels regular: Goes walking & riding: has to be dressed by nurse: usually quiet & never converses: Trans. to D3. At times violent, obstinate & noisy: Is now working a little on ward: Neb & M. 131#.

May 1 - June 1 - 1901 April 14. 30 & May menstruated. Does no work. General condition unchanged. May 31 Wt. 130 1/2#. June to Sept June 30 fought with another patient, July 14 fought with nurses, takes out door exercise, refuses to do any work, Sept. 1st. Wt. 128#.

Sept to Dec. Nov. 14 visited by lady friend. no change during quarter, Nov. 30 Wt. 125 1/2#.

Up to Feb 1 1903. General health good: bowels regular: sleeps well: is neat and clean: assists with the work: attends amusements: takes exercise: never converses: Dec. 1st. Wt. 132#.

Personal and Medical History of Sophia Engburd

Whole No. 4969
Residence, Steele Co, Minn.
Date Admission, February 8th 1898.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, W.A. Eggleston J. of P. Steele Co.
Sex, Female Age, 19 yrs.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Farmer's daughter.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nationality, Minn. (Parents born in Germany)
Presume (resident of State & Co at birth.
Physicians Committing, A.B. Stewart & Thos. L. Hatch M.D.
Correspondents,

No. of Years, 136
Insane Relatives, Paternal uncle,
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 19 yrs.
Time of Leaving, June 4. 1898
Time in Hospital, 3 m. 27 d.
Result, Discharged Dec. 17. 1898. Recovered.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 2/8/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish - Confused.
MEMORY, Past Events, Will not talk connectedly.
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,
Considerably depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Exact idea not known: Repeats, over & over, one phrase in a moaning way.
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, 2 wks.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, Father's brother insane
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, At home.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Sophia Engburd.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ in PRESENT WEIGHT, not taken, USUAL WEIGHT, NUTRITION, Somewhat impaired
WOUNDS, Abnormalities and condition of Skin, None. Skin Pale.
TONGUE, Coatings or Promptness of Movement, normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, Seems good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good
COORDINATION, Arms, normal Legs, - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal but will rarely say anything.
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,

Feb. 9/98 EXAMINATION URINE, Quantity, ℥ XLIV Sp. g. 1.008 Reaction, Neutral. Color and Appearance, Reddish yellow - cloudy
Albumen, Trace by Tannets only Sugar, Absent.
Casts and Crystals, Excess - amor. urates. Uric acid crystals, a few epith. cells.

GYNECOLOGICAL EXAMINATION, External genitals normal - hymen intact.

MENSTRUATION,
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 monotonously quiet & dull Says nothing: Does nothing but sit dully about - Has a quiet, wondering look. Health seems somewhat impaired & has probably lost flesh. No physical disease known Previous mental state not known.

1898 Personal and Medical History of Sophia England.

This patient was brought here by Sheriff's deputy M.A. McAndrews, in fair physical condition, with the following history: No history of consanguinity or intemperance in parents or self: Father's brother died insane: First symptoms manifested two weeks ago by mania: Disease appears increasing: Is not variable: Derangement now manifested by incoherent talk: deranged on no particular subject. Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe diseases nor injuries to head: No confinement or restraint employed but has been watched: Has received no treatment: On personal examination talks incoherently: On admission put upon B'd (G.F.U. Rpt. Complexion dark: hair brown: eyes blue: Condition of skin normal: Scar on left leg: Eruption on face: Is clean: Behavior fairly good: Is incoherent but will not talk much.)

Feb 7

Feb. 7 Nurse's 14 Day Record:- Received on ward: bathed & put to bed: did not eat: Salts given: noisy but slept several hours: Feb 8 T. 99° P. 80 R. 22: refuses food: medicine given 3 times daily: refuses to converse: mouth dry & parched: washed out: slept well: Feb. 9 Drank milk: wishes to be killed: noisy & restless: out of bed often: slept 7 hrs.: T. 99.4° P. 80 R. 20: Feb. 10 Refused food & medicine: mouth washed out twice each day: very much disturbed at times: noisy: Feb. 11 T. 98° P. 82 R. 20: fed with tube: Salts given: untidy in habits: Feb 12 Talks on one subject most of time: extremely noisy: In seclusion 2 hrs: Feb. 13 Appetite poor: drank milk fed with spoon: refused medicine: more quiet: slept some: Feb. 17 Appetite has been fair but to-day had to be fed with tube: took medicine for one day, since has refused: very constipated enemata given: very helpless: stupid at times talks & self continually: extremely noisy at times: visited by mother:

Feb. 20 Noisy: Has been in seclusion one hour: nervous & easily excited: untidy: Appetite poor: Constipated: cathartics given: sleeps well: Summary Notes by Dr. Wm. Phelps

Feb 30 Visited recently by mother: Is at times rather noisy & has to be fed with tube, at present is stupid. Trans. to B'd on Feb 27th. Rather excited & noisy at times June 4 Visited by father & taken home on trial: Has quieted down considerably & is rather dull.

Discharged.

Personal and Medical History of

Personal and Medical History of Mary Johnson #3

Whole No. 4971

Residence, Burnside, Goodhue Co, Minn.

Date Admission, February 8th 1898.

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

How Sent, Axel Haller J. of P., Goodhue Co.

Sex, Female Age, 29 yrs.

Civil Condition, Single

Children, One

Age Youngest Child, 4 yrs.

Occupation, Domestic (Father a farmer.)

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, not intemperate.

~~Nationality~~ Nativity, Sweden - Parents also born there.

Became resident of Goodhue Co. in 1898

Physicians Committing, J. T. Allen - & M. Thrane

Correspondents,

No. of Years, 138

Insane Relatives, None.

Cause Exciting, Disappointment in love.

Cause Predisposing, -

Form,

Accompanying Bodily Disorder, -

Suicidal or not, Not.

Date of this Attack, Jan 4 '98.

Duration, 1 mo. 4 da.

No. of Attack, Not 1st

No. of Admission, 1st

Age First Attack, 25

Time of Leaving, Oct. 7. 1898

Time in Hospital, 8 m.

Result, Discharged Apr. 28. 1899 Recovered.

EXAMINATION ON ADMISSION BY DR. R.A. Bibb & R.M. Phelps *Date of* 2/9/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear & quick.

MEMORY, Past Events, Seems normal.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert. Only incorrect in saying she herself is insane.

REASONING POWER, Ordinary Subjects, Fairly clear in form.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None found. Says herself that she is only melancholy because of child.

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),
Denies heredity

Father, dead - dont know cause.

Paternal Relatives,

Mother, living - fairly healthy.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
one child
Only blood-poisoning from cutting corn on foot in old Country.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Domestic.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ in PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, Skin good condition

TONGUE, Coatings or Promptness of Movement, Normal.

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

SIGHT, Normal

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

HEARING, Normal.

COORDINATION, Arms, Normal Legs, — Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Normal.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,
2nd sound over Pul. area accentuated
Apex Beat, Regularity,
& roughened - Apex beat normal position

ARTERIES,
Pulse irregular.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion fair: Silibant rales on expiration at right anterex - Tubular breathing esp. on right side.

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,

Feb. 17/98 EXAMINATION URINE, Quantity, ℥ XVI Sp. g. 1.003 Reaction, acid Color and Appearance, Yellow. Clear with flaky deposit.

Albumen, absent Sugar, do

Casts and Crystals, Excess of amor. urates, round & squamous epith. the latter overlapping a few fat globules.

GYNECOLOGICAL EXAMINATION, Uterus normal position, loc. of perineum & cervix - cervix inflamed.

MENSTRUATION, regular

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 was to be married in old Country 4 yrs ago. Was deserted at last moment & came to this country. Child born here. Has been melancholy ever since. Says this is all that ails her. Worried & cried a good deal over it. Claims to have no delusions. Evidently a slow, gradual invasion - Some signs of previous defectiveness

Personal and Medical History of Mary Johnsons #3.

1898

This patient was brought here by Sheriff's deputy O.S. Lundquist. attended by Gene Lundquist in fair physical condition, with the following history:- No history of consanguinity or heredity: First attack occurred in Spring of 1894 & has had others at various intervals since: First symptoms of present attack manifested Jan. 4, 1898 by fear of being injured: Disease appears stationary: Is variable: Derangement now manifested by delusions of persecution: Not disposed to injure others: Neither filthy nor destructive in habits: Has been irritable in disposition & afraid of being injured: No history of intemperance in parents or self: No severe disease nor injury to head: Has not been confined or restrained: Has received no treatment. On personal examination seems to be in a nervous condition.

Feb 8/ On admission put upon B.W. (Ft. & R.): Complexion fair: Hair brown: Eyes brown: Condition of skin normal: Is rather dirty: No marks scars or bruises: Behavior quiet: Talks sensibly.)

Jan 8 Nurse's 1st Day Record:- Received on ward, bathed & put to bed: Appetite good: quiet: Feb 9: Cascara given: Dosed 3 times daily: Seems very sensible: complains of being nervous: Pills given: Medicine 3 times daily & tonic after meals: constipated: Feb. 10 Temperature normal: Appetite good: talks rationally: Feb. 11 Works in dining-room: seems pleasant: Feb 12 Medicine continued: Takes out door exercise Feb. 13 Cares for her own room: Is neat & tidy: Feb. 15: Asked for poison: did not sleep well: Feb 16 Patient is menstruating: Feb. 21 Appetite has been good ever since admission: bowels are inclined to be constipated: takes cathartics: medicine & also tonic have been continued: Patient is agreeable, but excitable at times: assists with work takes out door exercise: sleeps well: Continued by Dr. Rm Phelps. Mch 18 Wt. 143 lbs Apr 21 Apr 17 Has refused to eat & has been fed with tube several times recently. Aug 6 Wt. 165 lbs Sept 1 Has been improving very considerably & is quiet & agreeable in behavior Oct 7 Went home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Eliza Bolt.

Whole No. 4973
Residence, St. Paul, Minn.
Date Admission, February 12 98.
Admitted by Dr. R.M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 41½ yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Housekeeper (Father Merchant.)
Degree Education, Well educated.
Profession, Religion, Congregational.
Habits, Not intemperate (?)
~~Nationality~~ Nativity, Switzerland (Parents also born there)
Became resident of State Co in 1889.
Physicians Committing, J.A. Quinn + Talbot Jones.
Correspondents,

No. of Years, 140.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes - attempted by hanging.
Date of this Attack, 1889
Duration, 9 yrs.
No. of Attack, 1st continuous.
No. of Admission, 2nd here also at Amityville N.Y.
Age First Attack, 32 yrs.
Time of Leaving, Sept. 5. 1898
Time in Hospital, 6 m. 24 da.
Result, Discharged Sept. 5-1898 Improved.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 2/14/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - Slightly confused.
MEMORY, Past Events, } Seems good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. Incorrect in some way.
REASONING POWER, Ordinary Subjects, } Rather poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted - garrulous.
DELUSIONS, Systematized, Transitory, Special Subjects,
Transitory + half-delusional ideas.
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 time.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, D. Obstruction of bowels.
Paternal Relatives,
Mother, Living Has cancer - she says.
Maternal Relatives,
3 Brothers and 3 Sisters, 1 bro. has delusions
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies any serious disease.
HABITS, Drinking and Smoking, ?
HEADACHES, VERTIGO, OR CONVULSIONS, denies headaches
OCCUPATION, Healthy or not, Nursing - Governess etc.
Detail Date, Duration, and Character of Previous Attack, if any,
Here in 1890 - Was the same then as now in appearance
Says she was ~~more~~ then.
Sleep, Appetite, and Bowels,
Healthy she says

Personal and Medical History of Eliza Bolt.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, About same as when here before.
WOUNDS, Abnormalities and condition of Skin, None. Skin normal.
TONGUE, Coatings or Promptness of Movement, -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light
SIGHT, Fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Fair
COORDINATION, Arms, Normal. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, } Considerable tremor.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs.
Normal.
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,

Feb 17/98 EXAMINATION URINE, Quantity, ℥ XV Sp. g. 1.011 Reaction, Acid. Color and Appearance, Yellow - cloudy.
Albumen, Absent Sugar, do.
Casts and Crystals, A few bladder cells + amor. matter.

GYNECOLOGICAL EXAMINATION, Labia minora thin + hypertrophied - External genitals otherwise normal. Uterus adhered to left side.
MENSTRUATION, Estab. at 14 - menorrhegia.
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 here before + at that time talked in same half-coherent, rambling way. Excitable, restless, unstable + half-hysterical. Seeming delusions crop in at times but she don't half believe them. Describes herself as having been employed by several who hoped to help her by having her travel about with them as nurse or governess. Was in Amityville for a time until ran away. This was soon after leaving here.

Personal and Medical History of Eliza Bolt.

1898

This patient was brought here by Sheriff's deputy Jno. Wagner attended by Elise Bolt, in fair physical condition, with the following history:-
No history of consanguinity or heredity: First attack occurred in 1889
Patient was in this (Rochester) hospital from Dec. 10 1889 to May 18/91
(For further information see Vol. 13 Fol. 72 No. 2232.) Has since been confined at Amityville, N.Y.- First symptoms manifested by religious exaltation + by violence of different kinds: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by various & religious delusions: attempts at suicide + also attempts to burn house etc. Neither filthy nor destructive in habits: Previous peculiarities a nervous temperment: No history of intemperance in parents or self: No severe disease nor injury to head: Has received hospital care as stated above.
On personal examination is very talkative + excitable.

Feb. 12 On admission put upon B² (G.H.M. Rpt Complexion fair: hair light brown: eyes brown: Skin normal condition: Small scar on forehead: Is clean: Very noisy + nervous: Has delusions.)

Feb. 12 Nurse's 14 Day Record:- Received on ward, bathed + put to bed: appetite good: restless for several hrs.: Slept remainder of night: Feb. 13 T.97. P.88 R.20: Appetite good: reads + writes a good deal: Is talkative: talked till 10:30.

Feb. 14 Menstruating: pain in abdomen: medicine twice: Feb. 15 Medicine given for pain in abdomen: very disagreeable: Sings + is noisy: Slept well:

Feb. 16. Medicine for pain: Is nervous + easily excited: Feb. 17 Very talkative: Seems happy: Has delusions: Quarrels with others: Feb. 18 more quiet: Takes cathartics: appetite good: Feb. 21: Very talkative: Takes out door exercise: cathartics given for bowels: Is neat + tidy: urine saved - 16 oz in 24 hrs. Transferred to B¹:

Feb. 25 Appetite has been good: Has taken medicine for cold, also pills for bowels: talkative + noisy at times: Takes out door exercise:

Summary Notes by Dr. R.M. Phelps. Mch 1 Patient rather hysterical: Cries + laughs + talks in a noisy way: General health fairly good. Mch 26 '98 Wt. 107.# June 2 Still rather noisy + excitable. Sept 5 Patient taken home on trial

Discharged.

Personal and Medical History of

Personal and Medical History of Louisa Brown.

Whole No. 4976.

Residence, Redwing, Minn.

Date Admission, February 1st 98.

Admitted by Dr H. H. Herzog. hour, 6th P.M.

How Sent, Axel Haller Jopl. Goodhue Co.

Sex, Female Age, 25 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Dressmaker (Father Vt. surgeon)

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Addicted to morphine + cocaine habit.

~~Nationality~~ Nativity, Denmark (Parents also born there.)

Came resident of State etc in 1886.

Physicians Committing, J. Anderson + M. Shrane.

Correspondents,

No. of Years, 143

Insane Relatives, Father + Brother Ins.

Cause Exciting, Morphine + cocaine habit.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Mal + pale.

Suicidal or not, Not

Date of this Attack, About 2 yrs. ago

Duration, 2 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 23

Time of Leaving, Apr. 21. 1898

Time in Hospital, 2 mo. 9 da

Result, Discharged May 4. 1898. Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Good voted

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Poor

Special Subjects, Poor

Own Mental State, Poor

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Apt

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, Taking morphine 2 yrs ago last summer for one year steady.

ONSET, Gradual or Sudden,

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

Denies any heredity

Father, Living

Paternal Relatives, Denies any heredity

Mother, Living

Maternal Relatives, Denies any heredity

Brothers and Sisters, 6 bros. + sisters

One brother married. He only one who don't take morphine.

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

Diphtheria a year ago.

HABITS, Drinking and Smoking, Morphine + cocaine

HEADACHES, VERTIGO, OR CONVULSIONS, Occasional headaches

OCCUPATION, Healthy or not, Dressmaking

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Louisa Brown.

Jan 19-1901

VICTIMS OF COCAINE.

A Whole Family Wrecked by Use of the Drug.

Osceola, Wis., Special, Jan. 18.—From the township of Luck, about fourteen miles north of this village, comes a very pitiful tale, if true. Very little was known of a certain family until recently, when it developed that they were in need of outside assistance to keep themselves alive. They applied to the county for aid. J. K. Davis, chairman of the county board, called upon them the first of the week and found that they were in dire need of medical aid as well as provisions, etc. It seems that the father has at one time been a prominent veterinary surgeon, before moving his family to this county from Red Wing, Minn., a little over a year ago, in order to break away from his old habit—the use of cocaine. The family consists of father, mother and three daughters, the youngest fourteen years and the oldest twenty-five years. All but the youngest are victims of cocaine. On what seemed hardly fit to be called a bed lay the form of the mother and daughter, and in another part of the room on three old chairs lay the wasted form of a young lady of some twenty-five years, who had undoubtedly once been quite handsome. The father is in a critical condition and the whole family are objects of pity. Mr. Davis has directed that temporary relief be given to the stricken family until further arrangements can be made.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Anaemic

nd condition of Skin,

uptness of Movement,

esponse to Light, and Accommodation, Equal - Size slightly dilated

Arcus Senilis, or other troubles,

— Legs, Grasp,

ue, Facial Muscles, General, None

Other Reflexes,

d, Hesitating, Slow, Normal

Paretic, Sad, Etc.,

gth, Sounds, Size,

Apex Beat, Regularity, No murmurs - Sounds somewhat weak + irregular Apex beat normal.

ARTERIES, Seem slightly resistant Circulation poor Very anaemic

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Fair but is emaciated Lungs 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,

Mch 9/98

EXAMINATION URINE, Quantity, 7j XXXII Sp. g. 1.026 Reaction, acid Color and Appearance, light yellow - cloudy.

Albumen, about Sugar, do

Casts and Crystals, Amor. urats - a few epith cells.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 states that 2½ yrs ago the Dr. prescribed Cocaine + morphine for her for an ulcerated tooth. That she noticed the effect to be good - That later when patient had Typhoid fever the prescribed it to help her keep up. Later - 1 yr. ago, prescribed it for all the family where they had diphtheria. That she had taken it steadily since - That she had syringe + all took it. That she took at a guess 10 gr. daily. Has been working at dressmaking till quite recently for a week or so has been sick. Denies any nervous tendency or disease but describes symptoms which make a nervous tendency quite sure. Says she has had frequent attacks of Sour Stomach, has had Choking in throat + fluttering at heart.

Personal and Medical History of Louisa Brown.

Whole No. 4976.
Residence, Redwing, Minn.
Date Admission, February 1st 98.
Admitted by Dr H. H. Herzog. hour, 6⁴⁵ P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, Female Age, 25 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Dressmaker (Father Ex. surgeon)
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Addicted to morphine & cocaine habit.
~~Nationality~~ Nativity, Denmark (Parents also born there.)
Came resident of state 6 Co in 1886.
Physicians Committing, J. Anderson & M. Shrave.
Correspondents,

No. of Years, 143
Insane Relatives, Father & brother live.
Cause Exciting, Morphine & cocaine
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, Nat
Suicidal or not, Not
Date of this Attack, About
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23.
Time of Leaving, Apr. 21. 1898
Time in Hospital, 2 mos. 9 da
Result, Discharged May 4. 1898. Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Fair but not as good as formerly

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, but

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, Taking morphine 2 yrs ago last summer for one year steady.
ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denies any heredity
Father, Living
Paternal Relatives, Denies any heredity
Mother, Living
Maternal Relatives, Denies any heredity
Brothers and Sisters, 6 bros. & sisters
One brother married the only one who don't take morphine.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Diphtheria a year ago.

HABITS, Drinking and Smoking, Morphine & cocaine
HEADACHES, VERTIGO, OR CONVULSIONS, Occasional headaches
OCCUPATION, Healthy or not, Dressmaking
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Louisa Brown.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Anaemic
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Rt slightly dilated
SIGHT, —
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, —
COORDINATION, Arms, — Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs - Sounds somewhat weak & irregular Apex beat normal.
ARTERIES, Seem slightly resistant Circulation poor Very anaemic
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Pair but is emaciated Lungs 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,

Md 9/98 EXAMINATION URINE, Quantity, ℥ XXXII Sp. g. 1.026 Reaction, acid Color and Appearance, light yellow - cloudy.
Albumen, Absent Sugar, do
Casts and Crystals, Amor. urates - a few epith cells.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 states that 2½ yrs ago the Dr. prescribed Cocaine & morphine for her for an ulcerated tooth that she noticed the effect to be good - that later when patient had Typhoid fever he prescribed it to help her keep up. Later - 1 yr. ago, prescribed it for all the family when they had diphtheria. That she had taken it steadily since - That she had syringe & all took it. That she took at a guess 10 gr. daily. Has been working at dressmaking till quite recently for a week or so has been sick. Denies any nervous tendency or disease but describes symptoms which make a nervous tendency quite sure. Says she has had frequent attacks. Been dizzy, has had choking in throat & fluttering at heart.

1898

Personal and Medical History of Louise Brown.

This patient was brought here by P. J. Lundquist, Sheriff, attended by Mrs. Eva Lundquist in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms manifested 2 yrs. ago. Took morphine & cocaine through advise of physician, to relieve fatigue attending the care of her sick parents & contracted the habit: Disease appears increasing, not variable, Derangement now manifested by loss of will-power. Gives morphine & cocaine to younger sisters: Not suicidal: Neither filthy nor 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 is weak & pale & restless, gives silly reasons concerning her actions.

Feb 12 On admission put upon B.W. (G.H.W. Rpt. Complexion dark: Hair brown: Eyes gray: Skin hot & dry: Scars on both arms from hypodermics. Both arms bruised: Has vermin: Is dirty: behavior quiet: Talks sensibly.)

Feb. 12 Nurse's 14 Day Record - Received on ward, bathed & put to bed: has vermin in hair: Quite restless: hypod at 9:45 p.m. Slept 3 hrs.:

Feb. 13 T. 98 P. 82 R. 18 Appetite good: Hypod. 2:30 & 10 p.m. Complains of pain in chest & back; also headache: very weak & easily exhausted: Slept 7 hrs.

Feb. 14 Hypod morphine & strych: wine also given: pain in knees, chest & back: Very pale: has had diarrhoea: Talks rationally: medicine applied to hair daily. Transf. to Inf. Feb. 15 T. 98^{8} P. 64 R. 19. morph. & strych. continued: Sleeps fairly well: Feb. 16 Morph. & strych continued: whiskey every 3 hrs.: Quite restless at times during day: complains of headache: Sponge bath given:

Feb. 17 Little variation in Temp., pulse & Resp.: medicine applied to hair daily:

Feb. 18 Appetite good: complains of pain in back: Slept well after 11 p.m.

Feb. 22 Strych. morph. & whiskey continued: bowels regular: pain in back & arms; also at one time headache: visited by father & brother: Has sat up in chair short time: medicine applied to hair: usually sleeps well: Feb. 23 T. 98^{8} P. 78. R. 25: Morph. & whiskey discontinued to-day: Strych. given: seems very weak at times: sits up part of time: Feb. 24 Up & dressed: Complains of toothache: Sand bags applied. Feb. 26 Morph. given with strych. past 2 days: pain in back, knees & chest: Does not sleep very well: Quite restless part of night at times: Given a full bath & sat up in chair this a.m.

Feb. 27 Nurse's Notes. T. 98^{6}-99^{2} P. 90-106 R. 24. Appetite good: Strych. 1/40 gr. 3 times daily: Tonic every 3 hrs. Seems very weak at times: In bed all day: complains of pain in back & chest: Slept 6 hrs. Feb. 28 Tonic & Strych. continued: brandy also given: pain in different parts of body: very restless part of day: S.D. at 10 p.m. S. 7 hrs.

Mar. 1 In bed all day: seems quite weak: strych. & tonic cont'd: complains of toothache Sand bags applied: bowels seem quite regular: Very restless all night: Slept 4 hrs.

Personal and Medical History of Louise Brown.

Mar. 2 Strych. cont'd: full bath given: complains of pain in neck and headache: headache dose given Very restless toward morning: Mar. 3 T. 98^{8} to 100^{4} P. 100-101 - R. 20 to 30 - Up in chair part of day: restless during night: Mar. 4 Appetite good: bowels regular: medicine cont'd. Complains of pain in face, back, & left side: Sleeping dose given: slept well: Mar. 5 Up on ward part of day: Mar. 6: Visited by father & brother: Mar. 9: Medicine still continued: Appetite good: bowels regular: usually restless at night, but sleeps fairly well: complains of severe headache & pain in back: Mar. 12 Temperature varies daily between 98^{8} & 100 Strych. only given twice daily: In bed all day to-day: complains of aching all over:

Mar. 13 Visited by father & brother: Mar. 14 Seems to have cold in head: Still complains of headache: Sleeping dose given: very restless: Slept six hrs. Mar. 15. Appetite good: bowels regular: took outdoor exercise: Mar. 17 Strych. hypo. gr. 1/40 3 times daily: Complains of toothache: Mar. 20 Temp. usually about 99. pulse rather rapid at times: complains often of headache & toothache: As a rule does not sleep well: Mar. 24 Still complains of headache: full bath given: slept very little. Mar. 30: Appetite has continued good: bowels regular: has headache almost constantly: has been resting quite well at night: Occasionally goes walking: ankles are quite swollen. Summary notes by Dr. R.M. Phelps.

Apr. 21 Went home on trial: Has received treatment for the morphine habit: Condition has been complicated somewhat by her weak heart & asthmatic breathing & general circulatory weakness: At times of going home was fairly well recovered.

Discharged.

Personal and Medical History of Marie Brown

Whole No. 4989
Residence, Unknown.
Date Admission, March 1st 1898.
Admitted by Dr. R.M. Phelps hour, 6:30 P.M.
How Sent, Grafton J. of P. Tannyboo.
Sex, Female Age, about 20
Civil Condition, ?
Children, ?
Age Youngest Child,
Occupation, ?
Degree Education, ?
Profession, Religion, ?
Habits, ?
Nationality, ?
Physicians Committing, R.O. Bole & Asa. Denning.
Correspondents,

No. of Years, 156
Insane Relatives, ?
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, not.
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, ?
Age First Attack, ?
Time of Leaving, Apr. 11. 1898
Time in Hospital, 1 m. 10 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, No history
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), No history.
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 Marie Brown

PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken PRESENT WEIGHT, Not Taken USUAL WEIGHT, NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, Wound in medium line showing extension abdominal operation some years ago. Condition of skin fair.
TONGUE, Coatings or Promptness of Movement, ?
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.
SIGHT, Normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, In bed & restlessly tossing about - Less. Sems Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of note.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Half audible
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal.
ARTERIES,
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,

Mch 5/98
EXAMINATION URINE, Quantity, ½ XVII Sp. g. 1.030 Reaction, acid. Color and Appearance, Reddish yellow. Cloudy. Much flocky deposit.
Albumen, Abnt (?) Sugar, do
Casts and Crystals, Excess of amor. urate. excess pus corpuscles - Trip phosphates - a few epith cells.
GYNECOLOGICAL EXAMINATION,

MENSTRUATION,
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 answered a few questions in a hesitating way but soon became quite agitated so was left to become quiet. Had quite constant excessive movements of limbs, choreic in nature. Temp. one 101° Some brain change evident - probably meningitis. Said she was looking for a place to work - said Father & Mother were dead & that she had abdominal operation 6 yrs. ago. Had a brother in Red Lake Falls etc. Has a peculiar shaped mouth. When she speaks only one side of mouth opens & opens very slightly. No active deformity seen to exist however,

Personal and Medical History of Marie Brown

1896

This patient was brought here by Sheriff's Deputy J.B. Arend attended by Mrs. Deibert & M.O. Meyer, in fair physical condition, with the following history:- Was picked up on streets in present condition can obtain no previous history from her: Is disposed to injure others: not suicidal: Filthy & destructive in habits: Has been in County Jail since last night: On personal examination could discover no evidence of acute illness no friends or relatives present: No history obtainable.

Mch 1 On admission put upon Br W (S.H.U. Rpt. Complexion dark: Hair black eyes brown: Skin normal condition: Scar on abdomen from operation: Several bruises on legs & arms: Is very dirty: Behavior hysterical: Refuses to speak.)

Mar 1 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: refused supper: Had muff on hands when entered: slept 5 hrs.: Mar. 2. Refused meals: Is much disturbed: prays and cries: talks some: nervous & restless: Did not sleep any. T. 101 P. 72 R. 20. Mar. 3: Ate regular meals: pills given for bowels: quiet: seems agreeable: complains of feeling sore all over body: slept 5 hrs.: T. 99 2 P. 70 R. 19.

Mar. 4 Still in bed: does not care to talk much. Mar. 5 T. 99 6 P. 71 R. 19. Appetite good: urine sound: 17½ oz. 24 hrs. Mar. 6: Very quiet & agreeable: sleeps well: Mar. 6 Is neat & tidy: appetite is good: Takes cathartics: Transferred to B¹.

Mar. 14 During second week appetite was good & patient slept well & was quiet, neat & tidy: bowels constipated: cathartics given: Said she had been here before & recognized most of nurses: Also said that she has fits at times: Is pleasant & assists with work. Summary Notes by Dr Phelps Today tells a story about having been at a hospital before. Her account is very vague & can hardly be believed (Mch 16) Mch 26 Patient admits that she has delusive ideas Mch 29 Had an epileptic convulsion. Apr 11 Went home. Husband finally found out her whereabouts, thought her as well as at previous times & took her home.

Discharged.

Personal and Medical History of

Personal and Medical History of Mary Anderson #2

Whole No. 4990
Residence, Ramsey Co. Minn.
Date Admission, March 3rd 1898.
Admitted by Dr. R.M. Phelps. hour, 6 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 25 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Domestic. (Father a farmer)
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Patents, Sweden. (Parents also born there)
Physicians Committing, C.E. Riggs + O. Dahlberg.
Correspondents,

No. of Years, 15?.
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Chr. Melancholia.
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Three months ago.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/4/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slow + evidently under delusions - the stated nothing.
MEMORY, Past Events, } Probably good
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Probably dull.
REASONING POWER, Ordinary Subjects, } Does not talk much - evidence of impairment.
Special Subjects, }
Own Mental State, }
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Dull - quiet - some depression.

DELUSIONS, Systematized, Transitory, Special Subjects,
Does not state any. but evidence is that she has some.
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, At least 3 mos.
ONSET, Gradual or Sudden, Somewhat gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Denies any insanity.
Father, Says living - age 59 - Healthy
Paternal Relatives, ?
Mother, Living - age 59 - Healthy
Maternal Relatives,
Brothers and Sisters, 2 Bros. Healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had Typhoid Fever at 20.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Last summer kept house for brother at Marshfield. Now in St. Paul on visit.
Detail Date, Duration, and Character of Previous Attack, if any,
none known.
Sleep, Appetite, and Bowels,
Says good (?)

Personal and Medical History of Mary Anderson.

Nels Anderson
Box 257
Marshfield
Wis.
Brother of Mary Anderson #2

RISTICS.

WEIGHT, NUTRITION, Slightly impaired

l.

Grasp,

PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs.
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,

Mch 5/98 EXAMINATION URINE, Quantity, 7z XVI Sp. g. 1.031 Reaction, alkaline Color and Appearance, Yellow- white flaky deposit.
Albumen, None Sugar, do.
Casts and Crystals, Excess of mucin bands - + oxalate of lime crystals - amorphous - a few pus corpuscles - bladder cells.
GYNECOLOGICAL EXAMINATION, External genitals normal. hymen intact. very firm. uterus normal position, size
MENSTRUATION, Cannot obtain history - refuses to talk.
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 sent down here as having insane delusions that is, there are evidences of delusions but she will not state them. Will not talk freely but is a reluctant, half-preoccupied way. States was not well so went to Hospital - Was not insane - only nervous - Letter from Hospital says about same thing "Would not mind or work" Health fair. Answers are not all clear. She says somehow she could not get away after she got there. &c. &c.

Personal and Medical History of Mary Anderson #1

Whole No. 4990
Residence, Ramsey Co. Minn.
Date Admission, March 3rd 1898.
Admitted by Dr. A. M. Phelps. hour, 6th P.
How Sent, G. Willrich J. of P. Ramsey
Sex, Female Age, 25 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Domestic. (Father a farm
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~, Sweden. (Parents also born there)
Physicians Committing, C. E. Riggs — O. Dahlberg.
Correspondents,

No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. P. M. Phelps *Date of* 3/4/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slow + evidently under delusions - tho stated nothing
MEMORY, Past Events, } Probably good
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Probably dull.
REASONING POWER, Ordinary Subjects, } Does not talk much -
Special Subjects, } evidence of impairment.
Own Mental State, }
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Dull - quiet - some depression.

DELUSIONS, Systematized, Transitory, Special Subjects,
Does not state any. but evidence is that she has some.
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, At least 3 mos.
ONSET, Gradual or Sudden, Somewhat gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Denies any insanity.
Father, Says living - age 59 - healthy
Paternal Relatives, ?
Mother, Living - age 59 - healthy
Maternal Relatives,
Brothers and Sisters, 2 Bro. healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had Typhoid Fever at 20.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Last summer kept house for brother at Marshfield. Now in St. Paul on visit.
Detail Date, Duration, and Character of Previous Attack, if any,
None known.
Sleep, Appetite, and Bowels,
Says good (?)

Personal and Medical History of Mary Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 136 lbs. USUAL WEIGHT, NUTRITION, Slightly impaired
WOUNDS, Abnormalities and condition of Skin, Normal -
TONGUE, Coatings or Promptness of Movement, Normal
PUPILS, Equality, Size, Response to Light, and Accommodation, 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, good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs.
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,

March 5/98
EXAMINATION URINE, Quantity, ℥ XVI Sp. g. 1.031 Reaction, alkaline Color and Appearance, Yellow white flak deposit.
Albumen, none Sugar, do.
Casts and Crystals, Excess of mucus bands - + oxalate of lime crystals - amorphous - a few pus corpuscles - bladder cells.
GYNECOLOGICAL EXAMINATION, External genitals normal - hymen intact - very firm. uterus normal position, refus
MENSTRUATION, Cannot obtain history - refuses to talk.
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 sent down here as having insane delusions that is, there are evidences of delusions but she will not state them. Will not talk freely but is a reluctant, half-preoccupied way. States was not well so went to Hospital - Was not insane - only nervous - Letter from Hospital says about same thing "would not mind or work" Health fair. Answers are not all clear. She says somehow she could not get away after she got there. &c. &c.

Personal and Medical History of Mary Anderson #2

1898

This patient was brought here by Sheriff's deputy Saml Marks attended by Louise Marks in fair physical condition, with the following history: First symptoms manifested three months ago by insomnia & religious excitement: Disease appears increasing: Not variable; no rational interval. Derangement now manifested by insane conduct with religious delusions: Not disposed to injure others: Neither suicidal filthy nor destructive in habits: No previous punishments noted: No severe diseases nor injury to head: No confinement or restraint employed: No treatment given: On personal examination refuses to talk.

Mch 3/98 On admission put upon B3 W. (Sick Rpt. Complexion fair: Hair light: Eyes blue: Skin normal: No marks, scars or bruises noted: Is clean: Behavior quiet: Talks sensibly.)

Mar 3 Nurse's 14 Day Record: Bath given: no bruises on person, Reported Mar 4 Stubborn but quiet: Is bad all day: Did not sleep well: Mar 5: Ate small dinner & supper: refused to get up until dinner time: Slept well: Mar 6 Appetite poor: Quiet most of time: refused to get up till dinner time: struck & kicked when attempted to get her out of bed: Transf. to B2: Mar 8: Very obstinate: Has delusions:

Mar 9 Attempts to strike when undressed: Has delusions: Appetite poor, but sleeps well: Bowels irregular: Mar 10 Resists but is more quiet: Mar 13: Quiet & agreeable: Appetite fair: stubborn: occasionally has to be undressed: bowels constipated: refused cathartics: Mar 17 Obstinate: cries often: neat & tidy: takes outdoor exercise: sleeps well: bowels are constipated:

Summary Continued by Dr Phelps Mch 29 Trans. to B3. Apr 1 Very stubborn & disagreeable at times. Apr 16 Visited by brother: shows no delusions but is very reticent. Will not talk freely & is peculiar & reserved in behavior. Behavior indicates delusive ideas. June 24 Refused food & has refused medicine at times: Has cried some, altho part of time has done some work upon ward. Apr 29 Fed with tube. Sept 3 Trans. to B3. Has been working some. Feb 28/99 Assists in dining room: Talks a little more than she did: Is growing foolish Dr R A Bibb Mch 1 to Dec 1899 General health good: Appetite fair: Bowels regular: assists in employe's dining room: Is quiet & sullen, seldom speaking even in answer to questions: Is indifferent to appearance: Expresses no delusions but her manner would indicate that she had them. May 23 Visited by brother: refused to converse with him. Said he was not her brother. Sept 23 While working in employe's dining room attempted to elope: Was brought back & transferred to B3. Oct 5 Visited by cousin & friend. Seems to think there is something on her dress at times, as she often shakes it & appears frightened Sept 1- Feb 28/1900 (Dr. Heyendale) Sept 23 Attempted to elope. Trans. to B3. Oct 5. Visited by cousin & friend. Nov 25. Is somewhat untidy in appearance but neat in habits: Appetite rather poor: Menstruates regularly: Is very quiet & seldom talks: Jan 15 Wt. 126# Feb 20. Resistive & refuses out door exercise Mch 1- Nov 30/1900 Growing more untidy: stubborn & resistive: Appetite fair: Refuses to go walking: Oct 24 Very disagreeable: May 31. Quiet July 21 Vaccinated: Refuses to talk. Aug 10 Seems to have improved slightly mentally: Takes more interest in surroundings. Oct 2. Visited by brother. Talked with him. Menstruates regularly- Nov 21. Wt. 128# Dec 1- Feb 28/1901 General health good: Has done some fancy work for Industrial Society. Mar. to June 1901 Patient somewhat improved, makes bare a good deal, general health good, takes out door exercise, May 29 Wt. 115#. June to Sept. continues agreeable still makes bare every day, takes out door exercise, general health good, Aug. 31 Wt. 116#. Sept. to Dec. Nov. 14 transferred to A 3 West, does not attend chapel or amusements, shows no change in mental condition or physical health.

Up to Feb 1, 1903. Appetite fair: bowels regular: sleeps well: takes exercise: attends no amusements: is very apathetic takes no interest in herself or surroundings: quite stupid: does not converse or answer questions.

Aug. 30-02 Wt 124#

Takes out door exercise: assists with the work: Sept 4 to 14th menstruating.

Nov 5 Patient seems to be more stupid: Is hysterical at times: Appetite failing. Does not sleep well: noisy during the night. Does not work at present but takes out door exercise. Was transferred to the Annex. Quite stupid and untidy. Takes no interest in herself or surroundings. Is very nervous: seems to have fear of something. Often screams and seems frightened without any provocation. Bowels constipated and appetite poor.

Dec. 12th Wt 128#.

Personal and Medical History of Mary Anderson #2.

Personal and Medical History of Alice E. Paddock

Whole No. 4991
Residence, Grand Meadow, Minn.
Date Admission, March 7th 1898.
Admitted by Dr. C. B. Eby hour, 7th P.M.
How Sent, S. S. Washburn J. of P. Mower Co.
Sex, Female Age, 25 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, School-teacher.
Degree Education, was attending Carleton College.
Profession, Religion, Methodist.
Habits, Not intemperate
~~Nationality~~ Nativity, Minn. (Parents born in Connecticut)
Physicians Committing, D. F. O'Connor & E. H. Washburn M.D.
Correspondents,

No. of Years, 158.
Insane Relatives, 2 sisters.
Cause Exciting, Suppression of menses.
Cause Predisposing, Previous attack heredity.
Form,
Accompanying Bodily Disorder, Suppression of menses.
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, 15 – 19 yrs.
Time of Leaving, Nov. 11. 1899
Time in Hospital, 8 m. 4 d.
Result, Discharged June 6. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/8/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events, Fair
Recent Events, " Special Subjects, Fair
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects, Very "
Own Mental State, " "
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Usually slightly maniacal - At times depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Somewhat systematized - Idea of Catholic belief & forming a school. Believes her method correct and that of all other schools 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, One year or more.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Very little history obtainable -
Father, Living at 74
Paternal Relatives,
Mother, died at 67
Maternal Relatives,
Brothers and Sisters, 2 sisters said to be insane
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Student.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Alice E. Paddock.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in PRESENT WEIGHT, 134 USUAL WEIGHT, NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, ?
TONGUE, Coatings or Promptness of Movement, Normal
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
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,

3/16/98 EXAMINATION URINE, Quantity, Zj XXVIII Sp. g. 1.020 Reaction, Acid Color and Appearance, Yellow - Cloudy with flaky deposit.
Albumen, None Sugar, do.
Casts and Crystals, Amor. urates - a few epith. cells - a few fat globules - oxalate of lime crystals.
GYNECOLOGICAL EXAMINATION, External genitals normal - Hymen intact - uterus normal position
MENSTRUATION,
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 a young, intelligent girl. Was here at age of 19 - At that time had been nervous for 4 yrs, the actual attack was recent. Now enters with statement that has been treated by Dr. Riggs at St. Joseph's hospital for 6 or 7 wks. under special nurse. So expensive, was taken home but there nurse could not control her so she was brought here. Is now quietly rambling & incoherent Health fair - No complications appear.

Personal and Medical History of Alice E. Paddock.

1898

This patient was brought here by Sheriffs deputy W. P. Happie attended by Mrs. L. M. Jones, in fair physical condition with the following history: No history of consanguinity: Two sisters insane: No intemperance in parents or self but father uses tobacco: First attack noted in 1891 - she said she had felt it coming on for four years before that time - Was in this (Rochester hospital from Oct 13/9, to Nov 23/91, (for further information see Vol. 18 Fol. 13 No. 7808) after leaving here was well until about one year ago when she began talking to herself, had delusions about being a great organizer & would laugh loudly to herself when alone on the street: Disease appears decreasing: Is variable, with irregular rational intervals: Derangement now manifested by thinking that she is about to reorganize the public schools into Catholic institutions: Not suicidal; once assaulted nurse: Neither filthy nor destructive in habits: Has been erratic about her work for a year past: Was at St. Josephs Hospital, St. Paul for 7 weeks: attendants say she has improved - nothing known as to treatment received. No further information obtained upon personal examination.)

Mch. 7 On admission put upon B'd W (G.H.N. Rpt. Complexion fair: eyes blue: hair brown Skin normal condition: No marks, scars or bruises noted: Is clean: Behavior quiet: Bathed incoherent)

Mch. 7 Nurses 14 Day Record: Received on ward, bathed and put to bed: 2.98 P.M. P. 80: ate supper: slept quite well: Mar. 8 Appetite good: up on ward: quiet: answers questions sensibly: took out door exercise: Mar. 9 Pills given for bowels: Quite nervous: walks up & down ward: seems pleasant. Mar. 10 Scolds often: appetite fair: slept only 3 hrs. Mar. 11. Takes out door exercise. Laughs to herself. Is neat: slept well: Mar. 12 Appetite poor: bowels constipated: Mar. 13 Pills given for bowels: Mar. 20 During said week appetite was poor. Improved slightly: bowels regular: nervous & easily excited: scolds: expressed a number of delusions: neat & tidy: Took out door exercise.

Mch. 22 Summary notes by Dr. Phelps Mch 22 Trans. to B'd. 28 Discontented & incoherent, crying some. May 7 Visited by friends. June Visited by friends. Aug 31 Patient has been slightly maniacal today seems worse. Very noisy during night & destructive; requires constant attention: Legs somewhat bruised: Refuses food. Sept 1 Trans. to Infirmary. Sept 2 Temp. 102 4. Seems mildly delirious. Sept 3 Temp. up to 103 6. Acts like a case of acute delirium

Sept 6 Temp 103 9 today. Is Mal. Sept 8 Temp, 100 4. Sept 9 100. Is emaciated: Still rather delirious in manner. 18 Today up on ward: Temp. since last note from 99 to 100. Has become gradually less resistive & troublesome.

Nov 14 After attack of acute delirium had passed patient quited down & became much better & more sane than before. Taken home today.

Discharged.

Personal and Medical History of

Personal and Medical History of Anna P. Nelson.

Whole No. 4996
Residence, Dargent, Minn.
Date Admission, March 10th 1898
Admitted by Dr. A.F. Kilbourne hour, 3:15 pm.
How Sent, A. D. Washburn Dep. Sheriff Monroe Co
Sex, Female Age, 33.
Civil Condition, Married
Children, 4
Age Youngest Child, 7 mos.
Occupation, Housewife
Degree Education, Common school in Norway.
Profession, Religion, Lutheran
Habits, Not intemperate.
Nativity ~~Nationality~~, Norway. (Parents also born there)
Became resident of State in '90 Of Co. in '96.
Physicians Committing, A. W. Allen & A.F. Arneson.
Correspondents, Martin Hanson (friend) Dexter. Minn.

No. of Years, 163
Insane Relatives, None.
Cause Exciting, "some menstrual trouble."
Cause Predisposing, —
Form, Acute Mania
Accompanying Bodily Disorder, Menstrual trouble
Suicidal or not, Propensity active.
Date of this Attack, Since Jan. 1 '98.
Duration, Since Jan 1st '98. - over 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 33
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R. W. Phelps Date of 3/1/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused slightly.
MEMORY, Past Events, Seems fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Quite alert except as own condition
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Fair
Own Mental State, Poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - more so at times, she says.
DELUSIONS, Systematized, Transitory, Special Subjects,
Afraid she won't be cared.
HALLUCINATIONS, Hears voices.
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, Days since Xmas.
ONSET, Gradual or Sudden, Fairly rapid.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denies any.
Father, D. don't know how - was sick once up.
Paternal Relatives,
Mother, L. sickly of late. usually healthy.
Maternal Relatives,
Brothers and Sisters, 1 Bro. living - healthy 2 sisters - 1 died lung trouble other healthy 4 Children healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Rheumatism only, for about 6 wks. at a time.
HABITS, Drinking and Smoking, ?
HEADACHES, at times VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer's wife.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Sleep very poor, - afraid Appetite good.

Personal and Medical History of Anna P. Nelson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in PRESENT WEIGHT, 128½ lbs. USUAL WEIGHT, NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, none.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, normal.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, none
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds fair - slightly irregular
ARTERIES,
No impairment noted.
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,

3/25/98 EXAMINATION URINE, Quantity, 7½ XXVII Sp. g. 1036 Reaction, acid. Color and Appearance, Yellowish red. Cloudy.
Albumen, about Sugar, a trace in excess.
Casts and Crystals, Excess. amor. urates - Large no. epith. all varieties. Excess of oxalate of lime crystals - a few pus corpuscles.
4/7/98 GYNECOLOGICAL EXAMINATION, Uterus retroflexed & adhesions on left side: lac. of os & perineum erosion of os. external genitals normal except for lac. some leucorrhoea
MENSTRUATION, Always irregular - always some. Pain
3rd Exam. Dec. 4 - Sub-involution - Treatment with glycerine tampons & douch (2 ways)
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 a fairly healthy woman who gave birth to child about Aug. '97. Has nursed it since. Was quite well up to Christmas. Has been worrying - nervous & afraid ever since. Claims that her husband quarrelled with her & there was some trouble. Hears voices & is afraid she will not be cared. Health has seemed fair - Did her own work up to Christmas - Denies any heredity - No physical complications found.

Personal and Medical History of Anna R. Nelson.

1898

This patient was brought here by Sheriff's deputy Martin Hanson attended by Mrs. Peterson, in fair physical condition, with the following history:- No history consanguinity, heredity or intemperance in parents or self: First attack manifested by fear of being harmed: Saw peculiar phenomena about the house: Disease appears increasing: Is varible: Is under constant delusions, but seems to be most fearful of harm at night. Derangement now manifested by fear of harm from all sources,- to her husband (who is absent,) to children & to herself: Not disposed to injure others: Has never attempted suicide but propensity is active: Is filthy & destructive in habits: Previous peculiarities manifested, a high temper, resulting in numerous quarrels with husband: No severe diseases nor injury to head: Has had to be kept from destroying clothing and things which she thinks are poisonous. "In January consulted doctors but only took small bottles of medicine with no apparent effect". On personal examination it seems that some menstrual trouble is instrumental in producing her condition.

Mch 10 On admission put upon B2 W. (GHU Rpt Complexion dark: Hair black: eyes brown: Skin normal condition: No marks, scars nor bruises noted: Is rather dirty: behavior quiet: Has delusions.)

Mar. 10 Nurses 14 Day Record: Received, on ward, bathed & put to bed: Has good appetite: Mar. 11 T. 99 P. 89. R. 20: medicine 3 times daily: quite disturbed: Has delusions: Breasts bandaged & linament applied visited by sister: Mar. 12 T. 98 P. 88. R. 20: Still in bed: cries: Has delusions: resists when breasts are bandaged:

Mar. 13 Visited this p.m. Refuses medicine: attempts to fight: very excited: slept quite well: Mar. 14 Struggles: noisy at times: bowels constipated: Mar. 15 Pills given: more quiet to-day: expresses a number of delusions: slept well:

Mar. 16 T. 99 P. 80 R. 19: Breasts bandaged & linament applied daily: resists some:

Mar. 20 Easily excited: At times resists when breasts are bandaged: Tries to escape when door is open: At times restless & noisy at night & does not sleep well: Attempts to fight: Appetite good at times: resists when medicine is given: bowels irregular: Salts given: Mar. 23: Appetite fair: Inclined to be violent: very excited: cries & worries: expresses delusions: untidy: bowels inclined to be constipated: Salts given: Does not sleep well. Summary Notes by Dr Phelps. Mch 18 '98 Wt. 125# Visited by friends on 13th Mch 19 Fighting today, transferred to C3. Mch 29 Became very restless in room: broke panel in door & electric switch box. May 7 More quiet lately: Aug 9 Patient has been rather restless: has received some gynaecological treatments. Is in bed today with a slight rise of temperature. Sept 16 Trans. to C3. Still uncertain & in behavior & inclined to be violent at times, Dec. 6 Visited by friends. Condition has changed little since last note. Mch 1 to Aug 31 '99 By Dr Bebb. Appetite good: bowels regular: menstr. regular: Neat in habits: Inclined to be violent: Occasionally attacks nurses & is destructive Apr. 25 Tried to elope while

Personal and Medical History of Anna R. Nelson.

on lawn: Was visited on Mch 4 by friends & on Apr. 22 by sister.

Sept 1- Feb 28 '1900 (Dr. Heyerdale) Very noisy at times, night & day: Takes out door exercise: Appetite good: bowels regular: Works in dining room: Oct 24 Trans. to B2. Jan 20. 123# Noisy & violent at times striping patients & nurses. Menstruates regularly Works some in dining room.

Mch 1- Nov 30 '1900 Neat: Noisy & violent in behavior: often requiring seclusion Has delusions: Scolds & talks in a loud voice: but will answer questions Eats & sleeps well: Takes outdoor exercise: Menstruates regularly: Fed on tray: July 21 Vaccinated: 28 Visited by husband: Oct 15 Five teeth extracted: Oct 16 In bed- face swollen: Hot sand bag applied. 18 Up on ward. Nov 20. Wt. 117# Dec 1- Feb 28 '1901 General health good: Feb 22. Wt. 111½# Very noisy & disturbed at times. Mar. to June 1901 Patient is periodically maniacal at such times is extremely violent and noisy uses vulgar language, neat in habits and appearance, menstruates regularly, when not in her spell is quiet and agreeable and assists with the ward work, May 29. Wt. 116#. June to Sept. Aug. 14 visited by friends, physical and mental condition remains the same Aug. 31 Wt. 136½#. Sept. to Dec no change mentally, takes out door exercise, assists a little with work, Nov. 23 Wt. 115#. Up to Feb. 1, 1903. General health good: eats well: but is very often noisy at night requiring hypnotics most of the time: exercises: does no work: very noisy most of the time: sometimes violent: Dec. 1st. Wt. 110#.

Personal and Medical History of Carrie Thompson

Whole No. 4999
Residence, Rice County, Minn.
Date Admission, March 11th 1898.
Admitted by Dr. R.W. Phelps. hour, 3.45 P.M.
How Sent, R.A. Mott J. of P. Rice Co.
Sex, Female Age, 33
Civil Condition, -widow-
Children, None
Age Youngest Child, -
Occupation, Housework.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality~~ Nativity, Norway. (Parents also born there.)
Became resident of State in '73 - of Co. in '76
Physicians Committing, -R.A. Hunt & R.J. Schmidt.
Correspondents,

No. of Years, 166
Insane Relatives, None.
Cause Exciting, Overwork & nervous excitement.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Two years ago.
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 31 yrs.
Time of Leaving, May 31. 1898
Time in Hospital, 2 mo. 2s da.
Result, Discharged - Improved.
Dec. 17. 1898.

EXAMINATION ON ADMISSION BY DR. R.W. Phelps Date of 3/11/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite active tho' erratic.
MEMORY, Past Events, Seems fairly normal.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Quite alert. Fairly correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Rather poor.
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight dullness: Slight depression
DELUSIONS, Systematized, Transitory, Special Subjects,
"Afraid" Thinking "worrying"
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, 2yrs. Sick for 2yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living - healthy
Paternal Relatives,
Mother, living - healthy - Had Grippe lately.
Maternal Relatives,
Brothers and Sisters, Three brothers. healthy
One brother & sister deceased
Children - one died 4 mos.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Locally & sickly since husband died 7yrs ago. No special diseases.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, 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 Carrie Thompson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ in. PRESENT WEIGHT, 137 lbs. USUAL WEIGHT, NUTRITION, Impaired - Anaemic.
WOUNDS, Abnormalities and condition of Skin, Skin anaemic.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, 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,
PATELLAR REFLEX, Normal 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, 7y XXIII Sp. g. 1.026 Reaction, acid Color and Appearance, light-yellow - Cloudy.
Albumen, None Sugar, do.
Casts and Crystals, Excess. amor. urates oxalate lime crystals, a few Epith. cells.

2/17/98

GYNECOLOGICAL EXAMINATION, Prolapsed, retroflexed uterus - has worn pessary for 4 yrs. upon advice of physician had considerable pain in hypogastrium - pessary relieved some - Cervix hypertrophied & inflamed - Erosion & Eversion, lateral Lac. of os. Lac. of perineum. Endometritis. scanty, milky Spermen discharge. Cystocele & rectocele (one inch)
MENSTRUATION, Always Regular - except 2 yrs previous - suppressed 2 mos
Eruption on labia with pruritis.
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 33 yrs. old - a widow - Child died at 4 mos. of consumption & husband 6 mos. later of consumption. For 2 yrs. has been as now. Worries - "Thinks" - is "afraid" Seems to have been hypochondriacal & melancholic. Talks freely.

1898 Personal and Medical History of Carrie Thompson.

This patient was brought here by Sheriff's deputy A. J. Spein. attended by Mrs Spein, 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 by religious hallucinations.
Disease appears stationary: Is variable, no rational intervals: Not disposed to injure others: Rather filthy & destructive in habits: No previous peculiarities noted; No severe diseases nor injury to head: Has not been confined nor restrained but has needed watching: Has consulted seven doctors & has received medical treatment. No further particulars noted on
Mch 11 personal examination. On admission put upon B² W. (G.H.N. Rpt.
Complexion fair: hair light: eyes gray: Condition of skin normal: Scar on chest caused by blistering: Eruptions on back & arms: Is clean: Behavior quiet: Talks sensibly.)
Mar. 11 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: Appetite fair:
Mar. 12 Bowels regular: seems agreeable & pleasant: talks rationally: Mar. 13 T. 98² P. 79 R. 19 Appetite fair: medicine after meals: complains of being nervous: Has pain in chest: Mar. 14 up on ward: assists with work: neat & tidy: bowels regular: Mar. 15 Seems pleasant: talks a good deal: medicine after meals continued. Mar. 16: Works in dining-room: complains of pain in chest: Has headaches occasionally: Mar. 17 Complains of being weak: Sleeps well:
Mar. 18 Appetite quite good: medicine after meals: Transferred to B¹: Mar. 24 During remainder of week patient's appetite has been good: medicine has been given daily after meals: Very agreeable: has assisted with work: Talked sensibly: bowels irregular: Has taken out door exercise: Slept well.
Summary Notes by Dr Phelps. Mch 28 Trans. to A². Has been quite pleasant & agreeable during her stay. Is quite intelligent upon all ordinary subjects:
May 31 Taken home on trial: Has received gynaecological treatments: Has drifted along in a quiet rational way, showing some feebleness of mind but no delusions nor active tendencies.

Discharged.

Personal and Medical History of

Personal and Medical History of Katharine Quinlan.

Whole No. 4= 5000
Residence, Caledonia, Houston Co. Minn.
Date Admission, March 12th 1898.
Admitted by Dr. R. W. Phelps hour, 3 P.M.
How Sent, Thomas Ryan P. of P. Houston Co.
Sex, Female Age, 26.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Stenographer.
Degree Education, well educated.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. Parents born in Ireland.)
Physicians Committing, Ref. Ferguson & O.F. Fischer.
Correspondents,

No. of Years, 167
Insane Relatives, None.
Cause Exciting, Some love affair.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Last summer.
Duration, 6 - 9 mos. Probably.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 26
Time of Leaving, Apr. 17. 1898
Time in Hospital, 6 m. 5 d.
Result, Discharged Apr. 28. 1899 Recovered.

EXAMINATION ON ADMISSION BY DR. R. W. Phelps *Date of* 3/14/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - slow.
MEMORY, Past Events, Can't tell. Probably fair except for
Recent Events, delusions. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Incorrect.
REASONING POWER, Ordinary Subjects, Poor
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - Dull.

DELUSIONS, Systematized, Transitory, Special Subjects,
Won't tell of them but they are probably somewhat systematized.
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, 3 to 6 mos. or more.
ONSET, Gradual or Sudden, Somewhat gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), cannot rely on statements but says -
Father, died - 23 yrs ago
Paternal Relatives,
Mother, living & healthy at 56.
Maternal Relatives,
4 Brothers and 7 Sisters, all living & healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had lung fever 10 yrs ago. Healthy before this attack
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 Katharine Quinlan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 PRESENT WEIGHT, 115 lbs. USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, has sores from continual picking.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal.
SIGHT, Good as far as we can learn
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good so far as we can learn.
COORDINATION, Arms, Seems normal Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Choriform restlessness.
PATELLAR REFLEX, Normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
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,

3/21/99 EXAMINATION URINE, Quantity, ℥ XXI Sp. g. 1.032 Reaction, acid. Color and Appearance, Reddish yellow - cloudy with white flaky deposit.
Albumen, Trace only by Tests. Sugar, absent -
Casts and Crystals, Amor. urates - Triple phosphates - large amount of oxalate of lime. a few epith. cells. uric acid crystals.
GYNECOLOGICAL EXAMINATION, External genitals normal - uterus normal position - profuse leucorrheal discharge.
MENSTRUATION,
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 a young girl. Stenographer in California. Came East to Chicago alone, claimed to have been nervous & troubled but don't say in what way. While in Cal. says was in Hospital there. All accounts very vague, however. Was in Chicago awhile - Then brought to St. Paul - then to Caledonia & Then here. Always restless - picking & scratching to pieces - talks in a jerky way - with great sluggishness - can't get much information - seems dazed or confused - Delusions probably control behavior which has an almost delirious restlessness.

1898

Personal and Medical History of Katharine Quinlan.

This patient was brought here by brother, Mr. Quinlan, as sheriff's deputy - in fair physical condition, with the following history: - No history of consanguinity: heredity nor intemperance in parents or self: First symptoms of attack manifested some time last summer, as near as we can ascertain, in California: Disease appears increasing: Is variable with irregular rational intervals. Is not disposed to injure others: Has threatened to commit suicide but propensity is not particularly active: Neither filthy nor destructive in habits. No previous peculiarities manifested: No severe diseases nor injuries to head: Has not been confined nor restrained. On personal examination presents a healthy appearance, but is nervous, excitable, sensitive of proceedings, restless: Commitment recommended because patient wanders about & becomes exposed, has to be continually watched.

Note Patient has a history of love romance - & complains of having lost a friend. She went to California for a rest and after a few months became melancholy & was finally brought to her home here: Now she wants to go to different places, chiefly St. Paul, and has to be watched night & day for fear of her straying away.

Mch 14 On admission put upon Br. W. (G.H.N. Rpt. Complexion fair: hair light: eyes gray: eruptions on face & body: Small bruise on left arm: Is clean: Very nervous: Talks sensibly.)

Mar. 12 Nurse's Notes (14 Day Record): Received on ward: bathed & put to bed: ate supper: nervous: S.D.: Slept 8½ hrs.: Mar. 13: ate something for each meal: salts given: very nervous and destructive: visited by brother & friend: worries: Mar. 14: Appetite poor: tonic given 3 times daily: still in bed: visited by brother: bowels not very regular: complains of headache: Does not sleep well: Mar. 15 Bath given: up on ward: very nervous & restless: tried to escape when door was opened:

Mar. 16 Salts & enema given: tonic continued: appetite fair: destructive & very nervous: answers questions sensibly: Tries to escape. Is menstruating: Mar. 17 Refused tonic: Slept on 3 hrs. Mar. 18 Expresses delusions: resisted & struggled when undressed: Mar. 19 Very nervous & excitable: when door was opened escaped part way down stairs: resisted, and fought when brought back: bit nurse: was with difficulty put to bed in restraint: seemed exhausted: cold cloths applied to head: struggled & got out of restraint about 7:35 pm. Left out: struggled when door was opened, while struggling, shoulder was dislocated Did not sleep well: T. 99. P. 89. R. 20. Mar. 20 (T. 98⁶ P. 86. R. 20. Mar. 21) Enema given, also catheterized: pain in shoulder: shoulder set: limb bandaged: struggled & took off bandage: Nurse stayed in room: patient struggled continually & tried to get keys: put in muff. Got out of muff during night: Mar. 21 (Temp. &c see above) up all day: fought: visited by brothers: did not visit much with them: catheterized: put in restraint at night. Left arm dislocated again while struggling. Set by Dr. R. M. Phelps: Slept some: Vaseline applied to lips: Mar. 22 Still in restraint: Tries to fight: alcohol applied to back

Personal and Medical History of

and hips: Mar. 23 Sat up about 2½ hrs.: bit nurse's finger: In restraint rest of day & night:

Mar. 24 Sat up 3½ hrs. In restraint remainder of day & night: Mar. 25 Up. 3½ hrs. Very nervous & restless: struggled: put in restraint. Summary by Dr. Phelps. Mch 28 Visited by brother: Would not talk with him very much, during first part of stay talked considerable but statements were of doubtful accuracy & full of delusions. At present is not talking at all. Apr. 4 Out of restraint today: Has been in restraint a good deal, on account of extreme persistence & trouble when not in restraint. Is much more quiet now altho nervous & is left in room

Apr. 17 Talking & singing noisily. 18 Noisy, violent & profane. May 13 Stupid at times.

June 8 Visited by sister. July 13 Trans. to Infirmary. Has been kept in restraint a good deal. Is violent & profane. Aug 31 Still in restraint at night & usually in daytime Sept 9 Until recently has been in restraint: Now in seclusion. 13 Did so well in seclusion that she is now allowed out on ward.

Sep 19 Visited by sister; Has improved quite rapidly. Oct 17 Taken home. Patient's condition showed an approximation to her original ability, altho a good many peculiarities still remained.

Discharged.

Personal and Medical History of Kate Hart

Whole No. 5002
Residence, Albert Lea. Minn.
Date Admission, March 16' 1898.
Admitted by Dr. R. W. Phelps hour, 6⁴⁵ PM.
How Sent, H. Blackmer & of P. Freeborn Co.
Sex, Female. Age, 49.
Civil Condition, married
Children, Five.
Age Youngest Child, Dead.
Occupation, Domestic laborer.
Degree Education, Fair
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Georgia (Parents born in Ireland)
Physicians Committing, F.A. Blackmer + G.W. Bank.
Correspondents,

No. of Years, 16y
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, ——
Form,
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, not.
Date of this Attack, March 16th 1897.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 49 yrs
Time of Leaving, Mar. 29. 1898
Time in Hospital, 13 d
Result, Died Organic Brain Disease

EXAMINATION ON ADMISSION BY DR. R. W. Phelps Date of 3/17/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - dry.
MEMORY, Past Events, Dull on all lines
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull + confused
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed. agitated.
DELUSIONS, Systematized, Transitory, Special Subjects,
None of importance - a quite pure dementia.
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, Said to be 2-3 mos.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
History incomplete - but no heredity known.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Said to have been a very healthy strong woman.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
Had hard convulsion 3 mos. ago
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Kate Hart.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Failed some.
WOUNDS, Abnormalities and condition of Skin, None of note. - Skin fairly good condition.
TONGUE, Coatings or Promptness of Movement, Reflected on acct. of Paralysis.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.
SIGHT, Cannot learn.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems somewhat impaired
COORDINATION, Arms, From paralysis is of ~~Legs~~, cannot use much disabled Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Shaky + tremulous most.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred + confused. Hesitating, very wisy + hard to understand.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No murmurs noted. Fairly strong
Apex Beat, Regularity, but weaker at base - Size probably normal - Apex beat normal. Fairly 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,

3/17/98
EXAMINATION URINE, Quantity, — Sp. g. 1.030 Reaction, acid Color and Appearance, Reddish yellow cloudy with pink copy deposit.
Albumen, about Sugar, do.
Casts and Crystals, excess amor. urates - Triple phosphates - a few fat globules + pus corpuscles - Epith. cells.
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
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 brought by sister who says husband left her 9 yrs ago + was dissipated. Has been healthy until lately. Suddenly, in health, taken with this fit Recovered in ½ hour. Seemed to have no paralysis but has had two hard fits since + many slight muscular twitchings. Paralysis now quite complete. is said to have come on gradually. Syphilitic infection is possible as she is rather young for senile changes Is now quite helpless. Brain almost perfectly so. Ridley Cancer some

Personal and Medical History of Kate Hart

1898

This patient was brought here by Sheriff's deputy E.H. Ellickson: attended by Mrs Mary Ryan in poor physical condition with the following history:- First symptoms of disease manifested about three months ago ~~by~~ after an attack of epilepsy: Disease appears increasing: Is variable with no rational intervals: Derangement manifested on all subjects: Not suicidal: Neither filthy nor destructive in in habits: No previous peculiarities manifested: Has epilepsy: no injury to head sustained: No confinement nor restraint employed: Has received treatment but with no effect. On personal examination is partly paralized on right side & has no use of right arm.

Mch 16 On admission put upon Infirmary West (G.H.U. Rpt Complexion dark: eyes gray: Hair brown, partly gray. Skin normal condition: Small bruise on right leg: Is clean: Partial paralysis of right side: Behavior rather noisy: Talks incoherently.)

Mar. 16 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: parts dusted with boracic acid: very restless, moaning considerably till after 11 p.m. Then slept well

Mar. 17 a.m. T. 98 P. 78 R. 18: p.m. T. 101^{6} P. 110. R. 30: Appetite poor: catheterized: alcohol bath given: Visited by sister: out of bed & very noisy during most of day: put in restraint at 7:30 p.m. noisy till 11: Slept 6 hrs.: Mar. 18 a.m. T. 100^{4} P. 80. R. 20 Enema given: coughs considerably: quite rational at times: very noisy: moaning: In restraint all night: 5:30 p.m. T. 99. P. 100. R. 28: Mar. 19 6 a.m. T. 100 P. 79. R. 20. 6 p.m. T. 99^{2} P. 102 R. 36. Enema given: Refused breakfast: hate some difficulty in eating: fed by nurse dinner & supper: pain in arm: moaning most of night: slept 3 hrs. Mar. 20 T. 99^{2} P. 95 to 100. R. 36 to 32. Refused meals, but drank milk: in bed all day: noisy all p.m. till 11 o'clock: slept well rest of night: In restraint during night: Mar. 21 T. 99 to 99^{2}: P. 98 to 100: R. 30 to 32. Ate breakfast: refused dinner & supper: calomel given, also enema: bowels moved three times: very noisy & resistive: hand quite swollen: slept well till 4 a.m.: Mar 22 (a.m.) T. 99 P. 94 R. 27. p.m. T. 99^{8} P. 100. R. 30: refused dinner: ate breakfast and supper: up on ward: very resistive: had to be held most of p.m. extremely noisy: parts dusted with boracic acid: In restraint: noisy 11 p.m. to 1 a.m. Slept well remainder of night. Mar. 23: Ate regular meals: enema given: more quiet: talked quite sensibly: very noisy in p.m.: In restraint at night: noisy till 12. Slept five hours: Mar. 24: T. 99^{8} P. 98 R. 24 a.m. T. 100^{8} P. 100 R. 28. p.m. Ate regular meals: Sponge bath given: coughs considerably: mouth washed with listerine: In restraint during night: Mar. 25 a.m. T. 100^{8} P. 94 R. 24. p.m. T. 101 P. 96 R. 23: Refused dinner and supper: ate breakfast and drank some milk: full bath given: Transf. to B^{4}. 1st & 3rd fingers on right hand bruised: In restraint during night: Mar. 26 T. 102 P. 99 to 96 R. 30 to 20: refused meals: drank milk: Sponge bath given: bowels irregular: In seclusion during day: restraint at night:

Mar. 27 T. 103. Milk given: Sponge bath: In restraint: seemed in pain: 8:40 fell out of bed & cut forehead: In restraint rest of night: Mar. 28 a.m. T. 102^{4} P. 96. R. 20. p.m. T. 103^{2} P. 130 to 135 R. 50 to 40: milk given: alcohol sponge bath: mouth washed with listerine: In restraint

Personal and Medical History of

Transf. to Infirmary: In restraint till 12 p.m. moaned all night Mar. 29 T. 106: Left side of face swollen, also bruise on left hip: difficulty in breathing: moaning some: Died at 10 a.m.

Died

Personal and Medical History of Mrs. Minnie Laasse (or Laasa)

Whole No. 5003
Residence, Janesville, Minn.
Date Admission, March 18th 1898.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, Geo. A. Wilson J. of P. Waseca Co.
Sex, Female Age, 33.
Civil Condition, married.
Children, Four.
Age Youngest Child, 4 yrs.
Occupation, Housekeeper
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality~~ Nativity, Germany. (Parents also born there.)
Became resident of State & Co. in 1885
Physicians Committing, M. J. Taylor & J. P. Cory
Correspondents,

No. of Years, 170
Insane Relatives, None.
Cause Exciting, Brooding on Loss of Foetus.
Cause Predisposing, unknown
Form,
Accompanying Bodily Disorder, a miscarriage 2 mo ago.
Suicidal or not, not.
Date of this Attack, Feb 28 '98.
Duration, about 18 da.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 33.
Time of Leaving, May 2. 1898
Time in Hospital, 1 m. 27 d.
Result, Discharged Nov 9 '98 Improved.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/19/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Somewhat poor.

Special Subjects, Very poor

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - slightly agitated.

DELUSIONS, Systematized, Transitory, Special Subjects,
Afraid - Religious ideas.

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, Said to be brief.

ONSET, Gradual or Sudden, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No history obtainable.

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 Mrs. Minnie Laasse

John Laase
Janesville, Minn.
Correspondent for Minnie Laase.

...RISTICS.

...EIGHT, NUTRITION, Fair.

...Size normal.

HEARING, Good.

COORDINATION, Arms, Legs, 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, 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,

3/24/98 EXAMINATION URINE, Quantity, ℥ XXX Sp. g. 1.030 Reaction, Alkaline Color and Appearance, Yellow. Cloudy with white flaky deposit.

Albumen, absent Sugar, do.

Casts and Crystals, Excess. amor. urates & triple phosphates & mucine bands.

GYNECOLOGICAL EXAMINATION, miscarriage in 1898. Lac. of perineum & extensive lateral lac. of os. Considerable erosion of os - leucorrhea, yellowish discharge.

MENSTRUATION, regular & free from pain.

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 lies quietly in bed. Can get her to say little or nothing. Answers questions occasionally. Seems to answer intelligently when she does. Complains chiefly of not sleeping. Has complained of chest for some 6 mos. Is quiet & slightly melancholy now.

Personal and Medical History of Mrs. [illegible]

Whole No. 5003
Residence, Janesville, Minn.
Date Admission, March 18th 1898.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, Geo. A. Wilson J. of P. Waseca Co.
Sex, Female Age, 33.
Civil Condition, married.
Children, Four.
Age Youngest Child, 4 yrs.
Occupation, Housekeeper
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality~~ Nativity, Germany. (Parents also born there.)
Became resident of State & Co. in 1885
Physicians Committing, M. J. Taylor & J. P. Cory
Correspondents,

No. of Years, 170
Insane Relatives, None.
Cause Exciting, Brooding on Loss of Forks.
Cause Predisposing, unknown
Form,
Accompanying Bodily Disorder, a miscarriage 2 mo ago.
Suicidal or not, not.
Date of this Attack, Feb 28 '98.
Duration, about 18 da.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 33.
Time of Leaving, May 2. 1898
Time in Hospital, 1 m. 27 d.
Result, Discharged Nov 9 '98 Improved.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/19/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Somewhat poor.
Special Subjects, Very poor
Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - slightly agitated.

DELUSIONS, Systematized, Transitory, Special Subjects,
Afraid - Religious ideas.

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, Said to be brief.

ONSET, Gradual or Sudden, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
No history obtainable.
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 Mrs. Minnie Laasse

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in. PRESENT WEIGHT, 123 lbs. USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, Normal

TONGUE, Coatings or Promptness of Movement, Normal.

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Legs, 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, 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,

3/24/98 EXAMINATION URINE, Quantity, ℥ XXX Sp. g. 1.030 Reaction, Alkaline Color and Appearance, Yellow. Cloudy with white flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, Excess. amor. urates & triple phosphates & mucine bands.

GYNECOLOGICAL EXAMINATION, miscarriage in 1898. Lac. of perineum & extensive lateral lac. of os. Considerable erosion of os - leucorrhea, yellowish discharge.

MENSTRUATION, regular & free from pain.

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 lies quietly in bed. Can get her to say little or nothing. Answers questions occasionally. Seems to answer intelligently when she does. Complains chiefly of not sleeping. Has complained of chest for some 6 mos. Is quiet & slightly melancholy now.

Personal and Medical History of Mrs. Minnie Laase. (or Lasse)

1898

This patient was brought here by Sheriffs deputy Geo. Goodspeed, attended by Mrs. Helwick, 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 about Feb. 28/98 by symptoms of melancholia: Disease appears increasing: Is variable with irregular rational intervals: During past three weeks has had two rational intervals: Derangement now manifested by simple melancholia: sits & broods continually: Not disposed to injure others: neither suicidal, filthy nor destructive in habits: No previous peculiarities manifested: No severe disease nor injury to head: Has been confined to house for three weeks: Has received ordinary treatment for melancholia:

Mch 18 On personal examination it was learned that about two months ago patient had a miscarriage - is now weak, pale & somewhat emaciated. On admission put upon Infirmary (G.H.U. Rpt. Complexion Dark: Hair brown: eyes gray: Condition of skin normal: No bruises marks or scars noticed: Is clean: Behavior rather excited: resisted being bathed: Talks of going to her children continually.)

Mar. 18 Nurse's 1st Day Record:- Received on ward, bathed & put to bed. T. 98⁴ P. 80 R. 20: ate supper. Sleeping dose 9 p.m. Slept well: Mar. 19: Appetite good: very quiet: cannot talk much English: bowels regular: sleeping dose 9 p.m. Slept well: Mar. 20 T. 98⁴ P. 78 R. 20. Tonic given: alcohol bath: complains of headache: very restless: slept 2 hrs. Mar. 21 Very quiet: complains of pain in chest: Awake most of nights Mar. 22 Tonic continued 3 times daily: Appetite good: sat up part of day: quiet: coughs some: Sleeping dose given slept well: Mar. 23: Up on ward: slept well: Took out door exercise: Mar. 24: Tonic continued: bowels regular: complains of headache: sleeping dose given: slept well: Mar. 31 During second week tonic given 3 times daily: Salts given once: Appetite poor: bowels regular: Mar. 27 Transferred to B. 2: Visited by husband: Has been quiet, but cries often: melancholy Took out door exercise: Does not understand much English & does not care to converse: usually slept well with sleeping dose.

Summary notes by Dr. Phelps. Apr. 3 Still quite maniacal altho has been allowed out on ward & does some work. Apr. 5 Visited by husband: Quiet & rather melancholy. Apr. 16 Visited by husband & taken home. Physicians did not recommend her going but he was very persistent about taking her as she talked quite intelligently & he was at last allowed to do so.

Discharged.

Personal and Medical History of

Personal and Medical History of Anna Harshman

Whole No. 5004
Residence, St. Paul, Minn.
Date Admission, March 18th 1898.
Admitted by Dr. L. B. Eby hour, 6th PM.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, female Age, 60
Civil Condition, widowed.
Children, Six
Age Youngest Child, 26 yrs.
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, Baptist.
Habits, Not intemperate.
~~Nationality~~ Nativity, U. S. (Parents also born in U.S.)
Became legal resident of state in '68 - of Co. in '89.
Physicians Committing, Hubert W. Davis & Waldo Smith.
Correspondents, Mrs D. D. Harshman 936 York St, St Paul

No. of Years, 171
Insane Relatives, Unknown.
Cause Exciting,
Cause Predisposing,
Form, General Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3 yrs. ago,
Duration, 3 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 57.
Time of Leaving, Mar. 28. 1899
Time in Hospital, 1 yr. 8 m. 10 d.
Result, Died General Paresis

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/19/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
} Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Transitory & grandiose - almost like those of General Paresis
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, ? yrs.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can give no history -
Father, Says he died of Consumption
Paternal Relatives,
Mother, Dead.
Maternal Relatives,
Brothers and Sisters, Children 6.
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,
Talk not connected enough to give us any information
Sleep, Appetite, and Bowels,

Personal and Medical History of Anna Harshman.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in PRESENT WEIGHT, 103 lbs. USUAL WEIGHT, NUTRITION, Impaired.
WOUNDS, Abnormalities and condition of Skin, Rt wrist anchylosed. - Fairly normal except for age.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.
SIGHT, Probably poor - wont fully.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Fair.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Almost none.
PATELLAR REFLEX, Equal 8-9. Exag. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly slurred. Slow - very voluble.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs. Sounds fair.
ARTERIES, Quite sclerotic - possibly slight calcareous condition
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,

3/21/98 EXAMINATION URINE, Quantity, ℥ XXIV Sp. g. 1.026 Reaction, acid Color and Appearance, light yellow, cloudy
Albumen, Trace only by Esbach's Sugar, Absent.
Casts and Crystals, Amor. urates. a few pus corpuscles - bladder & vaginal epith. cells.

4/17/98 GYNECOLOGICAL EXAMINATION, Uterus normal position - extensive & deep erosion around os. Leucorrhoea streaked with blood: laceration of os & perineum: urethral orifice inflamed: hypertrophy of nymphae: retrovert & fibromyoma -
~~MENSTRUATION~~, ~~~~ 2nd exam - Dec. 4 '98 condition had not responded well to treatment & is liable to result in malignant condition. Dr Mary advises curettment followed by one application of pure carbolic acid - or vaginal ~~OPHTHALMOSCOPIC EXAMINATION~~, hysterectomy - Friends prefer that we should not operate on age of age -
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 age 60. Somewhat senile in appearance. Talk wandering & full of happy grandiose ideas. Sits usually quite quiet except for noisy talk. Ideas suggest General Paresis but on whole case seems decidedly a senile one. No very marked physical impairment noted on first examination.

Personal and Medical History of Anna Harshman

1894

This patient was brought here by sheriff's deputy J.B. Arend attended by Mrs. LaBelle in fair physical condition, with the following history:- Parents were first cousins: No history of heredity or intemperance in parents or self: This is first attack: First symptoms manifested 3 yrs ago on subject of matrimony: Disease appears increasing: Disease is variable: Derangement now manifested by grandiose delusions in regard to herself. Believes she can see all over the world: Not disposed to injure others Neither filthy nor destructive in habits: No previous peculiarities noted except inquiry for years: Has spent last four days in jail.

On personal examination is loquacious & has delusions of grandeur.

Mch 18 On admission put upon B.W. (G.H.U. Rpt. Complexion dark: eyes gray: hair brown partly gray: Condition of skin normal: Has small scratch on right leg: Is dirty: Has ankylosis of right wrist: Behavior very hilarious: Talks incoherently.)

Mar. 18 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: ate supper: noisy: did not sleep well: Mar 19: ate regular meals: attempted to fight: noisy & out of bed

Mar. 20 T.99. P.88 R.21: Salts given: agreeable at times: strikes patients often: Mar. 21 Disagreeable: scolds: fights: quiet at night: slept well: Mar. 22: T.98. P.86 R.19: Appetite good: talks nearly all the time: resists: complains of feeling weak: Mar. 23: noisy & untidy: usually constipated: Mar. 24 Salts given: answers questions sensibly at times: slept well.

Mar. 30 During second week appetite fair: usually constipated: Salts given twice: Out of bed at times: noisy: strikes other patients: has many delusions: untidy: mischievous: resists & fights: Does not sleep very well. Mar. 31: Bowels moved four times: boiled milk given: Is violent at times.

Summary notes by Dr. Phelps, May 13 Usually quiet. Has had some trouble with eyes, otherwise in fair health for age. A paretic tendency has been noted, altho no corresponding history obtained. July 18 During June & July occasionally had a slight rise of temperature & an intermittent pulse. Is quite demented & rather more paretic of late.

Nov. 1 Still on sick ward. Is being kept under watch; is not especially sick but is weakly & uncertain & occasionally goes to bed.

Mch 1'99 to June 1'99. By Dr Bebb. Patient gradually failing. Bowels very constipated & require frequent laxatives & enemata. Very untidy in habits & careless in appearance. Has been receiving gynaecological treatments. From time to time is put to bed because very uncertain in her walk, tottering & frequently falling & bruising herself. At times is quite irritable & inclined to be violent May 7 Struck one of the other patients with a chair. June - November Patient now too feeble to be up & is confined constantly to her bed: Is very weak & is failing quite rapidly both physically & mentally. Formerly she always showed pleasure when addressed & would generally answer questions. From this time however she became

Personal and Medical History of Anna Harshman

very demented & had a dazed expression; rarely talked & was incoherent From Oct 31 - Nov 24 Sick record kept. Temperature continued about normal most of time: Pulse slightly accelerated: Respiration normal: Appetite quite good: bowels regular: Sleep poor. From Nov 24-27. Temp. 101-103°, Pulse 102-120. Resp. 30-46. Appetite poor: unable to take solid food & swallowed with difficulty. Very helpless requiring several nurses to lift & care for her. Pulse very weak. Nov. 26 in stupor all day & on 27 until 3 P.M. When she died. Toward last case quite typical of terminal dementia.

Cause of death General Paresis

Died

Personal and Medical History of Hattie L. Door.

Whole No. 5006
Residence, St. Paul, Minn.
Date Admission, March 21st 1898
Admitted by Dr R.M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J of P. Ramsey Co.
Sex, Female Age, 25
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, School-teacher.
Degree Education, College
Profession, Religion, Methodist
Habits, Not Intemperate
Nativity, United States. (Father Canada Mother US)
Became resident of State in 72 Of Co in 1885
Physicians Committing, O Marhl R.S. Bole.
Correspondents,

No. of Years, 173
Insane Relatives, None
Cause Exciting, Overwork
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or not, yes. propensity active.
Date of this Attack, Jan. 1st 1898
Duration, nearly 3 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 25
Time of Leaving, Apr. 24. 1899.
Time in Hospital, 1 yr. 1 m. 3 d.
Result, Discharged Nov. 1. 1899
Much Improved.

EXAMINATION ON ADMISSION BY DR. R.M. Phelps *Date of* Mch 21/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Rambling.
MEMORY, Past Events,
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Probably dull & incorrect.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Will not talk today wanders in a rambling way usually. Is a careless, indifferent maniac.
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, 2½ mo. (?)
ONSET, Gradual or Sudden, Said to be sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Cangive no particulars.
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 Hattie L. Door.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. PRESENT WEIGHT, 87½ lbs. USUAL WEIGHT, NUTRITION, apparently poor
WOUNDS, Abnormalities and condition of Skin, Slight bruise at eye - eruptions on face. Skin fairly normal
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - much dilated.
SIGHT, Probably good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Probably good.
COORDINATION, Arms, Seems normal - Will not test. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
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,

4/13/98 EXAMINATION URINE, Quantity, — Sp. g. 1.022 Reaction, acid Color and Appearance, Yellow - cloudy with flaky deposit.
Albumen, Trace by Tannets. Sugar, absent.
Casts and Crystals, Amor. urates. a few pus cells. Excess oxalate of lime crystals
Epith. cells of all varieties.
5/20/98 GYNECOLOGICAL EXAMINATION, Slight vaginal inflammation & erosion around os - uterus slightly adherent to left side.
MENSTRUATION, Says - regular.
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 this morning. Hysterically & aimlessly roaming about last night. Full of transient delusions - incoherent. Will not talk today. Can answer ordinary questions, however, if she wishes. No history of heredity etc obtainable. Wt. only 87# but is probably about normal wt. Seems well physically. She herself has spoken of being in Buffalo Hospital.

Personal and Medical History of Hattie L. Door

1898

This patient was brought here by Sheriff's deputy J.B. Arend, attended by Mrs Chapman & J. Door (father) in fair physical condition, with the following history.-
No history of heredity: Maternal grandparents were second cousins: No history of intemperance in parents or self: First symptoms of disease manifested Jan 1'98. by acute mania: Disease appears increasing: Is not variable: Derangement now manifested by delusions on various subjects: Has ideas of persecution. Is disposed to injure others: Has suicidal tendencies: When under restraint habits filthy & destructive: Showed nervous manifestations for two years previous to attack: Has been under care since January: also medical treatment. On personal examination is in a state of acute mania: has delusions of hearing & seeing.

Mch 21 On admission put upon B'W (G.H.U. Rpt. Complexion dark: hair brown: eyes blue: Condition of skin normal: Eruption on face: Small bruise at corner of left eye: Is clean: Nose is crooked, seems to have been caused by an injury. Behavior quiet: Talks incoherently.)

Mar. 21 Nurse's 14 Day Record: Received on ward, bathed: drank glass of milk: Is menstruating: Mar. 22: milk 3 times during day: medicine given: slept 1 hr.: quiet most of night, but restless: destroyed night dress: In bed all day: noisy 2 hrs.: Mar. 23 Drank milk, also coffee & ate a little: medicine given 3 times daily: Slept quite well: destroyed gown On ward: quiet & agreeable: took out door exercise: Mar. 24: ate regular meals: medicine continued: talks very little: Mar 26 Appetite fair: sleeps quite well: quite stubborn. Quiet, but destructive: struck nurse while out walking: refused to see minister who called: Mar. 27: Sat quietly in room most of day: Mar. 30 Appetite good: medicine continued: talks a little with nurses at times & is very pleasant: bowels regular: sleeps well: Takes out door exercise: Mar. 31 Refused to visit with minister: Apr. 1 Quite noisy at times running up & down hall: Apr. 3 well behaved: takes out door exercise: sleeps well: bowels regular: appetite good:

Summary Notes by Dr. Phelps. Apr. 15 Visited by friends Patient rather hard to manage: Tries to run away. Apr 16 Visited by sister 28 Sister again visited her. June 2 Quite silling, laughs most of time.

July 1 Quieted down some: answers questions more rationally: Today taken home by father. Dec 20'98 Returned. Jan 21 Has been in restraint for several days, restless & struggling. Jan 28 Out of restraint. Has been with difficulty kept out of restraint part of time.

Jan 30 Trans. to C^x. Feb 20'99 Visited by sister Feb 28'99 Noisy & excited most of time, Quite maniacal & destructive. Mch 1 to Apr 24'99 By Dr Bebb During march was quite disturbed & inclined to be violent & destructive: Striking patients & nurses; also extremely noisy at times. Part of time kept in restraint at night. Apr 3 began to be quieter. Talked quite sensibly & not

Personal and Medical History of

nearly so troublesome in any respect. April 24 Went home with father who came to visit her.

Discharged.

Personal and Medical History of Mary Anderson #3

Whole No. 5007.
Residence, Albert Lea, Minn.
Date Admission, March 21st 1898.
Admitted by R. M. Phelps. hour, 6 45 P.M.
How Sent, H. Blackmen J of P. Freeborn Co.
Sex, Female Age, 38
Civil Condition, married.
Children, 9
Age Youngest Child, 7 mos.
Occupation, Housekeeper.
Degree Education, Can read & write.
Profession, Religion, Baptist.
Habits, Temperate.
Nationality, Nativity, Denmark (Parents also born there.)
Physicians Committing, J.P. von Berg & G.W. Barck.
Correspondents, Ole Anderson, Albert Lea.

No. of Years, 174
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Oct. 1895
Duration, over 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 35 yrs.
Time of Leaving, Apr. 22. 1898
Time in Hospital, 1 m. 1 d.
Result, Discharged Aug. 10. 1898 Improved.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/21/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Will not talk - Not clear
MEMORY, Past Events, ?
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects, ?
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Surly - 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),
Can learn nothing from her.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), ?
Will tell as nothing appears very healthy
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 Mary Anderson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Good
WOUNDS, Abnormalities and condition of Skin, None noted. Condition of skin good.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal.
SIGHT, Probably good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Probably good:
COORDINATION, Arms, good - tho did not try tests Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Probably normal.
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,

3/28/98 EXAMINATION URINE, Quantity, Oz XXIV Sp. g. 1.026 Reaction, acid Color and Appearance, Yellow - cloudy
Albumen, Trace by Tanrets only Sugar, absent
Casts and Crystals, a few fat globules: large amount oxalate of lime crystals - a few bladder epith. amor. urates.
GYNECOLOGICAL EXAMINATION, external genitals normal - hymen intact.
5/20/98 MENSTRUATION, regular until 3 mos. ago except 3 yrs ago had typhoid fever & cessation of menses for 6 mos.
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 coming in was very active. Very angry at being here (by deceit evidently) declared she was alright - tried to get away & was rather violent in her efforts - Would not listen to reasoning - Has as yet spoken no English but seems to understand some. Seems in good health. Seems to understand but to be too ugly - or angry at being here to say anything - Her hair is all matted indicating gross neglect.

Personal and Medical History of Mary Anderson #3

1898

This patient was brought here by sheriff's deputy W.C. Mitchell attended by Ole Anderson, in fair physical condition, with the following history:- No history of heredity, consanguinity or intemperance in parents or self:- This is first attack & first symptoms were manifested in October 1895 by sleeplessness, fear of being killed & fear that property would be stolen: Disease appears increasing: Not variable. Derangement now manifested by delusions mentioned above - thinks she is to be killed & property stolen - Is disposed to injure others: Not suicidal. Not filthy nor destructive in habits: No previous peculiarities noted: Has neither been confined nor restrained, nor received any medical treatment. On personal examination is excitable.

Mch. 21 On admission put upon B.3 W. (G.H.M. Rpt. Complexion fair: Hair brown: Eyes blue: No marks scars nor bruises: Is dirty, hair matted. Behavior quiet: Does not speak English)

Mar. 21 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: resisted & fought: afterward quiet: slept 6 hrs.: Mar. 22 Seems very cross: Does not talk much English:

Mar. 23 Appetite good: constipated: salts given: fought nurses while head was being washed: Mar. 24 Complains of feeling sick: quiet in behavior: slept well:

Mar. 25 Has delusions: scolds: Appetite good: sleeps well: Mar. 26: Is neat: agreeable at times: constipated: Apr. 3. During 2nd week: necessary to given salts at times but bowels regular at end of week: Does not converse with anyone: quiet in behavior: scolds considerably: neat & tidy but does no work & does not take out-door exercise: stubborn: attempts to strike: Has delusions & illusions: sleeps well.

Summary Nurses Notes by Dr. Phelps.- Apr. 15 Patient scolds some & tends to be violent. Does not care to talk. Apr. 22 Taken home by husband; has been rather quiet & has not shown any active tendencies but seems dull & depressed with probably many delusions altho no prominent ones.

Discharged.

Personal and Medical History of

Personal and Medical History of Adelaide R. Barlow

Whole No. + 5008
Residence, Dundas, Rice Co. Minn.
Date Admission, March 25th 1898.
Admitted by Dr. R.M. Phelps. hour, 6th P.M.
How Sent, R. A. Mott J. of P. Rice Co.
Sex, Female Age, 31.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Housekeeper.
Degree Education, None.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality,~~ Nativity Minn. (Father Ny. mother Maine
Physicians Committing, Because resident state & Co.? W.W. Creswell & D. M. Cook.
Correspondents, Mrs J.B. Barlow Dundas

No. of Years, 175
Insane Relatives, None.
Cause Exciting, First exciting cause fall from a horse when 15 yrs old.
Cause Predisposing, Previous attack.
Form, Acute attack in Recurrent mania
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, March 19' 1898.
Duration, 6 days.
No. of Attack, 4th (probably more)
No. of Admission, 3rd
Age First Attack, About 16
Time of Leaving, Apr. 15. 1899
Time in Hospital, 1 yr. 21 do.
Result, Discharged Nov. 1. 1899
Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick – confused.
MEMORY, Past Events, Imp.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert – incorrect.
REASONING POWER, Ordinary Subjects, Imp.
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, probably 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, large powerful man with uncontrollable temper drank heavily for years.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, 1 sister becomes so violent that she has to be restrained at times – at others all right. brother also has dreadful temper
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
When 15 yrs. old fell from horse & bruised head. dazed for hrs.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
see above.
Sleep, Appetite, and Bowels,

Personal and Medical History of Adelaide R. Barlow

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8 in PRESENT WEIGHT, 208 lbs USUAL WEIGHT, NUTRITION, good –
WOUNDS, Abnormalities and condition of Skin, Had two thumbs on left hand – one removed – Skin normal –
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
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.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
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,

3/21/98

EXAMINATION URINE, Quantity, ℥ XXX ss Sp. g. 1.020 Reaction, acid Color and Appearance, Yellow – clear
Albumen, absent Sugar, do.
Casts and Crystals, amor. urates – a few triple phosphates & pus corpuscles. a few epith. cells
GYNECOLOGICAL EXAMINATION, labia majora & minora smaller than normal – laceration of cervix & perineum. Profuse leucorrhea discharge – uterus adherent to left side & retroflexed
MENSTRUATION, not painful –
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Sleeps fairly well.
BOWELS, Present Condition, usually 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 restless, noisy, talkative & inclined to be violent. Talks incoherently – Is obstinate, disagreeable & rather untidy. Physical condition very good.

Personal and Medical History of Adelaide R. Barlow.

1898

This patient was brought here by Sheriff's deputy James Anderson attended by Mrs F. Mitchell, in fair physical condition, with the following history: No history of consanguinity or heredity: Has had a number of attacks since injury to head, by a fall from a horse, when 16 yrs old. Was confined in this hospital from Nov 20 '84 to Sept. 29/85 (vol. 5 P. 15 No. 735) and again from Nov. 7 '94 to May 21st/95 (Vol. 26 Fol 361 No. 3897) First symptoms of present attack manifested March 19/98 - ran away from home to Northfield & was brought back on 21st - broke windows. Disease appears increasing. Not variable: Derangement manifested on no particular subject: Is irritable & pugnacious: Has never injured anyone & is not suicidal: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe diseases. head injury sustained at age of 15 by fall from a horse: Has been in hospital confinement as above stated.

On personal examination we find her insane & abusive:

Mch 25 On admission put upon B²W (G.H.U. Rpt. Complexion dark: hair & eyes brown: Condition of skin normal: Scar on left thumb. Is rather dirty: Had two thumbs on left hand - one has been removed. Behavior quiet. Talks incoherently.)

Mar. 25 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: slept 6 hours:

Mar. 27 T. 98 P. 86 R. 20: Appetite good: rather nervous & talkative: urine saved. 19½ oz in 24 hrs. Noisy: slept 3½ hrs. Mar. 28: Pills for bowels: neat: slept some: noisy 2 hrs.:

Mar. 29 Talks incoherently: noisy: inclined to be violent: slept 8 hrs.: noisy one hr.

Mar. 30 Disagreeable: obstinate: rather untidy: Mar 31: Appetite good: bowels regular: sarcastic & noisy: Disturbed during night: Apr. 3rd No change: noisy & stubborn: Does not sleep well: Apr. 4 Quiet to-day but disturbed at night: Apr. 6: mental condition about the same: physical health good: Apr. 8 Appetite good: bowe regular: quiet most of time during day: somewhat noisy at night. Summary by Dr. Phelps. Apr. 14 Visited by friends. Apr. 29 More violent & very stubborn. Aug 8 Is rather untidy: Has many delusions & is incoherent.

Sept 20 Noted as quite violent & destructive Dec 7 1898 Patient still very violent.

Feb 8 99 Much improved of late. Is becoming more rational. Apr 2 1899 Is doing fairly well - Is able to take part in amusements at present. Apr. 15 General health good: Has been assisting with work in dining room. Talks quite sensibly & is quiet & agreeable. Sent home on trial today.

Discharged.

Personal and Medical History of

Personal and Medical History of Mathilda Finley

Whole No. 5014
Residence, Nicollet Co. Minn.
Date Admission, April 1st 1898
Admitted by Dr. R. M. Phelps hour, 10³⁰ A.M.
How Sent, John Peterson J. of P. Nicollet Co.
Sex, Female Age, 36.
Civil Condition, married
Children, 4
Age Youngest Child, 3 yrs.
Occupation, Housewife - Husband Farmer.
Degree Education, limited
Profession, Religion, Lutheran
Habits, Not intemperate
~~Nationality~~ Nativity, Norway (Parents also born there)
Physicians Committing, A. W. Daniels & G. F. Merritt.
Correspondents, W. A. Finley Rush River P.O. Sibley Co Minn. (husband)
Mrs. John Martinson, St. Peter Minn (Sister)

No. of Years, 181
Insane Relatives, None.
Cause Exciting, Not known
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, Mch. 10 '98.
Duration, since Mch. 10 '98.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 36 yrs.
Time of Leaving, Sept. 15. 1898
Time in Hospital, 5 m. 14 d.
Result, Discharged Apr. 28 '99 Recovered.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps & R. A. Bebb. *Date of* 4/2/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull & confused.
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,
Depressed & dull.
DELUSIONS, Systematized, Transitory, Special Subjects,
Don't talk about 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, 3 wks.
ONSET, Gradual or Sudden, Sudden -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Heredity denied.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
Will not talk freely.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
None noted
Sleep, Appetite, and Bowels, Constipated.
Appetite good today - Says has been poor
Sleep not good last night.

Personal and Medical History of Mathilda Finley.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ in PRESENT WEIGHT, 114 lbs USUAL WEIGHT, NUTRITION, Somewhat impaired
WOUNDS, Abnormalities and condition of Skin, fairly good.
TONGUE, Coatings or Promptness of Movement, No notable coating. tremulous.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Probably normal - won't talk.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Normal.
HEARING, Probably normal.
COORDINATION, Arms, Good as far as known ~~Legs,~~ Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue (is quite weak)
PATELLAR REFLEX, 9 & very exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Seems normal when she talks - Only speaks in a low tone & occasionally
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs.
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,

4/2/98 EXAMINATION URINE, Quantity, ~~Sp. XI~~ Sp. g. 1.015 Reaction, acid Color and Appearance, Yellow - cloudy with flaky deposit
Albumen, Present by heat & HNO_3 Excess by Tannets Sugar, absent.
Casts and Crystals, Excess oxalate of lime crystals & pus cells. amor. urates.

GYNECOLOGICAL EXAMINATION, labia majora & minora not fully developed. Laceration of cervix & perineum, profuse leucorrheal discharge - Uterus retroflexed & adherent to left side.
MENSTRUATION, not painful.
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 brought here by sister who says illness is of 3 wks. duration but probably coming on before. Knows of no heredity & of no cause except overwork & care of 4 children No physical impairment noted. Has had to have enemas & to be catheterized. Patient is dull & quiet Evidently has delusions but no active mania or melancholia present. Some melancholia exists.

Personal and Medical History of Mathilda Finley.

1898

This patient was brought here by Sheriffs deputy John Martinsson attended by Carolvie Christenson in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in parents or self: First symptoms of disease manifested March 10th 1898 - "wandering & listless". Disease appears increasing: Not variable: Derangement now manifested by constant apprehension of danger: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted. No severe disease nor injury to head: Has been kept at home by family since March 10th: Has been given sedatives. On personal examination will not talk. wanders.

Apr 1 On admission put upon B2 Ward (G.H.W. Dpt) Complexion dark Hair brown eyes. gray: Skin normal condition: Small scar on each shoulder from cupping Eruption on chest & back: Is clean: A small growth on left side of nostril: Behavior quiet: Refuses to talk much but what she says is sensible.

Apr. 1 Nurses 14 Day Record:- Received on ward: bath given: put to bed: ate dinner: calomel: visited in p.m.: restless: 6. Dose given: Slept 3½ hrs.

Apr. 2 T 99° P 88. R 18: Appetite poor: enema & salts given: seems rather stupid at times: out of bed often during day & night also: slept one hour: expresses delusions: seems weak: quiet in behavior: Apr 4 Refused tonic: Does not care to talk: Inclined to be obstinate: bowels very constipated: Did not sleep much:

Apr. 5 T. 98⅘ P. 77 R 19. Appetite poor: enema given, also Sponge baths. Refused tonic: Seldom answers questions: seems very restless: 6. Dose given: Slept quite well: Apr. 6 T 99⅘ Sponge bath given: refused tonic: Tries to get out of bed: Held this p.m. seems weak: 3. dose at 8:30: Slept 5 hrs.: Apr. 7: T 99⅘: Fed with tube a.m.: ate some: Took tonic: Sponge baths given: salts: catheterized: Very restless: Held in bed in p.m. talked quite rationally: 3. Dose: Slept 8 hrs. Apr. 10: Appetite poor: Sponge baths daily: occasionally refuses tonic: Stupid & rather restless & untidy: catheterized several times: out of bed often: seems weak: Is menstruating: pain in abdomen: Apr. 11 - Enema given: quiet in bed most of day: mouth washed out with listerine. Apr. 14 Sponge baths given daily: Is up & dressed to-day: appetite poor: constipated: tonic refused: Sleeps fairly well.

Summary Notes by Dr. Phelps. Apr 1 Visited by sister: Is mildly maniacal & silly in behavior: Was visited by husband on Apr 10 May 30 Has been treated some for bladder trouble. July 20 Visited by sister: Still mildly maniacal

Aug 6 Wt. 133lbs. Aug 18. Visited by sister. Sept 1 Trans. to B3, Has been quite steadily improving in behavior. Sept 17 Taken home by sister. Patients mental condition did not show a complete recovery but she was quite rational in manner altho she had some peculiarities.

Discharged.

Personal and Medical History of Mathilda Finley.

Personal and Medical History of Mrs. Ann Cahill.

Whole No. 5016

Residence, Waseca, Minn.

Date Admission, April 1st 1898

Admitted by Dr. PM Phelps hour, 10:30 Am.

How Sent, Geo. Wilson J of P. Waseca Co.

Sex, Female Age, Unknown.

Civil Condition, Widowed.

Children, One.

Age Youngest Child, – one died 25 yrs ago.

Occupation, None.

Degree Education, None

Profession, Religion, Catholic.

Habits, Not intemperate.

Nationality, Ireland (Parents also born there.) Nativity. Because resident of State + Co in 1878.

Physicians Committing, D. Cummings + D.J. McMahon

Correspondents, Miss Margaret Breen (friend) Waseca. Minn.

No. of Years, 183

Insane Relatives, Unknown.

Cause Exciting, Senility.

Cause Predisposing, unknown

Form,

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, 5 yrs. ago

Duration, 5 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, ?

Time of Leaving, Apr. 29 1898

Time in Hospital, 28 da.

Result, Died Phlegmonous Erysipelas.

EXAMINATION ON ADMISSION BY DR. P.M. Phelps + R.A. Betts. Date of 4/5/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Is confused to ascertain.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects, "

Own Mental State, "

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

DELUSIONS, Systematized, Transitory, Special Subjects, Transitory ideas + incoherence.

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, 5 or more years.

ONSET, Gradual or Sudden, Gradual.

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

Father, History not 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 poor Appetite, normal and Bowels, regular.

Personal and Medical History of Mrs. Ann Cahill.

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 9 in PRESENT WEIGHT, 101 lbs USUAL WEIGHT, NUTRITION, Fair for age.

WOUNDS, Abnormalities and condition of Skin, Bruises on back of both hands. Skin fair - marked with age.

TONGUE, Coatings or Promptness of Movement, Normal.

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

SIGHT, Says normal.

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

HEARING, Fair for age.

COORDINATION, Arms, Weakness + uncertainty of Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight tremors.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow. Irish accent but fairly normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, at apex Strength, Sounds, forcible Size,

Apex Beat, Regularity, irregular

ARTERIES, Atheromatous.

LUNGS, Chest, Symmetry, Expansion, fair

Breath Sounds, Rapid - irritable - Exaggerated

Chest shallow. Shoulders but symmetrical.

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,

4/9/98 EXAMINATION URINE, Quantity, Sp. g. 1024 Reaction, Acid Color and Appearance, Reddish yellow, cloudy

Albumen, Trace by Tanrets Sugar, Absent.

Casts and Crystals, Excess - Epith cells, all varieties - Pus cells - oxalate of lime crystals amor. urates.

GYNECOLOGICAL EXAMINATION, Labia minora - urethral orifice large + vaginal orifice small + no laceration - Mucous membrane inflamed - Vagina about 1 in. in length. adhesions where anterior + posterior vaginal walls unite. But no appearance of previous operation. no cervix + no ~~MENSTRUATION.~~ uterus apparent by vaginal or recto-vaginal exam. large hemorrhoids

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 senile. People were told on her admission of liability to fail. It has been a slow failure of years + her physical condition now seems poor tho' with no definite disease.

Personal and Medical History of Mrs. Ann. Cahill.

1898

This patient was brought here by Sheriffs deputy L.B. Nelson attended by Margaret Brew, in feeble condition, with the following history:- No history of consanguinity or heredity known: First attack - has been developing for five years: Disease appears increasing: Is not variable: Derangement now manifested by delusions that she is being persecuted by several individuals Not disposed to injure anyone: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe disease or injury to head: Has not been in confinement or restraint & has received no treatment: On personal examination the results appear to be from age and unfavorable surroundings -

Apr 1 On admission put upon B & W (G.S.W.Rpt. Complexion dark hair brown eyes, gray No marks nor scars: both hands bruised: Is very dirty: Behavior very maniacal: Talks incoherently.)

Apr 1 Nurse's 14 Day Record:- Received on ward, bathed & put to bed, fought during bath: very dirty: vermin on body: ate supper: Apr. 2 - T. 99. P. 90. R. 20: refused breakfast: ate dinner & supper: out of bed often during day: noisy: Apr. 3 Appetite good: Sponge bath out of bed often: very noisy in p.m. Apr. 4 Baths given: hair & scalp cleansed: has delusions: slept well all night: Apr. 5 Up on ward to-day: more quiet: Apr. 6 Appetite very good: bowels regular: sleeps fairly well: Apr. 8 In bed this a.m. T. 100. P. 100. R. 20: Drank coffee & milk: up on ward in p.m. feeling better: ate dinner T. 98⅘ P. 80. R. 20:

Apr. 11. Sleeps well: appetite is good: refused medicine: resists being dressed & undressed: habits dirty: bowels regular. Apr. 14 T. 98⅘ P. 80. R. 20. Wanders up & down ward all day: appetite good: refuses to be dressed & undressed: habits dirty: noisy at times at night: bowels regular: has delusions.

Apr. 18 Nurse's Notes:- Patient wanders up & down ward all day: appetite good: has delusions: noisy at times during night: bowels regular: habits dirty: Apr. 22: Complains of pain in right side, plaster applied: Apr. 23 T. 103⅘ P. 110. R. 40: Drank milk & tea: In bed: right hand and arm swollen: very restless all day: Hot application of corrosive sublimate 1-4000. 8 p.m. Arm painted with iothyol: arm & hand dressed at 3:30 a.m.: slept greater part of night: Apr. 24 T. 102⅘ P. 100. R. 20. Ate nothing: drank coffee beef tea & egg-nog: medicine given, also hyps. morphine: sponge bath given: bowels moved freely: very restless all day: had to be held in bed: less restless after hyp. was given: hand lanced by Dr. Bibb. 8 p.m. hand & arm painted with iothyol: very restless: slept 4 hrs.

Apr. 25 T. 100. P. 100. R. 20. Tea, milk & egg-nog given, also medicine every 2 hrs., powders at 11:30 - 1:30 & 4:30 & hyps. at 2:30. Sponge bath given: Hot application of boracic acid to arm & hand: Very restless: visited by priest: slept only few minutes at a time: talked quite a little during night: Apr. 26 T. 100⅘ P. 100. R. 24. Same diet as above continued: powders given Sponge bath given: very restless all day: Hot applications corrosive sublimate to hand & arm: pus formed on back of hand: sponged with peroxide hydrogen: In restraint Very restless 3 hrs. Takes very little nourishment: coughs some & expectorates a little.

Personal and Medical History of

hyp. given at 11:30 p.m. Apr. 27. T. 102. P. 100. R. 24: Liquid diet continued: refused milk-toast: Takes very little nourishment at a time: red spots formed on hips: bathed with alcohol: enema given, but did not retain it: In restraint: hyps. at 10 p.m. slept 4 hrs: Coughs & expectorates: Apr. 28 - 8:30 a.m. T. 104 P. 110. R. 36. Sponge bath in a.m.: bathed with alcohol several times a day: 4. p.m T. 103⅘ P. 116. R. 30. Lying in stupor all day. Hand & arm dressed at 8:30 p.m. Apr. 29 - 2 a.m. died.

Died

Personal and Medical History of Helena Bremer

Whole No. 5018

Residence, Bellechester, Minn.

Date Admission, April 12th 1898.

Admitted by Dr. P.M. Phelps hour, 2.25 P.M.

How Sent, Malcolm Kennedy J. of P. Wabasha Co.

Sex, Female. Age, 26.

Civil Condition, married

Children, one.

Age Youngest Child, four weeks old.

Occupation, Housewife.

Degree Education, Can read German.

Profession, Religion, German lutheran.

Habits, Not intemperate.

~~Nativity~~ Nationality, Illinois (Parents born in Germany)
Became resident of State Co. in Feb. 1897.

Physicians Committing, M. H. Bremer + L.E. Claydon

Correspondents, Mich. Koch. (Brother-in-law.)
Zumbrota, Minn.

No. of Years, 185

Insane Relatives, None.

Cause Exciting, Child-birth

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

Suicidal or not, Not

Date of this Attack, 4 Mo. ago.

Duration, 4 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 26

Time of Leaving, Apr. 15, 1898.

Time in Hospital, 3 da.

Result, Died Exhaustion in acute delirious mania.

EXAMINATION ON ADMISSION BY DR. Dr. Phelps. Date of 4/13/98

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),

No Insanity

Father, healthy

Paternal Relatives,

Mother, healthy.

Maternal Relatives,

Brothers and Sisters, One brother died Consumption 2 yrs. ago. One sister " " 18 yrs ago. pneumonia. One " " at 4 yrs. in spasms.

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 Helena Bremer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5in PRESENT WEIGHT, 101 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,

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 Helena Bremer.

1898

This patient was brought here by Sheriff's deputy Michael Koch, attended by Mrs. Koch, in a somewhat weakly condition, with the following history:- No history of consanguinity or heredity. First symptoms of attack manifested at time of confinement by excitement. Disease appears increasing: Is not variable; No rational intervals. Derangement manifested by constantly searching for supposed lost articles. Not inclined to injure others. Neither filthy nor destructive in habits. Has always been high-tempered.- When a child was sickly & did not walk until four years of age. Has not been in confinement or restraint. Has been given Bromides, Chloral, Hyoscine & Cannabis ind. (in effect) On personal examination is melancholy, will neither eat nor talk.

Apr. 12 On admission put upon B^r W (GHU Rpt. Complexion dark: Hair light brown: Eyes brown: Skin hot & dry: No marks, scars nor bruises, Is rather dirty: Blind in left eye (ulcer of cornea). Is quiet in behavior but resistive - Refuses to talk.)

Apr. 12 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: out of bed & very noisy. Held a short time: Is menstruating: Apr. 13. Temperature varied: 103^2 - 102^2 - 106 - 104^2. P. 128. R. 18: Ate something: Sponge baths given: also h-dose. also Enema: bowels moved several times: kept in bed by nurse: very nervous & excitable: Struggled for 2 hrs.: put in restraint at 5:30 p.m.: cold applications to head: milk given every 3 hrs: water often: Dose to reduce temperature at 9:30: Mouth washed out: limbs rubbed with alcohol, also arms. Cotton & bandages applied:

Apr. 14 Temperature 103^9 to 106^9 P. 135 to 145 R. 19. milk given often: Sponge bath every three hrs., cold applied to head, sand-bags to feet: Taken out of restraint in a.m. restless & struggled considerably: put in restraint at 8:30 p.m.: slept 1/2 hr. Apr. 15 Temp. 105^9 to 108^4. Pulse 190 - 170 - 168. Resp. 24 to 30. milk given often: Sponge bath given: also hypo. Extremities cold: taken out of restraint: hot sand-bags applied to surface: held in bed by nurse: bed soon dressed often: noisy 1 hr. Died 7:45 p.m.

Died

Personal and Medical History of

Personal and Medical History of Anna Peterson #3

Whole No. 5019
Residence, No. St. Paul. Minn.
Date Admission, April 13th 1898.
Admitted by Dr. A. F. Kilbourne hour, 6:45 P.M.
How Sent, G. Ullrich J. of P. Ramsey Co.
Sex, Female Age, 32.
Civil Condition, married.
Children, Four.
Age Youngest Child, one year (twins)
Occupation, Housewife
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate.
~~Nativity~~ Nationality, Sweden (Parents also born there)
Became resident of State 12 Co. 9 yrs ago.
Physicians Committing, A. F. Ancker — C. E. Riggs.
Correspondents, Peter Peterson (husband)
N. St. Paul, Minn.

No. of Years, 186
Insane Relatives, Do not know.
Cause Exciting, Pneumonia.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 6 wks ago.
Duration, 6 wks.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 32.
Time of Leaving, Nov. 14. 1899
Time in Hospital, 7 yr. 1 m.
Result, Discharged May 3. 1899
Improved

EXAMINATION ON ADMISSION BY DR. R. W. Phelps. Date of 4/14/98.

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, Sudden

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

Denies insanity

Father, Living in Old Country.

Paternal Relatives,

Mother, Died. Since patient left Old Country.

Maternal Relatives,

5 Brothers and 2 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,

Duplicate

DR. ARTHUR B. ANCKER, Superintendent and Physician and Surgeon in Charge. Form No. 5. Register No. 16434

THE CITY AND COUNTY HOSPITAL,

SOCIAL HISTORY SHEET.

Hour 1220 M. ST. PAUL, MINN. Mch 13 1898

Name Annie Peterson Sex F Age 31

Nationality Sweden Color W

Occupation Housewife Religion Lutheran Single, Married, Widowed,

Resident of St. Paul or Ramsey County for 10 years

Former Residence Redwing Minn

Address at time of admission North St Paul

Employment at time of admission, name of employer and wages

Amount of wages due, income or other means

Insurance or other benefits

Money or personal effects left in charge of Peter Peterson (Husband) N. St Paul

Address of nearest relatives or friends Above

If in Hospital before, when? No

Cause of admission Pneumonia — Insanity following

Admitted by Dr. Ancker Assigned to Dr. Riggs

Brought to the Hospital by Ambulance

From N. St Paul

Persons in charge of patient Husband and Ambulance driver

Cash, $ Watch No. Baggage check No.

Other valuables

REMARKS: If non-resident, state cause of admission. If hospital account to be paid, state rate, etc.

Baldwin Interne

ce, Yellow - clear.

Slight lac. of

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 Anna Peterson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in PRESENT WEIGHT, 106 lbs USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin, fairly normal.

TONGUE, Coatings or Promptness of Movement, Good.

PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - left slightly larger.

SIGHT, good

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

HEARING, Good

COORDINATION, Arms, Normal. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Considerable tremor

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal

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,

4/20/98 EXAMINATION URINE, Quantity, — Sp. g. 1,020 Reaction, acid Color and Appearance, Yellow - clear.

Albumen, absent Sugar, do

Casts and Crystals, a few pus + bladder cells - amor. mater.

GYNECOLOGICAL EXAMINATION, External genitals normal except slight laceration - Slight lac. of cervix also. Small amt. of leucorrhea - Uterus retroflexed.

MENSTRUATION, regular + not painful

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).

...mentioned.

...wks ago.

...s.

O... ...ack, 2nd

Degr... ...of Admission, 1st

Profess... Age First Attack, 32.

Habits, Time of Leaving, Nov. 14. 1899

~~Nationality~~ Nativity ... born there) Time in Hospital, 7 yr. 1 m.

Because in ... ago.

Physicians Com... C. E. Riggs. Result, Discharged May 3. 1899 Improved

Correspondents, ... (husband)

... St. Paul, Minn.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps. Date of 4/14/98.

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,

Mentally vaguely dull + uncertain the with fairly intelligent appearance.

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),

Denies insanity

Father, living in Old Country

Paternal Relatives,

Mother, Died - since patient left Old Country

Maternal Relatives,

5 Brothers and 2 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 Anna Peterson #3

1898

This patient was brought here by Dep. Sh. Arend attended by her husband, in poor physical condition, with the following history:- No information obtained concerning history of consanguinity, heredity or intemperance in parents or self. First attack occurred nine years ago & lasted about 6 wks. First symptoms of attack manifested about six wks ago during attack of pneumonia - Disease appears stationary, is not variable. Derangement now manifested by unsystematized delusions. Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe disease nor injury to head. Has been at City & County hospital, St. Paul, since March 13' 1898. Treatment pursued, feeding, rest & hypnotics - On personal examination no further particulars noted.

Apr 13 On admission put upon B2W. (G.H.U. Rpt. Complexion fair: hair light brown: eyes gray: Skin normal: brown mark on left side: No scars marks nor bruises: Is clean: Pterygrune of both eyes. Is quiet: has delusions.)

Apr. 13 Nurse's 14 Day Record:- Received on ward, bathed & put to bed: ate suppu: seemed quite sensible: T. 99⁶ P. 79. R. 20. Slept well: Apr. 14 Ate regular meals: salts given: Become ex. noisy & also violent in pan. In restraint 4 hrs: did not slepp: T. 99. P. 78 R. 19: Apr. 15: Appetite fair: upon ward: nervous, noisy & violent: urine saved - 29 oz.: Apr. 16: Sings; Is much disturbed at atmos: bowels inclined to be constipated: appetite poor Apr. 17: Has many delusions: Apr. 18 Fought: noisy & obstinate: rather untidy: Transf. to C⁴ Apr. 19 Slept quite well: quiet all day: appetite good:

Apr 20 Has many delusions: Fought nurses. T. P & R. normal: Apr. 26 During second week has usually been quiet during day: has slept well: appetite has been poor: has delusions: Habits clean: bowels rather irregular:

May 30 Summary Notes by Dr. Phelps. Patient still rather violent & has many delusions

Aug 2 Trans. to Annex. Aug 6 Tried to elope through window. Trans. to C².

Sept 15 Trans. to C³. Is becoming rather more quiet. Sept 5 Has improved very much physically & mentally. Visited by husband & taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Fredericka Huseth.

Whole No. 5022

Residence, Norway, Goodhue Co. Minn.

Date Admission, April 15th 1898.

Admitted by Dr. A. F. Kilbourne hour, 6.45 PM.

How Sent, Axel Haller J of P. Goodhue Co.

Sex, Female Age, 47.

Civil Condition, married.

Children, nine

Age Youngest Child, one and one half yr.

Occupation, Housewife (Husband Farmer)

Degree Education, Common branches.

Profession, Religion, Lutheran.

Habits, Not Intemperate.

~~Nationality~~ Nativity, Norway. (Parents also born there)

Became resident of State & Co in 1874

Physicians Committing, L. Gryttenhalm & O. P. Hall.

Correspondents,

No. of Years, 189

Insane Relatives, None

Cause Exciting, Uterine haemorrhage.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, uterine trouble.

Suicidal or not, Not.

Date of this Attack, About 3 wks. ago.

Duration, 3 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 47.

Time of Leaving, Apr. 29. 1898

Time in Hospital, 15 da.

Result, Died. Heart Failure.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 4/16/98

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,

Mentally active & incoherent

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, living

Paternal Relatives,

Mother, living

Maternal Relatives,

Brothers and Sisters,

Little history obtainable from her

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 Fredericka Huseth.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ in PRESENT WEIGHT, 116 lbs USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, thick - white coating

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size small. Response to light sluggish

SIGHT, Normal.

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

HEARING, Normal.

COORDINATION, Arms, Not well tested Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Fairly normal.

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,

4/21 EXAMINATION URINE, Quantity, ℥ XI Sp. g. 1.026 Reaction, acid Color and Appearance, Reddish yellow. Cloudy, flaky deposit.

Albumen, Trace by heat & HNO_3, Excess by Tamets Sugar, absent.

Casts and Crystals, a few epith cells & pus corpuscles - oxalate of lime crystals. amor. urates.

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 somewhat normal. No very complete examination obtained.

Personal and Medical History of Fredericka Huseth.

1898

This patient was brought here by Sheriff's deputy A. T. Kjos attended by H. C. Westerns & Marie Wefoss, in fair physical condition with the following history:- No history of consanguinity, heredity or intemperance in parents or self. First symptoms of attack manifested three weeks ago by gestures, singing & talking: disease appears stationary: Not variable, no rational intervals: Derangement manifested on no particular subject: No information given concerning suicidal or homicidal tendencies: Is disposed to destroy clothing: No previous peculiarities known: No severe disease nor injury to head: No confinement nor restraint employed: Patient has been given laudanum & canalis indica. On personal examination no further particulars noted.

Apr 15 On admission put upon B2W. (G.H.N. Ppt. Complexion dark: hair light brown: Eyes grayish brown: Skin hot & dry: No marks scars nor bruises: Is rather dirty: End of spine seems to have been injured: Behavior maniacal: Speech incoherent.)

Apr 15 Nurses 14 Day Record: Received on ward, bathed and put to bed: Slept 4 hrs. noisy 1½ hr. Apr. 16 T. 100½ P. 112. R. 20. Ate little during day: seems very much disturbed: Takes off clothing: put in bed & held greater part of time: noisy: Slept 7 hrs. Apr. 17 T. 100½ P. 120. R. 22. Drank milk: more restless: inclined to be violent: will not stay in bed: cries and sings: mouth washed out with listerine: Slept quite well: Apr. 18 Ate some: salts given: upon ward: more excited than before: held all day: Tries to bite: broke dishes: Violent, noisy & destructive: Slept 3 hrs.: Apr. 19 Drank milk: violent: held all day by two nurses: cries & scolds: slight emesis: Slept well: Apr. 20 Refused food: fed with tube: catheterized: very untidy: pounds her limbs against bed & heater bruising herself: Talks norwegian generally: Fought: Apr. 21 Fed with tube: 2 doses salts given: up on ward: more quiet: Is menstruating: Seems in pain: Weight, 115#: In restraint during night: Slept 4½ hrs. Apr. 22: Drank milk: also fed with tube: refused tonic: Bath given: cries & is very noisy: Does not complain of pain: slight emesis: expectorates some: slept six hrs.:

Apr. 23 T. 99⁶ P. 106. In restraint at night: restless during day: Tries to undress: more quiet this a.m. Face is flushed: Apr. 24 Fed with tube: pulse rapid: habits untidy: nervous: menstruating: Apr. 25 Drank milk: slightly destructive: has to be held: Apr. 26: Salts & enema given: more quiet at times, but resists & refuses food: drank milk: Slept well: Apr. 27 T. 99⁶ Fed with tube: refused tonic & medicine: Lies down most of time: seems to have difficulty in breathing: Apr. 28 T. 100. P. 125 to 131: R 18 to 29. Refused food: hypo. given: bowels moved frequently: seemed sick: put to bed: moaned & seemed to have severe pain: Died at 12. p.m.

Died

Personal and Medical History of

Personal and Medical History of Frances E. Truesdell.

Whole No. 5023

Residence, Northfield, Minn.

Date Admission, April 15th 1899.

Admitted by Dr. R.M. Phelps. hour, 6th P.M.

How Sent, R.R. Matt Dep. Rice Co.

Sex, Female Age, 53 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Housekeeper + nurse.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Temperate.

~~Nativity~~ Nationality, Ohio (Parents Newfoundland)
Became resident of State + Co. in 1867
Physicians Committing, Drs. Wm. Greene + W.A. Hunt.

Correspondents,

No. of Years, 190.

Insane Relatives, A sister has Epilepsy - Mother eccentric

Cause Exciting, Hard work, worry, financial straits + natural mental inability.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Has been developing 3 or 4 yrs.

Duration, 3 or 4 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 49 yrs.

Time of Leaving, Mar. 24. 1900

Time in Hospital, 1 yr. 11 m. 9d

Result, Disc. Sept. 24. 1900 Improved

EXAMINATION ON ADMISSION BY DRS Rice A Bebb + Rice. Phelps Date of 4/19/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Slightly erratic.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Paranoiac in form - about property.

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, 4 yrs.

ONSET, Gradual or Sudden, Gradual.

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

Father, Died 3 yrs ago Sick 10 yrs. with Rupture Died of Pneumonia at age 80 was insane.

Paternal Relatives,

Mother, Died 1 yr. ago in Feb. 83 yrs. Quite well. had 13 children

Maternal Relatives,

Brothers and Sisters, 1 sister had epileptic fits, commencing after birth of 1st child 1871. 1 brother had fits in army. one of 13 children.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever at 20 - Sunstroke at 44 yrs. 2 Brain fever 1 yr. ago.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,
From 91 & 96 - Less last 2 yrs.

OCCUPATION, Healthy or not, Care of Sister Inclement.

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

Sleep good Appetite good and Bowels, quite regular.

Oct 26 1899

C. N

Mrs. E. Truesdell

Dr Kilbourne - I hoped that if you knew how much my soul and body needed to be free from this Hospital that you would free me just as soon as you was made any person that you had the power to set free I feel that if the Matron this Ward was right in her mental qualities she could and would give evidence to you that you would free me before this day I was very defective in my mind until the Nurses and the confinement here have worked an great injury When I first came here Miss ~~Tobin~~ the Nurse K. I. told me not to talk with you But to talk with Dr Phelps whom my heart got so sore and my mind almost to Insanity I wrote to R.A. Matt the judge of Probate at Faribault and he wrote to me that you was a good man and to lay all my trouble to you I gave the letter to Dr Phelps to hand to you & am sure you will Matt will not say he never

HOSPITAL.

...ON, Probably fair

...ion.

...nesota, 1897.

...tal for Insane hereby CERTIFY and ...ws Minn. 1897, we have examined ... a patient committed to this Hospital ... here on the 16th day of

Defective mentally - ...IENTS, measurable in some ...ildish or silly in the ...

...ean normal

We recommend that said patient be Not discharged from said Hospital for the following reasons:- 1. Some of her ideas are delusive in character 2. She does not seem able to care for herself but wanders about troubling others

Given under our hands this 24th day of March 1899

Wm Kilbourne
Medical Superintendent.

R.M. Phelps.
R.A. Webb
Assistant Physicians.

...e, Reddish yellow ...hite flaky deposit.

...lls of all varieties

...near Lady-Injured ...ted with front projection ...rofuse grayish yellow

...Rar Very ill-Mentally ...ause? Less between

...cause, the

... town making ... of her sister's which ... only mildly erratic

... accounts of mirrors - seems like a reflexive - a half paranoiac type.

Personal and Medical History of

Whole No. 5023

Residence, Northfield, Minn.

Date Admission, April 15th 1898.

Admitted by Dr. R. M. Phelps. hour, 6

How Sent, R.R. Asst. Supt. Rice Co.

Sex, Female Age, 53 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Housekeeper + nurse.

Degree Education, Common school.

Profession, Religion, Not a church m

Habits, Temperate.

~~Nationality~~, Ohio (Parents, New Yo
Became resident of State Feb. in 1862
Physicians Committing, Drs. Wm. Greano

Correspondents,

EXAMINATION ON ADMISSION BY ...

4/19/98

MENTAL CHARA...

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick Slightly confused

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Slightly erratic.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Paranoiac in form - about property.

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,

LENGTH INVASION, 4 yrs.

ONSET, Gradual or Sudden, Gradual.

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

Father, Died 3 yrs ago Sick 10 yrs. with Rupture Died of Pneumonia at age 80 was married.

Paternal Relatives,

Mother, Died 1 yr. ago in Feb. 83 yrs. Quite well. Had 13 children

Maternal Relatives,

Brothers and Sisters, 1 sister had epileptic fits, commencing after birth of 1st child 1871. 1 brother had fits in army. One of 13 children.

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

Typhoid fever at 20 - Sunstroke at 40 yrs. & Brain fever 1 yr. ago.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,
Strong 91 & 96 - less last 2 yrs.

OCCUPATION, Healthy or not, Care of Sister Ex-Superintendent.

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

Sleep good Appetite good and Bowels, Quite regular.

ROCHESTER STATE HOSPITAL.

Certificate of Examination.

Under Chapter 212, General Laws of Minnesota, 1897.

TO THE BOARD OF TRUSTEES,
Minnesota State Hospitals for Insane:

The undersigned physicians of Rochester State Hospital for Insane hereby CERTIFY and REPORT, that under the provisions of Chapter 212, General Laws Minn. 1897, we have examined Miss Fanny Smeadell, *a patient committed to this Hospital from the County of* Rice *and received here on the* 16th *day of* April 1898.

H.... mental condition is as follows: Somewhat defective mentally - Vague + rambling in talk. Quite unreasonable in some of her efforts or plans, & quite childish & silly in the manner of trying to carry them out.

H.... physical condition is as follows: - Fairly well nourished

We recommend that said patient be Sent - *discharged from said Hospital for the following reasons:* - 1. Some of her ideas are delusive in character. 2. She does not seem able to care for herself but wanders about troubling others.

Given under our hands this 24th *day of* March 1899.

Wm. Mellbourne
Medical Superintendent.

R. M. Phelps.
R. A. Bell.
Assistant Physicians.

...ION, Probably fair

...MENTS,

...e, Reddish yellow ...with flaky deposit.

...ls of all varieties

...neal body - Vaginal ...ed with mucopurulent ...rofuse grayish yellow...

...ear Very ill - Mentally ...much. Has become

...cause, the ...town making ...of her sisters which ...only mildly erratic

...ion of symptoms - seems like a defective - a half paranoiac type.

Pers

Whole N
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Sex,
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Age You
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Habits,
~~National~~ Native
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Rochester State Hospital.

Patient.

REPORT OF PHYSICIANS
Under Law 1897.

Filed ..... 18....

Personal and Medical History of Frances E. Truesdell.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4 in. PRESENT WEIGHT, 115 lbs. USUAL WEIGHT, Highest Wt. 137 in 91 NUTRITION, Probably fair

WOUNDS, Abnormalities and condition of Skin, Skin normal condition

TONGUE, Coatings or Promptness of Movement, Normal.

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

SIGHT, Fairly normal.

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

HEARING,

COORDINATION, Arms, Normal. Legs, Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Pul. & aortic sounds accentuated - Aortic 2nd sou
Apex Beat, Regularity, especially - Apex B. normal position. Irregular -

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,

ARTERIES,
Pulse irregular in time & rythm
Intermittant also.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Hyperresonance on both sides esp. left. Rather dull on right side Vac. & whispering pectoris increased on rt. sides. On left side exaggerated anteriorly & posteriorly. Prolonged insp. & expir. Vesicular on rt. side. Breath sounds post dullar. Resp. 8 per. min.

4/19/98 EXAMINATION URINE, Quantity, ℥ XXIX Sp. g. 1.012 Reaction, acid Color and Appearance, reddish yellow Cloudy with white flaky deposit.

Albumen, Trace by Tanrets only Sugar, none

Casts and Crystals, Triple phosphates - a few pus corpuscles. epith cells of all varieties amor. & sodium urates.

June 6/98 GYNECOLOGICAL EXAMINATION, External genitals normal - except Ulceration of perineal body - Vaginal orifice eroded & tender - uterus & entire vagina extremely sensitive - Cervix lacerated with two projections of mucous membrane. Claims that she was raped by her oldest brother when 4 yrs 6 mo. old - profuse grayish yellow leucorrheal discharge.

MENSTRUATION, Established at 10 yrs. Too frequent at first - every two weeks - during 11th year very ill - Menstruation suppressed for 6 mos. Regular until 3 yrs ago - beginning of menopause. Has become less & less frequent.

~~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 about the town making trouble, in the way of worrying people about her property (which after all is not her's but a claim of her sister's which is seemingly outlawed if there) Gets at times incoherent & unreasonable it is said. Is here only mildly erratic & somewhat mixy & uncertain in her accounts of things - Seems like a defective - a half paranoiac type.

Personal and Medical History of Frances E. Truesdell.

1898

This patient was brought here by Sheriff's Deputy White attended by Mrs. Dwinner. in fair physical condition with the following history:- No history of consanguinity: Disease developmental. First symptoms appeared three or four years ago: Disease appears increasing. Is variable - shows itself only when patient is excited over real or imaginary wrongs: Derangement manifested on subject of property rights: Not disposed to injure others: Neither filthy nor destructive in habits - No previous peculiarities except that she is a person of limited mental capacity: Has had brain fever: No confinement nor restraint employed: Has received no treatment. No further particulars learned on personal examination.

Apr 15 On admission put upon B'W (G.H.'s Rpt. Complexion dark: hair brown, part gray: eyes blue, skin normal condition: Is clean: behavior quiet: Talks sensibly.)

Apr. 16 Nurse's 14 Day Record: Entered on ward: bath given: no scars no bruises on person: Quiet: Talked sensibly: in bed: Apr. 17 Ate regular meals: Patient slept five hrs. Very quiet: talks sensibly: In bed: Apr. 18 T. 98° P. 65 R. 16. Appetite good: slept well: urine saved for examination: quiet & agreeable: Still in bed:

Apr. 19 Appetite good: no change: Apr. 20 Up on ward: Took out door exercise: very quiet: Apr. 21 bowels rather irregular: quiet & agreeable: Sleeps well: Apr. 29. There has been no change in patient during second week: Has taken regular meals: slept well: bowels have been regular: has taken out door exercise & attended chapel: has assisted with mending on the ward.

Summary Notes by Dr. Phelps. June 2 Patient rather quiet, agreeable in manner: Answers questions, quite rationally. Since coming here has been rational in behavior & talk; altho mind seems to run in a paranoiac way: Makes unreasonable demands upon people at Northfield. Claims that she helped her sister during life-time of husband, for a great many years & has it all charged up at so much per week; she also claims some money due her sister after death of husband for which the man has a receipt in full but which money was never received by sister. She seems to have bothered most of her Northfield friends trying to get this money, which is really her sister's, altho claimed by her as wages. The truth of her statements cannot be verified but her manner & way of pushing this is very like paranoia. ~~Jan 10 '99 No change.~~

May 20 ~~Fairly quiet in behavior. Has appeared quite sick & weak & has at times refused food & had to be fed. Has a troublesome cough & expectorates. June 26 Patient has refused food & has had to be fed. Of late has had some rise of temperature~~ Feb 16 Was today taken home on trial. Not much change in mental state. Feb 6 '99 Returned

Mch 1 to Sept 1 '99. Physical condition fair: Appetite fairly good: Bowels regularly: Talks quite sensibly on ordinary subjects but is talkative & verbose. & Expressive vague delusive ideas: Is excitable at times & often cries.

Personal and Medical History of

Thinks she is unjustly detained here. Occasionally assists with work on ward. Visited by friends Mch 4 & Apr. 3. May 14 Remains in bed: Complains of headache: Temp. normal. May 5 Received slight burn on right leg from steam from radiator. Wound dressed.

Sept 1 - Feb 28 '1900. (Dr. Heyerdale) Neat in habits: Appetite good: Takes outdoor exercise: Very disagreeable as a rule: at times very irritable: Jan 19. 138th. Menstruates regularly: Does some fancy work: Complains frequently because not sent home. Mch 1 - Nov 30 '1900 Appetite good: Bowels regular: Neat: very quietunless excited. Mch 24. Went home.

Discharged.

Personal and Medical History of Louisa Heyer.

Whole No. 5031
Residence, Winona Co. Minn.
Date Admission, April 29th 1898.
Admitted by Dr. RA. Bebb hour, 4:30 PM.
How Sent, H.L. Buck. J. of P. Winona Co.
Sex, Female. Age, 76 yrs.
Civil Condition, widow
Children, seven
Age Youngest Child, over 30 yrs.
Occupation, none.
Degree Education, very slight.
Profession, Religion, Lutheran
Habits, Temperate & moral.
~~Nationality~~ Nativity, Germany (Parents also born there)
Physicians Committing, E.D. Keyes & F. Staples.
Correspondents, Frank Heyer. New Hartford, Winona Co. Minn.

No. of Years, 197
Insane Relatives, None
Cause Exciting, Senile degeneration
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 1½ yrs ago.
Duration, 1½ yrs.
No. of Attack, 1st.
No. of Admission, 1st
Age First Attack, 75 yrs.
Time of Leaving, June 25. 1898
Time in Hospital, 1 m. 27 d.
Result, Discharged Nov. 9 '98
Unimproved.

EXAMINATION ON ADMISSION BY DR. P.M. Phelps & R.A. Bebb Date of 5/2/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull - depressed.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed - quite dull.

DELUSIONS, Systematized, Transitory, Special Subjects,
Not definitely obtained from her - undoubtedly present
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),
Denied by relatives. Son's wife has relatives here.
Father, died during patients childhood. accident
Paternal Relatives,
Mother, also died while patient was young
Maternal Relatives,
~~7~~ Brothers ~~and Sisters.~~ (7)
10 Children. 7 living = 3 died in Germany
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Health usually good. Stomach trouble. Coughed for years.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Housewife
Detail Date, Duration, and Character of Previous Attack, if any,
Very uncertain history obtained from her.
Sleep, Appetite, and Bowels,
Sleep irregular. Appetite fair Bowels constipated

Personal and Medical History of Louisa Heyer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3 in PRESENT WEIGHT, 105 lbs USUAL WEIGHT, NUTRITION, Senile appearance.
WOUNDS, Abnormalities and condition of Skin, Cartilaginous tumor on left wrist, of long standing - Skin Mottled
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.
SIGHT, ?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Some arcus senilis
HEARING, Seems fair.
COORDINATION, Arms, Fair Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Full 1st Sound. roughened. 2nd sound over Pul. area also roughened.
Apex Beat, Regularity,
Apex beat noticeable on inspection palpation & auscultation as downward & somewhat to left.
ARTERIES,
Atheroma. Pulse 80. full.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion limited, especially on right side. Resp. 26. Percussion note dull on right side. more resonant higher pitch on left side. anterior & posteriorly. Expiration prolonged. tubular breathing. both sides. Friction Rouples. Moist Rales - a few fine dry rales

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,

5/2/98 EXAMINATION URINE, Quantity, ℥ XVIII Sp. g. 1026 Reaction, neutral Color and Appearance, Reddish yellow Clear with flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, a few epith. cells. amor. urates.

GYNECOLOGICAL EXAMINATION, Extensive laceration of perineum - carunculae of labia majora, labia minora being obliterated. Cordons reduced after remaining in bed a few days. Uterus retroflexed & adherent to left side: hypertrophy & inflammation of glans. Clitoris
MENSTRUATION, Cystic degeneration of cervix and atrophy of uterus. Cysts and Nabothi. many haemorrhoids.
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 senile in type though not extremely so in appearance. Very little history or details by which to make out previous state, or method of invasion.

Personal and Medical History of Louisa Heyer

1898

This patient was brought here by Sheriff's deputy M. Sins attended by Frank Heyer + wife - 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 1½ yrs. ago by by apparent elation over her husband's death + desire to spend + give away all money: Disease appears increasing: Not variable: Derangement now manifested by fear of Hell, hears men calling her + wants to go to them to be tied with ropes etc. wanders from home: Not disposed to injure others: Neither suicidal, filthy nor destructive: Previous peculiarity a quick temper: No injury to head nor severe disease: No confinement nor restraint employed except watching at home: No treatment pursued. On personal examination is apathetic.

Apr 29 On admission put upon B^r W (G.H.U. Rpt. Complexion dark: eyes blue: hair brown part gray: Skin normal condition: Several moles on back: No scars or marks noted: Is clean: Two small tumors on on wrist of left hand: Behavior quiet: Has delusions.)

Note by Dr. Bebb - Patient has had cough for years - Otherwise general health good until recently. Stomach trouble of late years: Complained of pain in bowels about 7 wks. ago Has been attended by physicians since that time. April 27 it was noticed that she walked lame. Feet badly swollen now. For several days she has not recognized her children at times: She has spells when she is worse - wandering away from home &c. Just before these spells her veins become much distented + there is marked tremor - Family history - Father + mother died when she was young - Had two brothers (?) Patient has had 10 children - 7 now living - 3 died in Germany.

Apr 29 Nurse's 14 Day Record:- Received on ward, bathed + put to bed: restless: lies on the floor: slept six hours: Apr 30: Appetite fair: speaks German: Has delusions: Is quiet: May 1: In bed to-day: quiet: urine saved: May 2 Up on ward: Felt are swollen: rather stupid: assists in ward dining room:

May 3. Salts ~~are~~ given: appetite fair: bowels inclined to be constipated. May 4 Does not talk: sleeps well. May 6: Appetite poor: expectorates some: complains of sore throat: restless: slept 3 hrs.: May 7: Has many delusions: May 8 Salts given: seems weak: out of bed + slightly noisy: Did not sleep: May 9: Attempts to undress: talks considerably: seems more disturbed: restless at night: May 10: Refused to eat: stupid: rather untidy: has delusions: slept some to-day.

May 12 Drank milk: fed by nurse: seems weaker: May 13 Ate some: bowels constipated: salts given: restless: does not sleep very well.

June 10 Summary Nurse's Notes by Dr. R. M. Phelps:- Patient's feet are somewhat swollen: kept in bed: Has been somewhat weakly + in a condition as if somewhat senile since admission: General symptoms are mostly those of general run down condition + complete inactivity due to mental state: June 12 Having

Personal and Medical History of

refused to stay in bed: put in restraint: June 13 Refused to eat: fed by nurse: appetite poor: given tonic + matted milk 3 times a day: June 23: visited by son: Temp. showed some little rise being 100²: June 22 T. was 101² June 24 normal.

June 26 Patient taken home, her friends wishing to keep her if possible.

Discharged

Personal and Medical History of Gertrude Fenne.

Whole No. 5032
Residence, Winona Co. Minn.
Date Admission, May 2 '98
Admitted by Dr. H. H. Herzog. hour, -
How Sent, H. L. Buck J. of P. Winona Co.
Sex, Female Age, 61
Civil Condition, married.
Children, Three
Age Youngest Child, 20 yrs.
Occupation, none (Husband farmer.)
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there.)
Physicians Committing, H. F. McGaughey & J. B. McGaughey.
Correspondents,

No. of Years, 199
Insane Relatives, None
Cause Exciting, La grippe.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, About 4 yrs ago.
Duration, 4 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 57 (about)
Time of Leaving, Aug 22. 1899
Time in Hospital, 1 yr. 3 m. 20 d.
Result, Discharged Apr. 17. 1900 Improved.

EXAMINATION ON ADMISSION BY DR. R. A. Bebb & R. M. Phelps *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, of doubtful accuracy.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted - rambling laughing manner.
DELUSIONS, Systematized, Transitory, + slight. 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, 4 yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Not
Paternal Relatives, obtained.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies any.
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 Gertrude Fenne.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ in PRESENT WEIGHT, 123 lbs USUAL WEIGHT, NUTRITION, Fleshy - pale
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Response sluggish.
SIGHT, Says normal - probably p
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Some arcus senilis.
HEARING, Says normal.
COORDINATION, Arms, Fair - Is stooped & shows ~~Legs,~~ some weakness. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of note.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Seems slurred but is very voluble in her own language.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No special lesion.
ARTERIES,
Pulse weak - irregular - very much so.
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,

5/11/98 EXAMINATION URINE, Quantity, — Sp. g. 1032 Reaction, acid Color and Appearance, dark yellow. cloudy -
Albumen, by all tests Sugar, absent.
Casts and Crystals, mucous bands - Excess pus corpuscles. a few Epith. cells

6/8/98 GYNECOLOGICAL EXAMINATION, Extensive laceration of perineum - otherwise external genitals normal. lateral laceration of cervix - cervix atrophied. Uterus retroflexed - also many adhesions posteriorly & on left. vagina very short & sensitive - urethral orifice inflamed.
MENSTRUATION, always regular & quite free from pain - Menopause at 50 yrs.
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 of Senile type - in almost every way invasion gradual - A feeble rambling state of mind & physical senile failure - There is however marked elation in this case & a happy rambling with some incoherence - Heart weakness quite prominent.

Personal and Medical History of Gertrude Fenne.

1898

This patient was brought here by Sheriff's ~~deputy~~ A.W. Fuhrmann attended by Ole Fenne in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms manifested about four years ago following an attack of LaGrippe, became childish. Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by running away from home: makes threats against her own life + others + desires to burn things: Not disposed to injure others: Filthy + destructive in habits. No previous peculiarities manifested: No history of intemperance in parents or self: Had convulsions following Grippe: No injury to head. Has had to be locked in house at night: Has been under care of physicians, no result. On personal examination talks incoherently. Is excited. Cannot report fully as she only speaks Norwegian.

May 2/98 On admission put upon Br W (G.H.U. Rpt. Complexion dark: hair brown part gray: eyes blue: Skin normal condition. Scar on left leg + on lower part of back: both arms bruised: Is clean: 3rd finger of left hand crooked: Behavior quiet: Does not speak English.)

May 2 Nurses 14 Day Record:- Received on ward, bathed + put to bed: expectorates: slept 5 hrs.: May 3 Appetite fair: salts given: very talkative: noisy: Does not speak English: visited by husband: May 4: Feet are swollen: seems quite weak: bowels inclined to be constipated: May 5: Appetite poor: talkative: expectorates: Feet are still swollen: Temp. 99. May 6: Temp. 100. Salts given: noisy: moans considerably: scolds: May 7 T. 101 2 P 80 R 20 Appetite very poor. habits untidy: has pain in right side of chest + abdomen + head: Slept 3½ hrs.

May 8 T. 102 2 P. 76 R 26: Still in bed: moans: untidy: more quiet: May 9 T. 99 6 P 76: R. 22. Refuses food: pain in side: expectorates: cheeks flushed: May 10 Refuses food + medicine: moans + seems to have pain: May 11 T. 100 2 P 86 R 21 Takes medicine at night: resists when bathed May 12: T. 101 P. 72. R. 23 Fed with tube: resists; scolds: Is noisy + disagreeable: coughs + expectorates: Slept 5½ hrs.

May 13 ½ pint milk given by rectum: has difficulty in breathing: attempted to feed with tube: seems weak + easily exhausted: May 14. T. 100 6 P. 79. R 21: Took coffee: Fed by rectum: visited by husband: cold cloths to head: noisy at times: obstinate:

May 15 T. 99 6 P. 87 R. 26. ½ pt. milk given every 3 hrs.: ate dinner + supper: seems much better: very untidy: more pleasant + agreeable. Slept 5½ hrs.

Summary Notes by Dr Phelps. May 9 Visited by husband: June 2 By friends: Is rather mischievous, very untidy - July 19 Trans. to A'. Has been visited several times by relatives

Nov 30 Has been slightly ailing at times; is for the most part quiet + agreeable + fairly well behaved. Dec. 9 Visited by husband. Feb 20 '99 Assists in dining room: No change in condition either physically or mentally. Mch 1-31 General health fair: Appetite sleeps well: bowels regular: goes walking + riding: Assists with work in dining room at times. Is usually very jolly + contented. (Cont. by Dr. Bebb)

Personal and Medical History of Gertrude Fenne

1899

June to Aug. Appetite good: bowels regular: sleeps well: goes walking + riding: assists very willingly with dining room work: Is almost invariably cheerful + amiable but occasionally has periods of depression: these occur invariably when physical health is somewhat impaired + she becomes very anxious to go home: says she is lonely and cries: occasionally has attacks of indigestion + complains of pain. Aug. 8 '99 Sick in bed: complains of pain in back and chest: has diarrhoea: Temp. 99 4 Appetite very poor: gradually improved:

Aug. 12 Able to be up: During this attack her pulse became very weak: scarcely perceptible + for several days after she complained of not feeling very well + of having pain all over: Aug. 31 Visited by husband Aug. 22 Went home: Mentally has improved considerably during past few months Has always talked almost incessantly, often incoherently, but of late much more sensibly: She was quite happy and able to keep other patients in good humor; also assisted nurses in various ways

Discharged

Personal and Medical History of Emma Kall.

Whole No. 5033
Residence, St. Paul, Minn.
Date Admission, May. 2nd 1898.
Admitted by Dr. H H Herzog hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 25 yrs.
Civil Condition, Single
Children, One. (2 children)
Age Youngest Child, 3 wks.
Occupation, Domestic (Father a farmer)
Degree Education, Can read & write.
Profession, Religion, Roman Catholic.
Habits, Not Intemperate
~~Nationality~~ Nativity, U. S. (Parents born Germany.)
Became resident of State & C. in 1878.
Physicians Committing, A. B. Ancker & J. F. Baker.
Correspondents, Mrs F Kall. 24 Tilton St. St Paul

No. of Years, 200
Insane Relatives, Unknown.
Cause Exciting, Childbirth.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not
Date of this Attack, 2-3 wks ago.
Duration, 2-3 wks.
No. of Attack, 1st
No. of Admission, 1st.
Age First Attack, 25 yrs.
Time of Leaving, Nov. 28 '99
Time in Hospital, 6 m. 26 d.
Result, Discharged May 3. 1899.
Much Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Quick.
MEMORY, Past Events, Impaired.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - illusive.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects, "
Own Mental State, Maniacal.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Much Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,

Too incoherent to give any trustworthy information
HALLUCINATIONS, None determined.
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, Brief.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, History not 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 Emma Kall

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 in PRESENT WEIGHT, 105 lbs USUAL WEIGHT, NUTRITION, Good now
WOUNDS, Abnormalities and condition of Skin, none Normal.
TONGUE, Coatings or Promptness of Movement, Fairly normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, ? N.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, N. ?
COORDINATION, Arms, Normal. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some tremors
PATELLAR REFLEX, Normal. 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,

5/11/98 EXAMINATION URINE, Quantity, ℥X Sp. g. 1.032 Reaction, acid Color and Appearance, Cloudy with heavy flaky sediment.
Albumen, present by all tests Sugar, absent.
Casts and Crystals, large no. pus cells. Many oxalate of lime crystals. amorurates

GYNECOLOGICAL EXAMINATION, External genitals normal except hypertrophy of labia minora. Slight laceration of perineal body. leucorrhoea, sometimes blood streaked. Vaginal walls very lax. extensive erosion around os. uterus retroflexed.
MENSTRUATION, history not reliable.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, much disturbed.
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 young. Is a case of acute mania. Quite possibly pubescent in form. Has had one or more illegitimate children. Puerperal Mania. All symptoms of acute mania. Elated. rapid incoherent speech. noisy. restless. untidy. destructive & inclined to be violent

Personal and Medical History of Emma Kall.

1898

This patient was brought here by Sheriff's deputy J.B. Arend attended by Mrs. Salmon in good physical condition with the following history:- No information concerning heredity pop. Consanguinity: No history of intemperance in parents or self: First symptoms of disease manifested by acute dementia, a few days after birth of child (3 wks ago.) Disease appears stationary: Is not variable: Derangement now manifested by puerperal mania following birth of child Apr. 14'98. Not disposed to injure anyone: Neither filthy nor destructive in habits: No previous peculiarities noted: No information concerning severe diseases nor injury to head: Patient has been at City & County hospital since April 14'98. under Dr. Riggs care: Treatment pursued - rest & hypnotics. On personal examination patient is well-nourished but mania active.

May 2/98 On admission put upon B^n W. (G.H.N. Rpt. Complexion dark: eyes & hair brown: Skin normal condition: Small bruises on both arms: Is clean: Behavior very maniacal: Talks incoherently.)

May 2 Nurse's 14 Day Record: Received on ward, bathed & put to bed: some bruises on person: Slept ½ hour: noisy: May 3: Medicine given 3 times daily: noisy, talkative & nervous: complains of pain in head: breasts bandaged & medicine applied daily: May 4 T. 100^6 Appetite poor: untidy: slept 2 hrs.: May 5: T. 101 P. 76 R 20. Bolts given: med 3 times daily: has to be held: takes off clothing: very nervous: noisy: out of bed: May 6: Bowels irregular: Is destructive: talkative & noisy: Slept 2 hrs. May 7 T. 101^2 P 98 R 24. Put in restraint: Struggled: noisy: breasts still cared for daily: May 8 Refused medicine: noisy most of time: restless: complains of pain in head: Did not sleep: May 9: Took medicine for breasts, refused other: Out of restraint about two hrs.: noisy & restless: In restraint rest of day: May 10 Refused medicine: hyps. morphine given: up all day: troublesome: incoherent: bowels irregular: Slept some: May 11: Strikes patients: extremely noisy: many delusions: Took medicine: May 12 T. 99^6 P. 79. R 20 Fed by nurse: appetite good: destructive: not in restraint: slept well: May 13: Pain in head & back: In seclusion part of day: Ex noisy: did not sleep: May 14 Pills given for bowels: noisy: mischievous: destructive: pain in head: Quiet at night: slept well: May 15 Very excitable & noisy: In seclusion part of time: slept well. Summary Notes by Dr. Phelps May 31 Mildly maniacal: very excitable; tries to fight: Is in seclusion at times. July 5'98 General health good: Still violent, destructive needs constant watching. Oct 14 Has improved considerably: Very excitable; cries easily. Transferred to Infirmary. Nov 20 Visited by Mother & taken home: Very nervous & easily excited up to time of going home. The Mother, however, insisted that she could care for her & was allowed to take her.

Discharged.

Personal and Medical History of

Personal and Medical History of Anna Newton.

Whole No. 5037
Residence, St. Paul, Minn.
Date Admission, May 6th 1898
Admitted by Dr. R. M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 28 yrs.
Civil Condition, married.
Children, Two
Age Youngest Child, 6 yrs
Occupation, Housewife - (Husband Expressman)
Degree Education, Common school.
Profession, Religion, Baptist
Habits, Not intemperate.
~~Nationality~~ Nativity, Ohio - (Parents U.S.)
Physicians Committing, H.W. Davis & A. Sweeney.
Correspondents,

No. of Years, 205
Insane Relatives, None.
Cause Exciting, Pneumonia of Apex 3 wks. ago.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, —
Duration, —
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, July 2. 1898
Time in Hospital, 1 m. 26 d.
Result, Discharged Nov. 8 '98 Recovered.

EXAMINATION ON ADMISSION BY DR. R.A. Bebb & R.M. Phelps *Date of* May/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very confused
MEMORY, Past Events, } Uncertain -
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects, Rather poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Thought she was acting out religious instructions
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, About one week.
ONSET, Gradual or Sudden, Sudden after Pneumonia
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Living - healthy - almost 70.
Paternal Relatives,
Mother, Living, poor health - lung trouble for yrs. one sister of mother paralyzed.
Maternal Relatives, one sister a little off - Well now - mothers father died consumption - other - very nervous. also one brother.
1 Brothers and 3 Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Only severe sickness was at six years.
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 Anna Newton

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Pallor - some loss of flesh
WOUNDS, Abnormalities and condition of Skin, None. Condition of skin pale - anaemic.
TONGUE, Coatings or Promptness of Movement, Coated
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - somewhat larger.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, None so far as tested Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Somewhat weak - other tremors not noted.
PATELLAR REFLEX, ? Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds normal
ARTERIES,
Pulse at wrist weak.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical. Resp 21
Expan. quite good - but more limited on right side. Voc. frem. increased slightly on " " also. D.S. somewhat diminished over right side & exaggerated on left side

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,

5/18/98 EXAMINATION URINE, Quantity, — Sp. g. 1.030 Reaction, Acid Color and Appearance, Light yellow cloudy with flocculent precipitate
Albumen, Trace by Tanrets only Sugar, none.
Casts and Crystals, Many uric acid crystals - Epith. cells - bacteria - a few pus cells - amor. urates.
5/28 GYNECOLOGICAL EXAMINATION, External genitals normal, except slight laceration - Slight laceration of cervix also - Erosion of os.
MENSTRUATION, Often irregular - regular of late until recent illness not usually painful -
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 rather young & only to appearance somewhat pallid & weak from recent illness & with a confusion of mind resembling distinctly a delirium. Has had pneumonia. Was previously a nervous woman from a nervous family. also a consumptive family. Attack a mild confusional mania.

1898

This patient was brought here by Sheriff's deputy J.B. Arend attended by Her Newton, Husband + Miss Pendergraff (sister) in a very weak physical condition: With the following history: No history of consanguinity or heredity: First symptoms manifested by incoherence + delusions on religious subjects: Disease appears increasing: Not variable: Derangement now manifested on subject of religion. No disposition to injure others: No disposition to filthy or destructive habits. No previous peculiarities manifested: No history of intemperance in parents or self: No severe disease nor injury to head: Not confined nor restrained in any way. Treatment pursued sedatives + feeding. On personal examination is incoherent, talks noisily + incessantly on religious subjects.

May 6/98 On admission put upon Infirmary Ward West. (G.H.N. Rpt. Complexion fair. hair brown: eyes gray. Bruise on right arm: Is clean: No bodily peculiarities: Behavior very excited: Has delusions.)

Nurse's 14 Day Record:- Rec'd on ward, bathed + put in restraint: quite weak: restless + noisy all night: slept one hr. milk given often. T. 102⁴ P. 140. May 7. T. 104⁶ at 7:30 a.m.: 8:40 a.m. T. 103⁸ P. 140 R. 30.: 2 p.m. T. 101⁸ P. 146. milk given often: visited by husband + sister: coughs + expectorates: extremely noisy + hard to hold: Alcohol sponge baths given: cold applied to head: enema given: T. 103⁸ P. 140 R. 39. Milk continued: out of restraint: quite weak: rational at times: sponge baths given cold applied to head: slept 4 hrs. May 9. T. 103⁸ P. 138 R. 29. Milk + egg nog given: Alcohol baths: In rest. part of day: sore throat: Has delusions: very noisy at times: slept 4 hrs.

May 10 3:30 p.m. T. 103⁴ P. 136 R. 28. - 5 p.m. T. 100⁴ P. 92. R. 19. Fed with tube: very quiet + sensible: face very flushed: great thirst: chipped ice given: sponge baths continued with cold to head: May 11 Fed with tube: cascara given: In restraint most of day: slept six hrs. May 12 Temp. down to 99⁸ P. 80. R. 19. Beef tea + milk given: sore throat: In restraint till 1 p.m.: out of bed often: slept 4 hrs.: May 15 T. 102⁶ to 99⁸ P. 90-116. R. 20-25 Liquid diet cont'd: In restraint a good deal of time: Does not sleep very well: complains of sore throat + headache: coughs + expectorates: cold applied to head chipped ice given. May 19 Since last note Temp has varied from 99 to 101⁴ P. 89 to 110 R. 23 to 26. Liquid diet cont'd: Takes nourishment well: one sleeping dose given: Does not sleep very well: noisy + violent at times: In restraint.

May 19 Summary Nurse's Notes by Dr. R. M. Phelps: Still for the most part in bed: taking alcohol baths + cold applications, having almost daily some slight rise of temperature: restless, slightly incoherent + full of transitory delusions:

May 21 Condition about the same: takes chiefly milk + soft food: very noisy for two hours yesterday: part of day in restraint: May 25: Remains about the same, is to-day up + dressed: seems slightly better: May 29 Visited by husband: up + dressed part of each day since last note: eating somewhat better: temperature nearer normal: May 30 Seems to have improved some but is

at times quite restless: June 8: Has slept + eaten rather better during past week: Temperature very nearly normal: In general shows very much improvement:

June 22 Transferred to A²: Seems to have ~~felt~~ + been much more coherent, although slight symptoms of nervousness still appear in manner: Seems to have given up delusions: July 2: Went Home, her husband meeting her at Dodge Centre: only slight traces of nervousness are present in her manner: Condition can be put down as recovered, although the impression given by her manner is that she is somewhat unstable.

Discharged.

Personal and Medical History of Ellen Swenson

Whole No. 5043
Residence, St. Paul, Minn.
Date Admission, May 12th 1898.
Admitted by Dr. R.M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, female Age, 40
Civil Condition, married
Children, three
Age Youngest Child, 5 months.
Occupation, Housewife (Husband laborer.)
Degree Education, Reads & writes.
Profession, Religion, Methodist.
Habits, Not intemperate.
~~Nationality~~ Nativity Sweden – (Parents also born there)
Because resident of State & Co. 11 yrs ago
Physicians Committing, C.M. Lindholm & Haldor Snivé.
Correspondents, Husband

No. of Years, 209
Insane Relatives, Unknown.
Cause Exciting, "
Cause Predisposing, "
Form, Acute delirious mania.
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 40
Time of Leaving, May 18. 1898
Time in Hospital, 6 da.
Result, Died. Exhaustion in Acute Delirious Mania.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick – confused.
MEMORY, Past Events, Impaired
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert – illusive.
REASONING POWER, Ordinary Subjects, Imp.
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Very excited & violent.
DELUSIONS, Systematized, Transitory, Special Subjects,
On religious 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, One week.
ONSET, Gradual or Sudden, Rather sudden
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Can obtain no information
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
?
HABITS, Drinking and Smoking, no.
HEADACHES, VERTIGO, OR CONVULSIONS, headache.
OCCUPATION, Healthy or not, housekeeper.
Detail Date, Duration, and Character of Previous Attack, if any,
First attack.
Sleep, Appetite, and Bowels, irregular

Personal and Medical History of Ellen Swenson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2½ in PRESENT WEIGHT, 117 lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, No scars – both limbs bruised. Skin warm & dry.
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, did not try tests. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Talks rapidly & incoherently.
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,

5/17 EXAMINATION URINE, Quantity, ℥ VII Sp. g. 1.033 Reaction, acid Color and Appearance, yellowish red cloudy – fine precipitate throughout
Albumen, Excess by all tests Sugar, absent
Casts and Crystals, pus cells – mucous bands – casts, i.e. granular – hyaline & fatty – urates – uric acid crystals – a few epith cells.
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, poor
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 excited, raving, violent, talkative – Scolds & cries at times. Sometimes very resistive – struggles a great deal – Is delirious – Physical condition very poor. Delirium probably due to secondary infection from diseased kidneys.

Personal and Medical History of Ellen Swenson

1895

This patient was brought here by Sheriffs deputy Brand attended by Mrs. Christenson + husband, in fair physical condition, with the following history: No information concerning consanguinity or heredity: First symptoms of insanity manifested about one week ago, began crying + talking about religion continually: Shows some disposition to injure others: No filthy nor destructive habits: Previous peculiarity - always very religious: No history of intemperance in parents or self: No severe disease nor injury to head: Has been confined in house for about one week: Has been given narcotics etc.

Our personal examination is excited, raving, violent, talkative.

May 13/95 On admission put upon B[illegible] (G.H.H. Rat. complexion —, hair brown, eyes brown No scars: Both limbs bruised: No bodily peculiarities)

Dr Phelps notes - Baby nursing. Never insane until last Friday.

Nurse's 14 Day Record:- Rcd on ward, bathed + put to bed: slept till 4 am noisy 1½ hrs. May 13: Appetite fair: refused medicine for breasts: visited this a.m. slightly noisy: scolds + cries: has headache: very troublesome during night: May 14 A. 10 2/5 - 10 2/5: ate some: refused med.: bowels irregular: Breasts bandaged + medicine applied: resists: very hard to manage: noisy most of night: slept 1½ hrs. May 15 A. 10 2/5: Drank milk: still refuses medicine: catheterized: struggles + resists: refuses food: violent: put in restraint:

May 16 A. 10 2/5 - 10 4/5 R. 21. Ate some: Sponge bath every 3 hrs. Limbs bruised by struggling: still in restraint: struggles considerably: breasts bandaged: liniment applied: May 17: A. 10 3/5 to 105 2/5 R 29 - to 41. drank milk: refused food: fed with tube: refused med. + bath: enema given: boracic acid + alcohol applied to back: mouth washed with listerine: often: bed changed often: easily excited: very weak: slept 2 hrs. noisy: May 18 A. 104 - 104 6/5. P. 115 - 125. R. 40 - 48. Fed with tube: sponge bath every 3 hrs.: hypo given: very weak: difficult to breathe: seems stupid: struggles some, but taken out of restraint: seems to have pain: May 18 A. 104 4/5 P. 114 - 135: R. 46 - 59. Ate nothing: hot sand-bags applied to feet: baths discontinued very weak: seems in pain: struggles some: slight perspiration: growing weaker rapidly: Died 8:30 pm.

Summary: Rcd on ward May 12: nervous: struggled considerably put in restraint: May 15 very weak: May 18: Died

Died

Personal and Medical History of

Personal and Medical History of Nettie Bredahl.

Whole No. 5044
Residence, 947 Payne Ave, St. Paul, Minn.
Date Admission, May 17th 1898
Admitted by Dr. H H Herzog hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 27 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Domestic. Father dead.
Degree Education, Can read & write.
Profession, Religion, None.
Habits, Not intemperate.
Nationality, Norway — (Parents Norwegian.)
Physicians Committing, Hartland C. Johnson & A. W. Whitney.
Correspondents, O. Bredahl, 871 Lawson St. St. Paul

No. of Years, 210
Insane Relatives, Yes (Father perhaps - Sister temporarily - Mother's cousin)
Cause Exciting, —
Cause Predisposing, Heredity.
Form, Chronic Melancholia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, 3 yrs. ago.
Duration, 3 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 24 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DRs R. A. Bebb & Rm. Phelps *Date of* 5/23/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & erratic.
MEMORY, Past Events, Good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly incorrect.
REASONING POWER, Ordinary Subjects, Rather poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
Is silly. hypochondriacal ideas prominent.
DELUSIONS, Systematized, Transitory, Special Subjects,
None known.

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, Died 10 yrs ago. suddenly - was very nervous perhaps insane.
Paternal Relatives,
Mother, Living - healthy.
Maternal Relatives,
Brothers and Sisters, 1 brother has been nervous - sister for four years something like me. she says - sister was sick & pretty crazy in old country for 4 mos. 5 yrs ago
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No severe sickness.
HABITS, Drinking and Smoking, None.
HEADACHES, VERTIGO, OR CONVULSIONS, The main symptom - sometimes sick.
OCCUPATION, Healthy or not, No work for 2 yrs. Too sick.
Detail Date, Duration, and Character of Previous Attack, if any,
No. except perhaps always nervous.
Sleep, Appetite, and Bowels,
Sometimes can't sleep.

Personal and Medical History of Nettie Bredahl

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in PRESENT WEIGHT, 142 lbs USUAL WEIGHT, NUTRITION, Gone.
WOUNDS, Abnormalities and condition of Skin, fair.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated.
SIGHT, Says left eye can see but little.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, No squint preceptible
HEARING, Gone.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Considerable Phthisical of hands - Some of tongue.
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,
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,

5/6/98 EXAMINATION URINE, Quantity, — Sp. g. 1029 Reaction, acid Color and Appearance, Yellow cloudy with flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, a few pus corpuscles & fat globules - amor-urates - large no. of epith. cells of all varieties.
GYNECOLOGICAL EXAMINATION, external genitals normal; hymen intact, uterus normal position
MENSTRUATION, Established at 16 cessation for 8 or 9 mos. when 19. menstr. slightly painful
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition, Usually normal.

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 young. Suggests itself to be an adolescent case. Slow invasion admitted - also an hysterical & very nervous temperament. Says is incoherent & wild at times. Is usually only nervous & afraid.

Personal and Medical History of Nettie Bredahl.

1898

This patient was brought here by sheriff's deputy P. J. Miesen attended by Mathilda Bredahl, in fair physical condition, with the following history:- No history of consanguinity. First attack - first symptoms manifested three years ago by general delusions. Patient was in City & County Hospital, St Paul, no improvement. Disease appears increasing. Is variable, with irregular, rational intervals. Derangement now manifested by imagining that she is going to do harm to others & to herself & that others are about to harm her. Is disposed to injure others. No previous peculiarities manifested. No severe disease nor injury to head. Has had attendant to watch her & has received general treatment. On personal examination shows general delusions.

May 17 On admission put upon Br W (G.H.U. Rpt. hair brown: eyes gray: Has a scar on right knee: No bruises: Is clean: Talks sensibly.)

Summary Nurses Notes by Dr. Phelps. May 17 Received on ward: Temp. normal: Fairly rational: resisted some: Seemed very nervous. May 23 Seems melancholy: has struggled some at times: Has expressed a desire to be killed: Seems somewhat suicidal.

May 30 Has quieted down somewhat but is still very uncertain in behavior; has crying spells & is melancholy & depressed. July 4 Visited by brother: Trans. to B'. Has not improved very much, is still very nervous & excitable. Nov 28 Has complained some of weakness & pain about heart. Has been in bed the last few days. Is now up on ward. Feb 28 Patient now much more quiet in behavior: Thinks people are talking about her. Is still quite excitable

March 1 - Aug. 31 Physical condition good: Appetite good: Takes exercise: Is clean in habits & appearance. Has delusions of persecution, which she expresses freely at times, thinks that people talk about her. Sometimes assists with work on ward & is quite agreeable. At times expresses desire to die. Is inclined to be sarcastic & is easily disturbed & excited. Occasionally remains in bed a day or two without making any definite complaint. June 28. Visited sister on Infirmary. July 4 Visited by friend. Aug 10. went to picnic. Is inclined to be violent.

Sept 1 - Feb 28 1900. (Dr. Heyerdale) Neat: Appetite good: Bowels regular: Takes outdoor exercise: Very disagreeable most of time: Is extremely sarcastic: Bowels very constipated. Jan 17 Wt. 132½# Mch 1 - Nov 30 1900 Very careless in appearance & habits: appetite good: Bowels regular: Takes outdoor exercise: Seldom talks unless angry & then profane & obscene. Menstruates regularly: July 4 Visited by brother: July 21 Vaccinated. Nov 21. Wt. 125½# Dec 1 - Feb 28. 1901 General health good: Feb 22 Wt. 124#. Mar. to June 1901 Physically is well, appetite good, takes out door exercise, bowels regular, is very irritable when spoken to, uses profane and vulgar language, neat in habits and appearance, is unoccupied. May 29 Wt. 122#

Personal and Medical History of Nettie Bredahl.

June to Sept. July 5 visited by mother, at times is untidy and scolds and is quarrelsome with the other patients Aug. 29 Wt 118½#.

Sept. to Dec. No change in mental or physical condition. Nov. 25 Wt. 123½#.

Up to Feb. 1, 1903. General health good: appetite good: sleeps well: bowels regular: does no work: takes exercise: appearance rather careless: is at times noisy: uses profane language: does not converse or answer questions: usually quiet and stupid.

Dec. 1st. Wt. 109#.

Personal and Medical History of Catherine Lindesmith

Whole No. 5047
Residence, Steele Co. Minn.
Date Admission, May 28th 1898.
Admitted by Dr. A. F. Kilbourne hour, 3 P.M.
How Sent, W. A. Eggleston J. of P. Steele Co.
Sex, Female Age, 79.
Civil Condition, widowed
Children, 9
Age Youngest Child, 37 yrs.
Occupation, Housework (Husband was a farmer.)
Degree Education, Can read & write.
Profession, Religion, None.
Habits, Not intemperate.
~~Nationality~~ Nativity, Ohio (Parents Pennsylvania.)
Became resident of State & Co.
Physicians Committing, F. M. Smersh & J. H. Bowers.
Correspondents, Orlando Lindesmith, Owatonna, Minn.

No. of Years, 213
Insane Relatives, None
Cause Exciting, Superstition & old age.
Cause Predisposing, —
Form, Senile Dementia
Accompanying Bodily Disorder,
Suicidal or not, not.
Date of this Attack, within a year.
Duration, less than a year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 78
Time of Leaving, Aug. 15. 1898
Time in Hospital, 2 m. 18 d.
Result, Died. Endocarditis

EXAMINATION ON ADMISSION BY DR. Rm. Phelps & R. A. Bebb. *Date of* 6/29/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & somewhat sluggish.
MEMORY, Past Events, Impaired
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull -
REASONING POWER, Ordinary Subjects, poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
indifferent
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 Catherine Lindesmith

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 in. PRESENT WEIGHT, 105 lbs USUAL WEIGHT, NUTRITION, Fair for age.
WOUNDS, Abnormalities and condition of Skin, fair for age
TONGUE, Coatings or Promptness of Movement, Some hesitating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Gross arcus senilis.
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some tremulousness - due probably to age -
PATELLAR REFLEX, Normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fairly good -
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Weak but no special lesion.
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,

6/8/98 EXAMINATION URINE, Quantity, ℥ XX Sp. g. 1.029 Reaction, acid Color and Appearance, reddish yellow - cloudy
Albumen, present by heat - HNO3, Excess by Tanrets Sugar, absent.
Casts and Crystals, Excess amor. urates - a few pus corpuscles - & mucous bands a few epith cells.
5/31/98 GYNECOLOGICAL EXAMINATION, External genitals ge normal except slight laceration of perinium laceration of cervix - uterus & cervix atrophied & adherent to right side - leucorrhoea.
MENSTRUATION, usually regular.
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 senile & childish - Mind quite blank - Does not realize.

Personal and Medical History of Catherine Lindesmith

1898

This patient was brought here by Sheriff's deputy, A. Lindesmith, (son) attended by Alice Lindesmith, in poor physical condition, with the following history:- No history of consanguinity nor heredity, nor intemperance in parents or self: This is first attack: First symptoms were manifested some time during the past year & mostly last month, by wandering away from home: Disease appears increasing: Is variable with rational intervals: Derangement now manifested by suspecting others of trying to harm her & by wandering away from home at wrong hours of day: Not disposed to injure others: Neither filthy nor destructive in habits: Previous peculiarity a strong belief in witchcraft: No severe diseases nor injury to head: Has neither been confined nor restrained: Has received no treatment. On personal examination shows senility & loquaciousness.

May 28 On admission put upon B+W (G.H.N. R'pt Complexion dark: Hair brown-part gray: Eyes blue: Skin normal condition: No marks, scars nor bruises: Small ulcer on left ear: Hernia on left side of abdomen: Is rather dirty: Little finger of left hand crooked: Fought & resisted being bathed: Has delusions.)

May 28 to June 10. Summary Nurse's 14 Day Record by Dr. R. M. Phelps.- Received May 28: Bath given found to be very untidy: During first week is reported as eating quite well & presenting no especial symptoms of trouble, although is aged & very feeble minded & hardly realizes where she is: During second week continued in same condition: nothing especially noteworthy occurred: Rambling in talk, somewhat restless & purposeless in manner: Talks very childishly. Continued R.M.P. June 15 Patient is eating & sleeping quite well: Is rather feeble & senile, but no very marked symptoms. July 20 Feet & limbs swollen: Coughs some; Lies in bed. June 25 In bed: seems to be failing. Aug Trans. to Infirmary: Seems to be failing steadily. Aug 15 Died Cause of death senile failure with rise of temperature: no very prominent symptoms

Died.

Personal and Medical History of

Personal and Medical History of Sena Nelson.

Whole No. 5049
Residence, Freeborn Co. Minn.
Date Admission, May 28th 1898.
Admitted by Dr C. B. Eby hour, 6.45 PM.
How Sent, H. Blackmer. J. of P. Freeborn Co.
Sex, Female Age, 32 yrs.
Civil Condition, married.
Children, One. (2 children - 1st still-born)
Age Youngest Child, 8 yrs.
Occupation, Housewife
Degree Education, None
Profession, Religion, Baptist.
Habits, Not intemperate
~~Nationality~~ Nativity, Denmark - (Parents also born there)
Physicians Committing, W. C. Todd & A. C. Wedge.
Correspondents,

No. of Years, 215
Insane Relatives, None.
Cause Exciting, Suppressed menstruation. & chronic nutritis.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, Suppressed menstruation
Suicidal or not, Not.
Date of this Attack, 1st
Duration, 1 yr. 5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 30
Time of Leaving, Oct. 3. 1898
Time in Hospital, 4 m. 5 d.
Result, Discharged Feb. 8. 1899 Improved

EXAMINATION ON ADMISSION BY DRS Bebb & Phelps *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick confused.
MEMORY, Past Events, ~~Incorrect~~. uncertain
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mildly exalted.
DELUSIONS, ~~Systematized~~, Transitory, Special Subjects,
Incoherent & silly always
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),
Denies heredity
Father, living.
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, None.
OCCUPATION, Healthy or not, Farmer's wife
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, good Appetite, good and Bowels,

J. P. Nelson
Clarke's Grove
Minn.
Correspondent for Sena Nelson

...na Nelson

...ACTERISTICS.

...SUAL WEIGHT, NUTRITION, Good.
...or slight bruises. Skin in good condition
...g.
...- Size normal. Respond readily to sight.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Good Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Sounds normal - but rather weak. 2nd sound over aortic area accentuated slightly. Size normal. Apex B. normal. Impulse over 4th interspace. Irregular.
Apex Beat, Regularity,
ARTERIES,
No noticeable impairment. Pulse 102
Weak & somewhat irregular.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Sym. normal - Expansion fair
Breath sounds normal. Resp. 25

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,

6/1/98 EXAMINATION URINE, Quantity, ℥ XL Sp. g. 1.018 Reaction, acid Color and Appearance, Yellow. cloudy
Albumen, Trace by Tourets, Sugar, absent
Casts and Crystals, a few pus corpuscles. oxalate of lime crystals - epith. of all varieties. amor. urates
GYNECOLOGICAL EXAMINATION, laceration of perineum, nearly complete - irregular laceration of cervix - uterus adherent to left side - rectocele present. Difficult labors during both confinements
MENSTRUATION, not painful, & regular until last child was born - has not menstruated since.
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 slightly the appearance of defectiveness, but no history to that effect is obtainable. Probably previous mental grade was fair. Invasion not known but apparently slow. So silly with continual suggestions of dementia on other chronic state.

Personal and Medical History of Dena Nelson.

Whole No. 5049

Residence, Freeborn Co. Minn.

Date Admission, May 28th 1898.

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

How Sent, H. Blackmer. Jo of P. Freeborn Co.

Sex, Female Age, 32 yrs.

Civil Condition, married.

Children, One. (2 children - 1st stillborn)

Age Youngest Child, 8 yrs.

Occupation, Housewife

Degree Education, None

Profession, Religion, Baptist.

Habits, Not intemperate

~~Nationality~~ Nativity, Denmark - (Parents also born there)

Physicians Committing, W.C. Todd & Ada Wedge.

Correspondents,

No. of Years, 215

Insane Relatives, None.

Cause Exciting, Suppressed menstruation & Chronic nephritis.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, Suppressed menstruation

Suicidal or not, Not.

Date of this Attack, 1st

Duration, 8 mos. 5 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 30

Time of Leaving, Oct. 3. 1898

Time in Hospital, 4 m. 5 d.

Result, Discharged Feb. 8. 1899 Improved

EXAMINATION ON ADMISSION BY DRS. Bass & Phelps Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick confused.

MEMORY, Past Events, Incorrect & uncertain

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Incorrect.

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Mildly exalted.

DELUSIONS, ~~Systematized,~~ Transitory, Special Subjects,

Incoherent & silly always

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),

Denies heredity.

Father, living.

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, None.

OCCUPATION, Healthy or not, Farmer's wife

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

Sleep, good Appetite, good and Bowels,

Personal and Medical History of Dena Nelson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. PRESENT WEIGHT, 124 lbs. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, None except for slight bruises. Skin in good condition

TONGUE, Coatings or Promptness of Movement, Slight coating.

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

SIGHT, Good

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

HEARING, Good

COORDINATION, Arms, Good Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Sounds normal - but rather weak. 2nd sound over aortic area accentuated slightly. Size normal. Apex B. normal. Impulse over 4th interspace. Irregular.

Apex Beat, Regularity,

ARTERIES,

No noticeable impairment. Pulse 100

Weak & somewhat irregular.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Sym. normal - Expansion fair

Breath sounds normal. Resp. 25

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,

6/1/98 EXAMINATION URINE, Quantity, ℥ XI Sp. g. 1.018 Reaction, acid Color and Appearance, Yellow. cloudy

Albumen, trace by Tsuritz, Sugar, Absent

Casts and Crystals, a few pus corpuscles. oxalate of lime crystals - epith. of all varieties. amor. urates

GYNECOLOGICAL EXAMINATION, laceration of perineum, nearly complete - irregular laceration of cervix - uterus adherent to left side - rectocele present. Difficult labors during both confinements

MENSTRUATION, Not painful, & regular until last child was born. Has not menstruated since

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 slightly the appearance of defectiveness, but no history to that effect is obtainable. Probably previous mental grade was fair. Invasion not known but apparently slow. Is silly with continual suggestions of dementia or other chronic state.

Personal and Medical History of Dena Nelson.

1898

This patient was brought here by sheriffs deputy E.H. Ellickson attended by J.P. Nelson in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in parents or self: First symptoms of attack manifested in December 1896 - was confined to bed two months with fever: Disease appears increasing; not variable, no rational intervals: Derangement manifested by delusions upon all subjects: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe disease nor injury to head: Has not been confined nor restrained: Has been given general, tonic & local treatment. On personal examination talks incoherently & disconnectedly. Evidently wandering in mind: nothing rational.

May 28 On admission put upon B.W. (G.H.U. Rpt) Complexion dark: hair brown: eyes brown: Condition of skin normal: Left leg & left side of chest bruised: Is clean: Resisted some when going to ward. Has delusions.)

May 28 to June 10. Summary Nurse's 14 Day Record by Dr. R.M. Phelps:- Admitted May 28. Some bruises were found: The first week of her stay here shows her condition to be one in which there are very few changes: She is somewhat silly in talk, although can answer most questions well: Is slightly noisy at times: occasionally resists: Has been somewhat untidy: During 2nd week condition about the same, although some little improvement is noted from time to time, as she is very quiet & well behaved: She also answers questions a little more accurately & quietly, although the same condition holds. Continued R.M.P.

July 9 Visited by friends: Has refused to take treatments: In appearance quite rational altho she seems to be feebleminded & is very peculiar. Aug 31 Visited by husband & father. Sept. 9 Struck head against wall & bruised it. Oct 3 Visited by husband & taken home. Has been rather stubborn & disagreeable, husband thought her, however, as well as usual & wished to make the trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Anna P. Hanson

Whole No. 5050
Residence, Rochester, Minn.
Date Admission, June 1st 1898.
Admitted by Dr. C. B. Eby. hour, 4th P.M.
How Sent, J.A. Leonard Sh. Co. Olmsted Co.
Sex, Female Age, 62 yrs.
Civil Condition, married
Children, Eight
Age Youngest Child, Eighteen
Occupation, Housewife
Degree Education, Common School.
Profession, Religion, Lutheran.
Habits, ~~Not~~ intemperate.
Nationality, Norway (Parents also born there)
Became resident of State etc. about 25 yrs ago.
Physicians Committing, W.W.C. Mayo & C.F. Granger.
Correspondents,

No. of Years, 216
Insane Relatives, Brother (Father intemperate)
Cause Exciting, Unknown.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About 2 yrs ago.
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 62
Time of Leaving, Dec. 24 1898
Time in Hospital, 6 m. 23 d.
Result, Discharged May 3. 1899
Improved

EXAMINATION ON ADMISSION BY DRS Bebb & Phelps Date of —

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused.
MEMORY, Past Events, Seems fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects, Rather poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Is erratic & 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, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father Died Aet. 66-70 - Old age.
Paternal Relatives,
Mother, Died 71. Was bed 20 yrs. probably insane 20 yrs. Puerperal case - Last child - Both deaf & dumb - died
Maternal Relatives,
Brothers and ~~Sisters~~ eldest brother committed suicide - drowned. living - not well.
8 Children 6 boys 2 girls - all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Says she had a touch of typhoid fever several times - Otherwise well.
HABITS, Drinking and Smoking, Drinks, but says not intemperate.
HEADACHES, VERTIGO, OR CONVULSIONS, Has severe headache. When children were small. None since.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Good Appetite, good and Bowels, Quite regular.

Personal and Medical History of Anna P. Hanson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ in PRESENT WEIGHT, 189 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, None reported. Small scar above ankle right leg. Small scar left side of nose.
Skin very much tanned & freckled. & somewhat wrinkled from age.
TONGUE, Coatings or Promptness of Movement, Somewhat tremulous from age.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Responds to light & accom.
SIGHT, Somewhat impaired from age. ophthmoscope good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, uses spectacles. Arcus senilis
HEARING, Fairly good for age.
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, No murmurs - apex beat full. Apex Beat, Regularity, Regular.
ARTERIES, Pulse about 70. Arteries slightly atheromatous
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,

6/3/98 EXAMINATION URINE, Quantity, ℥ XXII Sp. g. 1.075 Reaction, acid Color and Appearance, Yellowish red Clear with light fleaky deposit
Albumen, About Sugar, do
Casts and Crystals, Oxalate of lime Epith cells - a few pus corpuscles - uric acid crystals & amor. urates.
GYNECOLOGICAL EXAMINATION, June 2/98. External genitals normal - except laceration - rectocele & cystocele present. Cystic degeneration of os. polypi - Uterus anteflexed. Years ago pain in left ovarian region Dec 4/98. Fibroid conation of uterus. Also tendency to malignant type present. Hysterectomy indicated Consent for operation not granted by relatives
MENSTRUATION, not painful - Regular. Menopause from 45 - 60 yrs.
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 said by neighbors to have been insane for years. She says she has been twice in Hospital before Dates not given. She gives the history above, which shows a strain of defectiveness in character

Personal and Medical History of Anna P. Hanson.

1898

This patient was brought here by Sheriff's deputy John Poez attended by Mrs. C. N. Stewart in fair physical condition, with the following history:- No history of consanguinity: Brother has been insane & father was intemperate: First symptoms appeared about two years ago: Disease appears increasing. Is not variable: Derangement now manifested by a tendency to wander about. Cannot be controlled at home: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head. No confinement nor restraint employed: No treatment pursued.

On personal examination - conversation erratic.

June 1 '98 On admission put upon B² W. (G.H.U. Rft Complexion dark: eyes brown: hair light brown: Left eye bruised. Is clean: Behavior quiet. Talks sensibly.

Summary Nurse's 14 Day Record by Dr. R. M. Phelps: Admitted June 1 '98:

June 1-14 Found to have slight bruise under eye: was fairly coherent, even though somewhat elated and maniacal in manner: June 2: Got very excited & tried to break the door: June 3-4-5-6-7 At times is noisy & scolds: although helping with work some, was not very manageable: Finally struck nurse with knife & started to fight: Transferred to C². During this time her temperature, pulse & physical condition generally seemed very good: She is a large, healthy, strong woman: seems to understand fairly well although is a little rambling & silly in talk. June 14 During past week has been under better control; although rather unstable and at times noisy, yet is for the most part quiet, helps with work & is quite well behaved. Continued R.M.P. June 19 Visited by son: Eye bruised on 18th.

July 16 Taken out on trial, mildly excitable & maniacal. Aug 29 Complaining of pain in back & limbs: Has been working along in fairly good health: Still slightly incoherent & noisy but as a rule not inclined to be violent.

Sept 15 Trans. to C³. Oct 19 To C². Somewhat more restless & disturbed. Dec 24 Went home on trial. General health not quite so good of late: Mental state not changed very much: Is at present more quiet in behavior.

Discharged.

Personal and Medical History of

Personal and Medical History of Mary Graf.

Whole No. 5056

Residence, Brownsville, Minn.

Date Admission, June 7th 1898.

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

How Sent, Thomas Ryan Jr. of Houston Co

Sex, Female Age, 59.

Civil Condition, married.

Children, 12. (She says 10 living)

Age Youngest Child, 18 yrs.

Occupation, housewife.

Degree Education, Can read & write.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Ireland (Parents also born there.)

Physicians Committing, T.J. Ferguson & Wm. Freeman.

Correspondents,

No. of Years, 222

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, Previous attack.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About 2 yrs ago.

Duration, 2 yrs.

No. of Attack, 2nd.

No. of Admission, 2nd

Age First Attack, 39 yrs

Time of Leaving, ~~Sept.~~ 13. 1898

Time in Hospital, 3 m. 6 d.

Result, Discharged Feb. 8. 1899 Unimproved

EXAMINATION ON ADMISSION BY DR. T. M. Phelps Date of 6/11/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Rather poor.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Evil spirits persecuting her.

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, 2 yrs.

ONSET, Gradual or Sudden, 2 yrs.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denies any heredity.

Father, living at 97.

Paternal Relatives,

Mother, died at 65

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
12 children 10 living
Says this is the worst. Had ague once

HABITS, Drinking and Smoking,

HEADACHES, None VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, housewife

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

Sleep, Appetite and Bowels, Usually normal.

Personal and Medical History of Mary Graf

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft PRESENT WEIGHT, 136 lbs USUAL WEIGHT, NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, Legs show enlargement of veins - superficial & deep.

TONGUE, Coatings or Promptness of Movement, White coating - pale

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Fairly normal. Legs, Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

6/13/98 EXAMINATION URINE, Quantity ½ LXIV Sp. g. 1014 Reaction, acid Color and Appearance, Yellow - Clear with White flaky deposit.

Albumen, absent Sugar, do.

Casts and Crystals, amor. urates & a few epith. cells.

6/21/98 GYNECOLOGICAL EXAMINATION, Complete laceration of perineum & wide circular laceration of cervix - localized swelling above cervix - erosion of os - Numerous adhesions binding uterus & left posterior cystocele. Uterus retroflexed - complete prolapse.

MENSTRUATION, Regular & free from pain - Says menopause passed about 10 yrs ago.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Normal, she says.

BOWELS, Present Condition, Normal.

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 somewhat senile & the invasion has been slow & half paranoiac in character. Conditions seems indistinctly so. The atheroma seems slight. She had a previous attack about 20 years ago. This attack fairly similar to that one. Is said to have recovered quite perfectly.

Personal and Medical History of Mary Graf.

1894

This patient was brought here by Sheriff Blexrud attended by Miss Graf. in fair physical condition, with the following history:- No history of heredity or consanguinity. First symptoms manifested 20 yrs. ago attacked lasted 10 or 12 weeks. First symptoms of present attack manifested about two years ago, by various delusions. Disease appears increasing: Is variable, but no rational intervals. Derangement now manifested on subject of evil spirits & religious persecution. Patient not disposed to injure others: Is disposed to destroy furniture: Habits neat. No previous peculiarities noted. No severe disease nor injury to head. Has neither been confined nor restrained. Has received no treatment. On personal examination exhibits an extremely excitable condition on religious subjects & evil spirits. On admission put upon B'd's (G.H.U.Rpt. Complexion dark: hair black partly gray: eyes brown: Skin normal condition: No marks, scars nor bruises, Is clean: Several varicose veins in lower part of legs. Behavior quiet. Has delusions.)

June 7th Summary Nurses 1st Day Record by Dr. P. M. Phelps: Admitted June 7. Resisted some when bathed: Slept poorly first night: Condition during first week shows her to be of half paranoiac character, rather agitated & irritable & suspicious in regard to her treatment: Talks to herself but is fairly quiet & well-behaved: Second week shows no especial improvement in her condition: Physical state is good: mental state unchanged: June 20 Rather more quiet in behavior: Talks to himself some has various delusions. Aug 31 Fought & was violent today: Is somewhat worse rather than better. Sept 13 Went home on trial. Not very much improvement noted: Her husband wished to take her out & was allowed to do so.

Discharged.

Personal and Medical History of

Personal and Medical History of Hannah Fabian

Whole No. 5059
Residence, Winona Co, Minn.
Date Admission, June 10, 1898
Admitted by Dr. A.M. Phelps hour, —
How Sent, H.L. Buck J. of P. Winona Co.
Sex, Female Age, 36
Civil Condition, Married
Children, Seven
Age Youngest Child, Two yrs.
Occupation, Housewife
Degree Education, Can read & write
Profession, Religion, Evangelistic Lutheran
Habits, Good.
~~Nationality~~ Nativity, Germany. Parents also born there.
Physicians Committing, J.B. McGaughey & S.F. McGaughey.
Correspondents, —
Henry Fabian, Wilson, Winona Co, Minn.

No. of Years, 226
Insane Relatives, None
Cause Exciting, Excitement attending trial in court & fear that she had given improper testimony.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Is thought to be.
Date of this Attack, Six weeks ago.
Duration, 6 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 36 yrs.
Time of Leaving, Aug. 27. 1898
Time in Hospital, 2 mo. 17 d.
Result, Discharged Feb. 8. 1899. Improved

EXAMINATION ON ADMISSION BY DR. A.M. Phelps *Date of* 6/11/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused as to subject
MEMORY, Past Events, Seems good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
REASONING POWER, Ordinary Subjects, Lacks fairly well on ordinary
Special Subjects, Speis, this is German & an interpreter
Own Mental State, was needed.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Moderately 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),
Denies heredity.
Father, D.
Paternal Relatives,
Mother, D. ?
Maternal Relatives,
Brothers and Sisters,
7 children, Oldest 16 - youngest 2 yrs.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Can't learn definitely.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, now - not often before.
OCCUPATION, Healthy or not, Housewife
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Hannah Fabian

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ in PRESENT WEIGHT, 126 3/4 lbs. USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, in good condition.
TONGUE, Coatings or Promptness of Movement, Some coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - sig - dilated.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Normal. Legs, 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, Murmurs, Strength, Sounds, Size, No murmurs - sounds fair
Apex Beat, Regularity,
ARTERIES, No 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,

6/13/98 EXAMINATION URINE, Quantity 7/XXIX Sp. g. 1030 Reaction, acid Color and Appearance, Reddish yellow - cloudy
Albumen, None Sugar, do
Casts and Crystals, a few pus corpuscles & epith cells. Uric acid crystals & excess of amor. urates.
6/11/98 GYNECOLOGICAL EXAMINATION, Extensive laceration of perineum - irregular lateral laceration of cervix - very deep & extensive erosion of os - leucorrhoea profuse & offensive. Internal genitals normal except lacerations - Uterus adherent to left & posteriorly - retroflexed.
MENSTRUATION, Regular until 8 weeks ago - says she had a hæmorrhage at that time.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition, Not moved for 3 days.

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 ill 6 wks ago. No special physical symptoms made out, tho quite possibly they were present - Diagnosis - acute melancholia - attack mild.

Personal and Medical History of Hannah Fabian.

1898

This patient was brought here by Sheriff A. W. Fuhrmann, attended by Henry Fabian, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First symptoms manifested six weeks ago by excitement & illusions: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by belief that she is pursued & wish to commit suicide. Not disposed to injure others: Has been suspected of attempting suicide- fell in cistern, not known if an accident or not. Says she ought to commit suicide: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: Has not been confined nor restrained: No treatment pursued. On personal examination is depressed, expressionless & somewhat tremulous.

June 10 On admission put upon Br (G.H.U. Rpt. Complexion dark: Hair light brown: eyes blue: Skin normal condition: No marks, scars nor bruises noted. Is rather dirty: Behavior quiet: Cannot speak English.)

June 10 & June 24 Summary Nurse's 14 Day Record by Dr. R. M. Phelps:- Admitted June 10. Quiet in behavior: Temp. pulse & resp. fairly normal: appetite good: also slept fairly well for the most part during first week: at times cries & is melancholy: Is unwilling to talk very much & is oppressed by a sense of unworthiness & fear that all her people are suffering on account of herself: During 2nd week condition practically the same: Contrary to the usual condition of melancholiacs, she is reported as sleeping well nearly every night. Continued by R.M. Phelps.

June 25 Visited by husband. June 26 Is helping on ward Aug 1 Visited by husband.

Aug 19 Trans. to A3. Aug 27 Went home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Betsy Halstenson

Whole No. 5062
Residence, Dodge Co, Minn.
Date Admission, June, 11th 1898
Admitted by Dr. T. M. Phelps hour, 4 P.M.
How Sent, Smit Olson J of P. Dodge Co.
Sex, Female Age, 31
Civil Condition, married.
Children, 5
Age Youngest Child, 3 yrs.
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Iowa (Parents born in Norway)
Became a resident of State & Co. in March 1896.
Physicians Committing, S.H. Van Cleve & Chisk. Wright.
Correspondents, H. T. Halstenson (husband)

No. of Years, 229
Insane Relatives, Paternal uncle & cousin
Cause Exciting,
Cause Predisposing, Probably heredity.
Form,
Accompanying Bodily Disorder, Operated upon for gall-stones last October
Suicidal or not, Threatened but never attempted.
Date of this Attack, About one month ago.
Duration, One month.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 29 yrs.
Time of Leaving, Jan. 28. 1899
Time in Hospital, 7 m. 17 d.
Result, Discharged May 3. 1899
Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - not quick -
MEMORY, Past Events, Fair
Recent Events, Special Subjects, Poor.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull - fairly correct
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects, somewhat impaired.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mild depression with some restlessness.
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, Present attack brief.
ONSET, Gradual or Sudden, Probably gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
History not obtainable.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No history obtained
HABITS, Drinking and Smoking, Probably not.
HEADACHES, VERTIGO, OR CONVULSIONS, Headache
OCCUPATION, Healthy or not, Housekeeper
Detail Date, Duration, and Character of Previous Attack, if any,
Previous attack 2 yrs. ago. lasted 2 days.
Sleep, Appetite, and Bowels,

Personal and Medical History of Betsy Halstenson

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, None - skin normal - rather anaemic.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Quite good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Normal
HEARING, Quite good.
COORDINATION, Arms, Fair Legs, Fair. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands. & general tremors
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Rather slow & hesitating.
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,

6/18/98 EXAMINATION URINE, Quantity, — Sp. g. 1.030 Reaction, Acid Color and Appearance, Yellow. White flaky deposit.
Albumen, Absent Sugar, lo
Casts and Crystals, Excess of amor. urates - mucous bands - round & squamous Epith.
6/14/98 GYNECOLOGICAL EXAMINATION, Claims to be pregnant - uterus & cervix inflamed - extensive lateral, laceration of cervix. laceration of perineum - otherwise external genitals normal.
MENSTRUATION, always regular & free from pain.
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). Previous mental grade probably fair. At present somewhat depressed & rather restless & irritable. Rather unstable. Physical condition fair. but frequently complains of being weak & ill & lies down.

Personal and Medical History of Betsy Halstenson.

1898

This patient was brought here by Sheriff Joel Tucker, attended by H. P. Halstenson in fair physical condition, with the following history:- No consanguinity: Uncle & cousin on father's side insane: First attack occurred 2 yrs ago, lasted 2 days: First symptoms of present attack manifested about one month ago: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by a dread of her neighbors: Is disposed to injure others & has threatened the never attempted suicide: Habits filthy & destructive: No previous peculiarities manifested: Was operated upon for Gall-stones, by Dr Mayo, last November. No confinement nor restraint employed: No treatment pursued.

On personal examination no definite information obtained from her, except that supposed trouble with her neighbors: Commitment recommended because patient is becoming more violent.

June 11 On admission put upon B2 W (G.H.N. Rpt. Complexion light: hair light: eyes blue: Condition of skin good.

June 11 to 25. Summary Nurses 14 Day Record by Dr. R.M. Phelps:- Admitted June 11- Upon admission was somewhat excited: Tried to get out of room when door was opened & was rather melancholy & restless: During first week was inclined to be stubborn: complained at times of feeling sick, weak, & tired: was lying down & quiet a good part of day: Temp. & physical state practically normal: appetite good: During 2nd week the same symptoms were presented: occasionally would be excited & frequently rather stubborn:

June 27 Nurse's Notes: Visited by husband & upon her being very urgent to go home was allowed to do so. Condition practically unchanged from that of the first portion of her stay here: quite stubborn, but quiet & melancholy.

Nov 16 Returned & put upon C3. Is rather restless & quite dull: Very little change in condition since time of leaving. Jan 28 '99 Taken out on trial again at the request of relatives; some of whom are very anxious to try her.

Discharged.

Personal and Medical History of

Personal and Medical History of Carrie O. Severance

Whole No. 5065	No. of Years, 232
Residence, Minneapolis, Minn.	Insane Relatives, None.
Date Admission, June 15th 1898	Cause Exciting, Care + anxiety on account of sick niece
Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.	Cause Predisposing, Previous attack.
How Sent, F. C. Harvey J. of P. Hennepin Co.	Form,
Sex, Female Age, 62 yrs	Accompanying Bodily Disorder, Inflammatory Rheumatism
Civil Condition, Single	Suicidal or not, Not.
Children, —	Date of this Attack, April 1st 1898
Age Youngest Child, —	Duration, 2½ mos.
Occupation, Housekeeper	No. of Attack, 2nd
Degree Education, Academic	No. of Admission, 2nd Here (also in Hudson Sanitarium)
Profession, Religion, Baptist	Age First Attack, About 52.
Habits, Not Intemperate	Time of Leaving, Aug. 26. 1898
~~Nationality~~ Nativity, Penn. (Parents born Mass)	Time in Hospital, 2 m. 11 d.
Physicians Committing, H. M. Bracken + T. L. Labberte	Result, Discharged Feb. 8. 1899
Correspondents, E. C. Severance (brother), 1309 5th St. S.E. Minneapolis, Minn.	Much Improved

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Seemingly confused.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Very poor.

Special Subjects, "

Own Mental State, "

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Not exactly systematized but always same Talks of nothing but going home.

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, Months - possibly longer.

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
A recurrence - details of history not known.

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, Variable and Bowels,

OFFICE OF
PROBATE COURT,
Hennepin County, Minn.

F. C. HARVEY, Judge.
ACE P. ABELL, Clerk.

Minneapolis, June 15. 1898

A. F. Kilbourne, M.D.
Supt &c
Dear Doctor: At the request of the friends of Miss Severance and of Mr Titus of Bd. of Trustees I commit Miss Severance to your Hospital.

Resply &c
F. C. Harvey

Her friends are desirous that she should be sent to the Rochester Hospital, as she formerly lived in this city, and they think her chances for recovery will be greater here than elsewhere, and you will oblige me by so making the commitment

Respty
J. H. Titus
Sec

7/18/9

TION, Rather poor but normal.

EMENTS,

al,

k,

,

pearance,

MENSTRUATION, Apiste regular usually + free from pain

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition, Refuses to take anything - say all right.

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 of very slight physical build - Not very fleshy. Form of disease agitated melancholia.

Personal and Medical History of

Whole No. 5065	No. of
Residence, Minneapolis, Minn.	Insane Re
Date Admission, June 15th 1898	Cause Excit
Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.	Cause Predispos
How Sent, F. C. Harvey J. of P. Hennepin Co.	Form,
Sex, Female Age, 62 yrs	Accompanying Bodily ... mation
Civil Condition, Single	Suicidal or not, No
Children, —	Date of this Attack, Apr ... 98
Age Youngest Child, —	Duration, 2½ mos.
Occupation, Housekeeper	No. of Attack, 2nd
Degree Education, Academic	No. of Admission, 2nd Here (also in Hudson Sanitarium)
Profession, Religion, Baptist	Age First Attack, About 52.
Habits, Not Intemperate	Time of Leaving, Aug. 26. 1898
Nationality, Nativity Penn. (Parents born Mass)	Time in Hospital, 2 mo. 11 d.
Physicians Committing, H. M. Bracken & T. L. Labbette	Result, Discharged Feb. 8. 1899
Correspondents, E. C. Severance (brother), 1309 5th St. S.E. Minneapolis, Minn.	Much Improved

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Seemingly confused.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Very poor.

Special Subjects, "

Own Mental State, "

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Not exactly systematized but always same Talks of nothing but going home.

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, Months - possibly longer.

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
A recurrance - details of history not known.

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, Variable and Bowels,

Minnesota Hospitals for the Insane,

Office of the

Secretary of Board of Trustees.

Rochester June 8th 1898

Hon F C Harvey
Judge of Probate Hennepin Co
Minneapolis
Dear Sir

Miss Carrie Severence will probably be brought before you for commitment to a Hospital for Insane.

Her friends are desirous that she should be sent to the Rochester Hospital, as she formerly lived in this city, and they think her chances for recovery will be greater here than elsewhere, and you will oblige me by so making the commitment

Respty
J H Situs
Sec

TRITION, Rather poor but normal.

ASUREMENTS,

l,

ntal,

ex,

pe,

ppearance,

MENSTRUATION, apparently regular usually & free from pain

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition, Refuses to take anything - say all right.

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 of very slight physical build - Not very fleshy. Form of disease agitated melancholia.

ersonal and Medical History of Carrie O. Severance

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1 PRESENT WEIGHT, 90 lbs. USUAL WEIGHT, NUTRITION, Rather poor but normal.

WOUNDS, Abnormalities and condition of Skin, Skin fair.

TONGUE, Coatings or Promptness of Movement, Will not show it.

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

SIGHT, Probably normal for age. Will not say nor test.

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

HEARING, Probably normal.

COORDINATION, Arms, Will not test None noticed. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None noticed.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Fair as far as can test.

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,

7/18/98 GYNECOLOGICAL EXAMINATION, hymen intact. Uterus normal position.

MENSTRUATION, apparite regular usually & free from pain

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition, Refuses to take anything - say all right.

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 of very slight physical build - Not very fleshy. Form of disease agitated melancholia.

Rheumatism

1898

Age

Occupa

Degree Ed

Profession, Re

Habits, Not

Nationality, Nativity Pen

Physicians Committing, abbatte.

Correspondents, E.C. Se. 5th St. S.E. Minneapolis. Minn.

ssion, 2nd Lere (also in Hudson Sanitarium)

First Attack, About 5 r.

Time of Leaving, Aug. 26. 1898

Time in Hospital, 2 m. 11 d.

Result, Discharged Feb. 8. 1899

Much Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused.

MEMORY, Past Events, Seemingly confused.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Dull - incorrect.

REASONING POWER, Ordinary Subjects, Very poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Not exactly systematized but always same Talks of nothing but going home.

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, Months - possibly longer.

ONSET, Gradual or Sudden,

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

A recurrance - details of history not known.

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, Variable and Bowels,

Personal and Medical History of Carrie O. Severance.

1898

This patient was brought here by Miss Sadie Kramer, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self: First attack occurred in 1888 + patient was in this hospital from May 25/88 to Nov 1/88 (See Vol 10 Fol 452 No. 1772) First symptoms of present attack manifested about April 1st 1898. by sleeplessness, nervousness, refusal to eat + melancholia: Disease appears increasing: Disease is variable with irregular, rational intervals: Derangement now manifested by melancholia, reading confined to Bible only, sleeplessness, indifferent to surroundings: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No injuries to head. ~~Has had~~ inflammatory Rheumatism for 1½ yrs. + is now slightly affected. Has been confined for two months at home + at Hudson Sanatorium: Cause of disease not fully known possibly Care + anxiety over sick niece. Was taken to Sanatorium at Hudson, Wisconsin about April 27th 1898. No improvement.

On personal examination - difficult to answer questions, sat quietly + partly responded to questions: Answers rational. Is anaemic; at times quiet but generally restless. Was in California April 1st 98 - Became mentally disturbed there. Brought home to friends here, who placed her in Sanatorium.

On admission put upon Infirmary list. (G.H.W. Rft. Complexion fair: Hair reddish gray: Eyes hazel: Skin normal condition: No marks, scars nor bruises noted: Is clean: Both knee + elbow joints seem stiff. Behavior quiet, resisted being bathed: Talks very little but answers questions rationally.

June 15-99. Summary Nurse's 14 Day Record by Dr. P. W. Phelps:- Admitted June 15: somewhat restless: Did not sleep till 3 a.m.: slept only 3 hrs: next day quite nervous: frequently out of bed: talks answered quite accurately, was very melancholy + oppressed with delusive ideas: Her state, although not so severe, is somewhat the same as during her preceding stay here: Notes during first week showed temperature + general condition to be normal, but appetite very poor, although she ate some half the time: also rather restless at night: Second week refused medicine at times, ate very little, also slept very irregularly: June 28 Quite restless + melancholy: Delusive ideas more prominent than at time of admission: Talks less + is very apt to run off on subject of her delusions. Continued R.W.P.

July 3 Refused breakfast: Still easily agitated, nervous + depressed + rather contrary about things + deluded. Augt Taken out on trial by friends in city. At times shows some improvement, at others behaves as formerly.

Discharged.

Died in May 1899.

Personal and Medical History of

Personal and Medical History of Louisa Rolfing.

Whole No. 5071
Residence, St. Paul, Minn.
Date Admission, June 20th 1898.
Admitted by Dr. H.H. Herzog hour, 6 PM.
How Sent, G. Ulrich & Co. Ramsey Co
Sex, Female Age, ? (57)
Civil Condition, married
Children, Four.
Age Youngest Child, 28 yrs.
Occupation, — (husband a farmer)
Degree Education, common school
Profession, Religion, Methodist
Habits, Not intemperate
~~Nationality~~ Nativity, Iowa - (Parents born in Germany)
Physicians Committing, G. Gloning & C.L. Riggs.
Correspondents, A.H. Strate (son-in-law)
181-189 E 4th St. St Paul, Minn-
Ry. Exc. Comm. Co.

No. of Years, ?38
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes attempted by knife.
Date of this Attack, April 15/98.
Duration, 2 mos 5 da.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, Oct. 24. 1898
Time in Hospital, 4 m. 4 d.
Result, Discharged Feb. 8. 1899 Improved

EXAMINATION ON ADMISSION BY DRS. R.A. Babb & Ruy Phelps *Date of* 7/30/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear except for delusions.
MEMORY, Past Events, Seemingly fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Poor
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Are constant on subjects of insanity of children, doing wrong & lost soul.
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, Comparatively sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Denies any insanity
Father, D. suddenly at 75.
Paternal Relatives,
Mother, D at 75
Maternal Relatives,
Brothers and Sisters, Half
6 children - 27 dead
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says had none.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, In all last years
OCCUPATION, Healthy or not, Housework.
Detail Date, Duration, and Character of Previous Attack, if any,
1st attack about 20 yrs ago. Sev. attacks
Sleep, Appetite, Fair Fair and Bowels,

July 2, 1898. Concerning Mrs.Louisa Rolfing,her son,John A.Kaese,writes:

About twenty years ago she had a slight attack which lasted about three months, and was similar to the present one. Four years later she had a fall down a stairway and hurt her spine. Was out of her mind all night, and very weak and nervous afterward. Seemed deranged mentally. Concerning last attack, she was financially in trouble, and got married to get out of her financial troubles, then worried about having done wrong. Was married in March. In April her mind seemed to be failing quite rapidly. No insanity in the family, but her father was very nervous.

Duluth 17th Dec 99 (Sunday)

SO IT SHOULDN'T MAR HER THROAT

INSANE WOMAN'S CAREFUL PREPARATIONS TO HANG HERSELF.

Mrs. Louisa Rolfing, While Her Husband Is Attending a Funeral, Lays Methodical Plans to Take Her Life in a Fit of Recurrent Dementia—Husband Finds the Body Hanging Where the Parlor Lamp Should Be—A Bandage So It Need Not Hurt.

Mrs. Louisa Rolfing hanged herself in her home, 415 Sinnen street, yesterday afternoon. Her husband, returning from a funeral, found her body hanging from a rope attached to the ceiling of the parlor. Coroner Nelson says that it was the result of aberration of the mind.

Mrs. Rolfing was the mother of seven children, three by her surviving husband. She had been committed to the insane asylum and was discharged from there last October. She has exhibited symptoms of an unsound mind many times since her discharge from the asylum, and had several times threatened to kill herself. Only recently Mrs. Rolfing tried to end her life by immersing her face in a large vessel filled with water, but was detected in time by her family.

She was left alone in the house yesterday afternoon while Mr. Rolfing went to a funeral. Some time after 2 o'clock Mrs. Rolfing removed the hanging lamp from the ceiling in the parlor, carefully made a noose in a clothesline and attached it to the hook on which the lamp had hung. After covering her throat with red flannel, so that the rope would not injure the skin or cause unnecessary pain, she climbed on a table, which she had previously supported with chairs to prevent it from turning over, and then ended it all.

When Mr. Rolfing got home about 4:30 o'clock he found the house locked. After repeated knocking he climbed through a window and found the body. Capt. Pettigieser and Officer Gates, whom he called, made an investigation and summoned the coroner, who had the body removed to an undertaker's, after an examination into the cause of death.

Mrs. Rolfing was fifty-eight years old and was born in Fort Madison, Iowa. She had been married twice, and leaves seven children. William Rolfing, her husband, is a retired farmer.

...ION, Bruce Examination

...Legs, Grasp,

...e, Facial Muscles, General, No special -

...& Equal. Other Reflexes,

...l, Hesitating, Slow, Fairly normal

...Paretic, Sad, Etc.,

...gth, Sounds, Size,
...1st sound roughened.
...ity,
...ve - Sounds dilat
...tic - Irregular

...Scales 76 +

...5 beat.

..., Expansion,

...Resp. 22

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,

..., Quantity, 7 XXXIV Sp. g. 1.030 Reaction, Acid Color and Appearance, Yellow with White flinky deposit.

...face only by Fauvets Sugar, Absent.

...rstals, amor. urates - a few Epith. cells.

...AMINATION, Urethral orifice inflamed & sensitive with many adhesions on both ...n of cervix & vagina - lateral laceration of cervix - Uterus Retroflexed & adherent to left - slight ...ge whitish & sero sanguineous.
...ts regular until after marriage - Too frequent then - not painful.

...XAMINATION,

...noglobin,

SLEEP, Present Amount and Character, fairly good Appetite fair.

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 typical state of melancholia - With slight agitation - Is fearful that children are insane - Says married again 6 months ago & ought not & have done so. Melancholy ideas about everything - Says had another attack, similar, about 20 yrs ago & had other attacks of it. Physical impairment noted is chiefly of atheroma of radial artery - Looks more aged than she should

Personal and Medical

Whole No. 2071

Residence, St. Paul, Minn.

Date Admission, June 20th 1898.

Admitted by Dr. H.H. Sterzog hour, 6 P.M.

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

Sex, Female Age, ? (57)

Civil Condition, married

Children, Four

Age Youngest Child, 28 yrs.

Occupation, — (Husband a farmer)

Degree Education, Common school

Profession, Religion, Methodist

Habits, Not intemperate

Nativity & Nationality, Iowa - (Parents born in Germany)

Physicians Committing, G. Loring & C.B. Riggs.

Correspondents, A.H. Strate (son-in-law)
181-189 E 4th St. St Paul, Minn-
Yes, Yes, Same Yes.

Cause I...

Form,

Accompanying Bodily Disorder, None

Suicidal or not, Yes attempted by Knife,

Date of this Attack, April 15/98.

Duration, 2 mos 5 dys.

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, ?

Time of Leaving, Oct. 24

Time in Hospital, 4 m...

Result, Discharged
Improv...

EXAMINATION ON ADMISSION BY DRS. R.A. Babs & Rue C...

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear except for delusions.

MEMORY, Past Events, Seemingly fair.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, Poor.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Are constant on subjects of insanity of children, doing wrong & lost soul.

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,

LENGTH I...

ONSET, ...den.

HERI... ...insanguinity, Epil-

... ...ebriety, Consumption),

6 children - ...

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says had none.

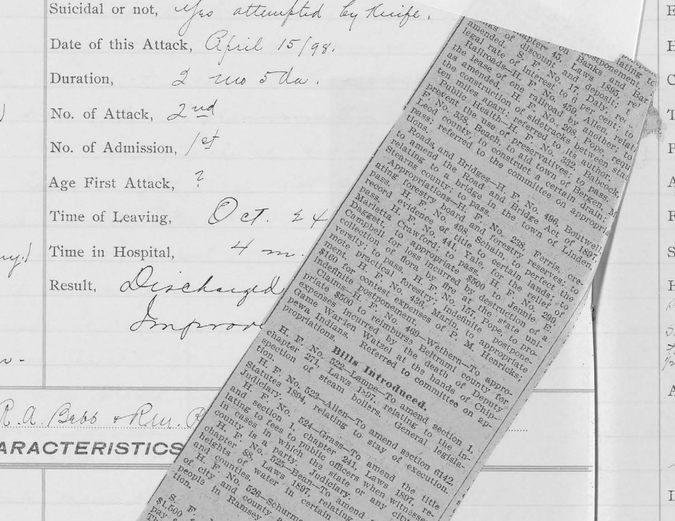
HABITS, Drinking and Smoking,
not of late years.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Housework.

Detail Date, Duration, and Character of Previous Attack, if any,
1st attack about 20 yrs ago. Sev. attack.

Sleep, Appetite, and Bowels,
fair fair



...sonal and Medical History of Louisa Tolfing

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2 PRESENT WEIGHT, 103½ lbs. USUAL WEIGHT, NUTRITION, Some Emaciation

WOUNDS, Abnormalities (new) and condition of Skin, Sallow.

TONGUE, Coatings or Promptness of Movement, Fairly normal.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Very slight response to light.

SIGHT, Says good.

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

HEARING, Says somewhat deaf.

COORDINATION, Arms, Fair. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, No special -

PATELLAR REFLEX, ♁ Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Fairly normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Slight systolic murmur. 1st sound roughened.

Apex Beat, Regularity,
Sounds weak at base - Some dilatation or hypertrophy - Down + to left 5th i.s. near nipple line - Irregular.

ARTERIES,
Atheroma present. Pulse 76 + intermittent every 5 beat.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expan. fair
R. Sounds. Normal - Resp. 22

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,

6/24/98 EXAMINATION URINE, Quantity, ℥ XXXIV Sp. g. 1.020 Reaction, Acid Color and Appearance, Yellow with white flaky deposit.

Albumen, Trace only by Tanrets Sugar, Absent.

Casts and Crystals, Amor. urates - a few Epith. cells.

7/18/98 GYNECOLOGICAL EXAMINATION, Urethral orifice inflamed & sensitive. With many adhesions on both side. Inflammation of cervix & vagina - Lateral laceration of cervix - Uterus retroflexed & adherent to left. Slight leucorrheal discharge, whitish & granulous.

MENSTRUATION, Quite regular until after marriage - too frequent then - not painful.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fairly good Appetite fair.

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 typical state of melancholia. With slight agitation. Is fearful that children are insane. Says married again 6 months ago & ought not to have done so. Melancholy ideas about everything. Says had another attack, similar, about 20 yrs ago. Had other attacks of it. Physical impairment noted is chiefly of atheroma of radial artery - Looks more aged than she should

Personal and Medical History of Louisa Rolfing

1898

This patient was brought here by A. G. Strate (son-in-law) as Sheriff's deputy, attended by A. Woltersdorff, in poor physical condition, with the following history:- No history of consanguinity, hereditypor intemperance in parents or self: First attack occurred 35 yrs. ago. was of short duration: First symptoms of present attack manifested April 15/98 by depression. Disease appears increasing. Not variable: Derangement now manifested by idea that she has lost her soul: Not disposed to injure others: Attempted to kill herself with a knife: No filthy nor destructive habits: No nervous peculiarities manifested: No severe disease nor injury to head: Has neither been confined nor restrained: Constructive treatment pursued. No further particulars noted, on personal examination.

June 20 On admission put upon B??. (G.H.N. Rpt. Complexion fair: hair light: eyes blue: Condition of skin hot & dry: No marks nor scars noted: Both arms bruised: Is clean: Behavior quiet: Has delusions)

Summary Nurses Notes by Dr. Phelps. June 20 Received on ward. both arms bruised: Rather melancholy but able to answer questions in a fairly rational way. June 26 Complained of pain in abdomen. Lies down most of day. Aside from prevalent melancholy ideas is fairly quiet & answers in a fairly rational way. July 3 Transferred to Infirmary. Aug 31 Seems to be in fairly good health; Still, however, insists on her delusions & hypochondriacal condition. Sept. 98 Neat in habits & appearance: Appetite fairly good: Bowels regular: Sometimes very restless at night. Oct 3. Visited by husband & taken home.

Discharged.

Personal and Medical History of

Personal and Medical History of Annie Lampe.

Whole No. 507	No. of Years, 239
Residence, St. Paul, Minn.	Insane Relatives, None
Date Admission, June 21st 1898	Cause Exciting, Unknown
Admitted by Dr. R. A. Bebb hour, 6th P.M.	Cause Predisposing, "
How Sent, G. Willrich J. of P. Ramsey Co.	Form,
Sex, Female Age, 27 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, married	Suicidal or not, Not.
Children, Two	Date of this Attack, 6 wks. ago
Age Youngest Child, 2 yrs.	Duration, 6 wks.
Occupation, Housewife (husband laborer)	No. of Attack, 1st
Degree Education, Common school	No. of Admission, 1st
Profession, Religion, Methodist	Age First Attack, 27 yrs.
Habits, Not intemperate.	Time of Leaving, May 16. 1899
~~Nationality~~ Nativity, Ohio. (Parents born in Germany.)	Time in Hospital, 10 mo. 25 d
Physicians Committing, V. J. Hawkins & R. S. Bole	Result, Discharged Nov. 1. 1899 Improved
Correspondents, G. W. Lampe (husband) 138 Concord St. St. Paul, Minn.	

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

MENTAL CHARACTERISTICS.

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

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

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Not dull - illusive.

REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects, "
Own Mental State, Confused & silly -

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Usually
Melancholy - often silly -

DELUSIONS, Systematized, Transitory, Special Subjects,
Says worried but don't know what about.

HALLUCINATIONS, } None determined -
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, Says 7 wks.

ONSET, Gradual or Sudden,

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, ? don't know.
Paternal Relatives,
Mother, Died 6 yrs. ago.
Maternal Relatives,
3 Brothers and ~~Sisters~~ 2 children healthy

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

HABITS, Drinking and Smoking,

HEADACHES, used to have VERTIGO slight OR CONVULSIONS,

OCCUPATION, Healthy or not, housework only at home.

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

Sleep, Poor Appetite, ? and Bowels,

Personal and Medical History of Annie Lampe.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ PRESENT WEIGHT, 100 lbs USUAL WEIGHT, 99 NUTRITION, Some impairment.

WOUNDS, Abnormalities and condition of Skin, Quite pale.

TONGUE, Coatings or Promptness of Movement, Fairly normal.

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

SIGHT, Good

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

HEARING, Good

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Normal

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc., Sometimes sad - often silly -

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs. Sounds slightly weak.

ARTERIES,
Pulse weak -

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,

6/24/98 EXAMINATION URINE, Quantity, ℥ XXVI Sp. g. 1.032 Reaction, acid Color and Appearance, Reddish yellow cloudy
Albumen, present by Saurets - trace by heat & HNO_3 Sugar, absent
Casts and Crystals, Excess of amor. urates & pus corpuscles. granular cast (?) oxalate of lime - epith of all varieties.

GYNECOLOGICAL EXAMINATION, laceration of perineum & cervix - extensive erosion of mucous membrane around os. Uterus retroflexed & adherent to right - haemorrhoids - leucorrhoea.

MENSTRUATION, always quite regular - Some pain in hypogastric region during menstruation

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition, Constipated - Reg. lax.

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, neat & in appearance intelligent. Does not appear, however, to recognize her husband as her husband & is rather vague & irrelevant in talk. Is somewhat melancholy - often silly & restless - Is very incoherent much of the time - Sometimes answers questions sensibly.

Personal and Medical History of Annie Lampe.

1898

This patient was brought here by Sheriff's deputy John Moriarty attended by husband, G.W. Lampe - in fair physical condition, with the following history:-
No history of consanguinity, heredity, nor intemperance in parents or self. First symptoms of disease manifested six weeks ago, by delusions: Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested by religious delusions: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe disease nor injury to head: No confinement nor restraint employed: Has received no treatment. On personal examinations shows delusions on many subjects.

June 21 On admission put upon B^m W. (G.H.U. Rpt. Complexion dark: hair black: eyes brown: Skin normal condition: No marks, scars nor bruises: Is clean: Behavior quiet: Has delusions.

Summary Nurses Notes by Dr. Phelps. June 21 Patient rather restless & nervous: does not appear very demented: June 22 Visited by husband: rather restless: would not stay in bed during night. June 27 Still restless, talking a good deal & at times talking & laughing to herself: Still noisy, restless & melancholy: Thinks someone is going to hurt her. July 11 Still restless & melancholy Aug 6 Has toothache face badly swollen: Has quieted down somewhat: Has delusions; will not believe that letters written her by husband are for her. Nov. 30 Patient at times resists: Has a good many delusions but is fairly quiet in behavior

Jan 17 '99. Complains of feeling bad: Temp. 103. Has grippe Jan 23 Fairly well recovered

Feb 23. Is working on hall. Condition practically unchanged. (Cont. by Dr. R. A. Bell)

Mar. to May '99: Appetite good: bowels regular: Mar. 16 menstr: very talkative but is incoherent & often silly: Mar. 23 & Trans. to B^3: Receives gyn. treatment & douches 3 times a week: at times scolds & is noisy & disagreeable: often assists with work & takes out door exercise: Apr. 8. Menstr

Apr. 29 Complained of tooth ache, head ache & pain in abdomen: T. 102^4 P. 108 R. 23: Appetite impaired: laxatives given: trans. to Inf. Sick record kept.

May 1 T. P. R. normal: pulse occasionally rapid: Is menstr. May 6 Trans. to B^3 Requires laxatives & enemata frequently: May 9 Complained of pain in head: remained in bed: also complained of painful hemorrhoids: bathed & antiseptic compresses applied: remained in bed several days until above condition was relieved: May 16 Visited by husband & taken home on trial: At time of leaving showed no special mental improvement: Sometimes answered questions sensibly, but usually incoherent and frequently talked to self as she walked aimlessly about the hall: physical condition quite good aside from the hemorrhoids from which she suffered considerably at times.

Discharged

Personal and Medical History of

Personal and Medical History of Rosa Bayer (or Bauer)

Whole No. 5075
Residence, St. Paul, Minn
Date Admission, June 22 1898
Admitted by Dr C.B. Eby hour, 6.45 PM.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 34
Civil Condition, married
Children, 7 children
Age Youngest Child, 18 mos.
Occupation, Housewife (Husband Carpenter)
Degree Education, Common school.
Profession, Religion, Catholic
Habits, Not intemperate.
~~Nationality~~ Nativity Germany. F.P. Canac-Marquis & R.S. Bole.
Physicians Committing,
Correspondents,

No. of Years, 242
Insane Relatives, None.
Cause Exciting, unknown
Cause Predisposing,
Form,
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, 34
Time of Leaving, Apr. 11. 1899
Time in Hospital, 9 m. 20 d.
Result, Discharged Nov. 1. 1899
Much Improved.

EXAMINATION ON ADMISSION BY DR. R.A. Bebb & R.M. Phelps *Date of* 6/29/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - confused.
MEMORY, Past Events, Impaired.
Recent Events, Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - Illusive.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects,
Own Mental State, M.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, not Systematized, many 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.
History not given.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, History not 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,
First attack.
Sleep, disturbed Appetite, and Bowels,

Personal and Medical History of Rosa Bayer (or Bauer)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ in. PRESENT WEIGHT, 108 lbs. USUAL WEIGHT, NUTRITION, Poor - more pallor than emaciation.
WOUNDS, Abnormalities and condition of Skin, Skin very pale & anaemic.
TONGUE, Coatings or Promptness of Movement, prompt. Some white coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Response normal.
SIGHT, probably normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left eye inflamed
HEARING, good
COORDINATION, ~~Arms,~~ Cannot test - seems good - Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal
PATELLAR REFLEX, Normal 5. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fair.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No murmurs - Sounds rather weak about normal
Apex Beat, Regularity,
Regular.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
No serious impairment.

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,

7/1/98 EXAMINATION URINE, Quantity, ℥ XXII Sp. g. 1.028 Reaction, acid Color and Appearance, reddish yellow with copy deposit.
Albumen, present by heat & HNO_3 Excess by Tannets Sugar, none
Casts and Crystals, Excess pus corpuscles. - a few blood corpuscles. epith of all varieties - excess of amor. & sod. urates. uric acid crystals
7/18/98 GYNECOLOGICAL EXAMINATION, laceration of perineum - otherwise external genitals normal - lateral laceration of cervix. Considerable erosion around os. Small amount of leucorrhoea - retroflexion - rectocele
MENSTRUATION, could secure no history
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).
Comes as case of acute mania. No details given - Appears somewhat anaemic.

Personal and Medical History of Rosa Boyer.

1898

This patient was brought here by sheriff's deputy attended by husband of patient in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in parents nor self. First symptoms of disease manifested 3 weeks ago by Disease appears increasing: Is variable: Derangement now manifested by delusions of persecution: Is inclined to injure others: No filthy nor destructive habits: No previous peculiarities manifested: No severe disease nor injury to head: Has not been confined nor restrained. Has received no treatment.

On personal examination shows delusions on many subjects.

June 23 On admission put upon B. W. (G.H.N. Rpt. Complexion dark: hair brown: eyes brown: Skin normal condition: No marks nor scars noted: Bruises on legs, arms & face: Is rather dirty: Behavior quiet: Remarks incoherent.)

Summary Nurses Notes by Dr. Phelps. June 22 '98 Received on ward. Limbs, body & face bruised: Is destructive & noisy rather maniacal: Left eye sore. June 24 Rather incoherent fought nurses: put in restraint: Struggles & is maniacal Temp. 103° at 3 P.M.

June 28 Still in restraint Temp. 99°. No change in behavior. July 26 Patient has been rather active & violent: Has been in restraint a good deal of time. Is in better health: Temp. practically normal. Aug 30 Now able to be up & about: Is in restraint at night. but out during day. Sept. 27 Fought nurses today & broke dishes: Still in restraint at night. Nov 15 Not in restraint now. Seems to be improving. Nov 18 Trans. to C. W. 19 Broke dishes today & was violent. Jan 6 Inclined to be melancholy. Jan 22 '99 Visited by husband. Jan 27 Quite depressed & melancholy in manner: Has been praying a good deal of late.

Mch 1 to Apr 11 '99. Mch 2 In bed: complains of headache & sore throat: has tonsilitis. T. 100 P. 94. R. 20. Trans. to Infirmary: Mch 6 Very much better Temp. about normal: Pulse 68. Able to sit up a short time. Mch 7 Visited by brother Mch. 8 Upon ward. Apr. 11 Visited by husband & taken home.

Discharged.

Personal and Medical History of

Personal and Medical History of Carrie Bottleson (or Thompson)

Whole No. 5077
Residence, Bath, Freeborn Co. Minn.
Date Admission, June 23rd 1898.
Admitted by Dr. R. A. Bebb hour, 8th P.M.
How Sent, Herman Blackmer J. of P. Freeborn Co.
Sex, Female Age, 48
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, None
Degree Education, Pair
Profession, Religion, Lutheran
Habits, Temperate
~~Nationality~~ Nativity, Norway. (Parents also born there)
Physicians Committing, G. W. Barck & Henrik —
Correspondents, Mrs. Sebasten (half-sister) New Richland

No. of Years, 244
Insane Relatives, Brother an idiot.
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About Christmas '97
Duration, About 6 mos.
No. of Attack, 1st Continuous
No. of Admission, 2nd
Age First Attack, ?
Time of Leaving, Jan. 24, 1901.
Time in Hospital, 2 yrs. 7 mo. 1 da.
Result, Died. Gen'l Peritonitis caused by perforation of Bowel.

EXAMINATION ON ADMISSION BY DR. R. Bebb & R. M. Phelps. *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish - confused.
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, Year.
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, No VERTIGO, Dizzy at times. OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
None for a long time.
Sleep, Appetite, and Bowels,

Personal and Medical History of Carrie Bottleson

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Poor
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size dilated.
SIGHT, Probably good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Sore.
HEARING, Normal
COORDINATION, Arms, Normal - So obstinate & ~~Legs~~ weak now. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, Exag. 8-9. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, N. but rarely can be made to say anything.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Sounds weak at base -
Apex Beat, Regularity,
Apex beat normal position
Pulse 96 - rapid - weak - irregular
ARTERIES,
Normal -
LUNGS, (1) Chest, Symmetry, (2) Expansion,
(3) Breath Sounds,
(1) Some emaciation (2) Lessened on L. side
Voc. Fremitus impaired on L. side.

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,

7/7/98 No EXAMINATION URINE, Quantity, ℥XIV Sp. g. 1025 Reaction, Acid Color and Appearance, reddish yellow - cloudy White, flaky deposit
Albumen, Trace by Tausets Sugar,
Casts and Crystals, Amor. urates - pus - a few epith. cells, pus corpuscles, & uric acid crystals.

7/28/98 GYNECOLOGICAL EXAMINATION, External genitals normal. hymen intact.

MENSTRUATION,
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 here before. Appearance & history of a defective or of imbecile character. Duration for past few years shown in previous history. Has failed much since admission. Progress seems steadily downward so far as mental state is concerned. Physically emaciated. Continually repeats word "Gude" occasionally has screams it. Holds hand over mouth.

Personal and Medical History of Carrie Bottleson.

1898

This patient was brought here by Sheriff's deputy J.A. Gustavus attended by half-sister, Mrs. Sebastian, in poor physical condition, with the following history:- No history of consanguinity: Brother an idiot. First attack occurred in was here from Jan. 16 '1896 to Nov. 8 '1897 (See Vol 36 Fol 61 No. 4302) First symptoms of present attack manifested about Christmas, was afraid that her mother would poison her food: Disease stationary: Not variable: Derangement now manifested by delusions that passers by will cause sickness, etc: No disposition to injure others: Habits filthy: No information concerning previous peculiarities: No history of intemperance in parents nor self: No severe diseases nor injuries to head: Has neither been confined nor restrained: Has received no treatment.

On personal examination talks rationally at times but sticks to delusions.

June 23 On admission put upon B² W (G.H.U. Rpt. Complexion light: hair & eyes light

Summary Notes by Dr Phelps. June 23 Received on ward: Rather restless & talkative & rather melancholy. June 29 Talks rather incoherently: Is constipated: Had lice in head at time of coming. July 6 General condition fairly normal but she is still noisy & troublesome in manner. Aug 31 Still noisy, at times rather untidy in habits. Nov. 30 No special change: Is growing worse rather than better. Dec 21 Had second finger on left hand dislocated. put in splint & bandaged. Patient sits on floor rather than on seats. Is at times noisy: makes peculiar sounds.

Mch 1 to Aug 31 '99 Appetite good: Sleeps well: Bowels quite regular: Very untidy in habits, noisy & resistive & whenever touched she makes a peculiar shrill noise. July 25. Visited by brother. Sept 1 - Feb 28 '1900 (Dr Heyerdale) Dirty & untidy: Eats & sleeps well: Noisy at times: Does not converse: Jan 18. 81#

Sits on bench in bay all day: Frequently screams if disturbed.

Mch 1 - Aug 31 '1900. (Dr. Linton) Usually sits in bay with hands over face: Seldom talks tho seems to understand what is going on about her. Has delusions: appetite poor: Takes meals on tray: Bowels irregular: Sleeps well: Menstruates regularly: Never goes out for exercise: July 16. Vaccinated: Frequently very noisy & screams Oct 7 Has a hacking cough: sick in bed: Nov. 16 Wt. 179#. Nov 24 Dirty: Will not talk but often screams: Appetite fair Bowels regular: Sleeps well: Will not walk alone, has to be taken by force. Resists nurses. Nov 16 1900 Wt. 79#

Personal and Medical History of Carrie Bottleson

Postmortem

Was performed by Drs. Linton, Heyerdale, Chappel & wanous.

Body extremely emaciated, abdomen quite tense & abdominal cavity contained considerable turbid, yellowish fluid.

Intestines showed perforation in lower part of small intestine at the site of a tubercular ulcer of which there were a number scattered through the intestines.

The left lung was tubercular throughout with cavaties scattered through the left lobes; several large cavaties in upper and middle lobes, Left lung bound to thoracic wall by extensive adhesions, right lung bound by adhesion about the apex; free otherwise. Upper lobe right lung extensively involved by tuberculosis, one large cavity, middle lobe had tubercular nodicles scattered throughout.

Cause of death perforation of small intestine due to tubercular ulcer.

Personal and Medical History of Katherine Ward.

Whole No. 5082
Residence, St. Paul, Minn.
Date Admission, June 30th 1898
Admitted by Dr. R.M. Phelps hour, 5 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 23 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Office girl.
Degree Education, high-school.
Profession, Religion, Catholic
Habits, not intemperate.
~~Nationality~~ Nativity, Minn. Parents born in Ireland.
Physicians Committing, G. Stoning & G.A. Renz
Correspondents,

No. of Years, 249
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 6 mos. ago.
Duration, 6 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R.A. Bebb & R.M. Phelps *Date of* 7/1/98.

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,

Mentally dull & quiet. Evidently from delusions in presistently & resistively quiet. Will usually say nothing.

HISTORICAL.

LENGTH INVASION, 3-6 mos.

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, used to have VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Office work.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Katherine Ward.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin, Fairly healthy.

TONGUE, Coatings or Promptness of Movement, Pale & whitish.

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

SIGHT, Normal.

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

HEARING, Good.

COORDINATION, Arms, Normal. Legs, Grasp,

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

PATELLAR REFLEX, Normal & Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, following 1st sound. Strength, Sounds, fair Size, slightly to left

Apex Beat, Regularity, regular

Pulse somewhat feeble.

ARTERIES,

Normal.

LUNGS, Chest, Symmetry, small but symmetrical Expansion fair

Breath Sounds, Fair -

Says has occasional pain in left lung.

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,

7/5/98 EXAMINATION URINE, Quantity, ℥ XXVII 55 Sp. g. 1.030 Reaction, acid Color and Appearance, reddish yellow. Cloudy with ropy deposit.

Albumen, absent Sugar, do

Casts and Crystals, a few pus & blood corpuscles, mucine bands. Epith. cells. uric acid crystals & amor. urates

7/18/98 GYNECOLOGICAL EXAMINATION, External genitals normal - slight leucorrheal discharge - uterus adherent to right side.

MENSTRUATION, always regular until last Christmas - only twice since - in April & last of June.

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 girl & the invasion somewhat gradual seemingly. The accurate history is not yet obtained - Is melancholy & will not talk much - What answers are obtained, however, seem accurate & intelligent. Grieves constantly. No history of cause. Previous mental state supposably fair. Physical impairment found in a considerable heart murmur.

1898 Personal and Medical History of Katherine Ward.

This patient was brought here by Sheriff's deputy J.B. Arend attended by Mary Ward, in fair physical condition, with the following history:- No history of consanguinity heredity, nor intemperance in parents or self: First symptoms manifested about 6 mos. ago by melancholia + delusions of persecution: Disease appears increasing: Not variable: Derangement now manifested by thinking that she is followed by soldiers + detectives: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head. Has neither been confined nor restrained: Has been given preparations of iron. On personal examination is very depressed: melancholic: refuses food: will not speak.

June 30 On admission put upon B² W (GHN Rpt Complexion light hair reddish eyes-blue Condition of skin good.

Summary Notes by Dr. Phelps. June 30 Received on ward. July 1 Out of bed a good deal: Is restless + stubborn + excited. June 13 Somewhat quieter in behavior, but cries, tries to get away + is in various ways troublesome.

July 18 Rather melancholy. Trans. to Infirmary: Appetite poor but is neat in habits.

Aug 9 Visited daily by sister for several weeks past. Aug 22 Sister has been in town; today took patient away on trial: Condition not improved. Sept 5 Brought back on ward by sister. Dec 8 Taken home on trial. Jan 3 Returned.

Feb 28 Has been rather noisy, will talk of nothing but going home. Is usually hiding in some corner or behind door: Is full of delusions.

Mch. 1 to Aug 31. Physical condition fairly good: Mch 10. Refused to go to dining room at times: Ate nothing today: Is exceedingly noisy + uses profane language. Often prays. Apr 31 Very noisy at night: Trans. to B². Continues to refuse meals, necessary to feed her with tube. May 3 More quiet again May 4 + 11 + June 28 + July 10 - Made attempts to elope while out walking.

Apr 24 Visited by sister: Has many delusions: Is neat in habits but very careless in appearance. Aug 29. Wt. 95#. Sept 1. Feb 28 1900 (Dr Heyerdale) Neat: but careless in appearance: Takes out door exercise: Frequently very noisy + profane. Attacks nurses + is often destructive: Menstruates regularly: Often sings at top of voice day + night. Jan 18 89#. Frequently stands in room + pounds on door or window. Mch 1 - Aug 31 1900 Untidy + at times destructive. Has delusions: often requires hypnotics at night + is often in seclusion during day: Appetite good: bowels regular. Takes outdoor exercise: Menstruates regularly: During latter part of Summer received electrical treatments. Mch 20. Destroyed a small rocking chair: May 21 Held for one hour: July 4 Fought nurses: broke a flower pot: held ½ hr. July 11 Visited by friend July 21 Vaccinated. Sept 12. In restraint: Very noisy: Sept 20 Taken out of restraint. Oct 13 Noisy + disturbed. Expresses many delusions:

Personal and Medical History of Katherine Ward.

Appetite good: does not sleep well: Reads a great deal: Nov 20. 95#. Dec 1 - Feb 28 1901. General health good: Very noisy + disturbed: expresses delusions + hallucinations: Feb 15 Wt. 89#. Mar. to June 1901 General health good, takes out door exercise, neat in habits and appearance, has hallucinations of hearing, is extremely noisy at times and uses profane and vulgar language, is unoccupied, but is very active on the ward walking up and down in a restless manner, May 24. Wt 89½#.

June to Sept. No change in general condition, Aug. 30 Wt. 85#.

Sept to Dec. General health good, menstruates regularly, receives medical treatment for her ears they being irrigated with boric acid solution to remove collection of sebum. Nov. 18 Wt. 85¼#.

Dec. to Feb. 1903. No change. Wt about 80#. Nov. 16-02 Patient escaped about Chapel time but was brought back by Mr. Anderson. Visited by sister Jan. 25th 02.

Personal and Medical History of Clara Kuhl

Whole No. 5084.
Residence, St. Paul, Minn.
Date Admission, July 6th 1898.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, G. Millrich J. of P. Ramsey Co.
Sex, Female Age, 27 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, None (Father a merchant.)
Degree Education, High school.
Profession, Religion, Episcopal.
Habits, Not intemperate.
~~Nationality~~ Nativity, United States. (Parents Germany.)
Physicians Committing, Arthur Sweeney & G. Stoning.
Correspondents,
Miss D Kuhl. 551 Capital Boulevard St. Paul.

No. of Years, 251
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Melancholia with delusions
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3 mos. ago.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st here (Has been at Waukesha.)
Age First Attack, 27 yrs.
Time of Leaving, Apr. 28. 1900
Time in Hospital, 1 yr 9 m. 22 d
Result, Discharged June 23. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. R.A. Bibb & R.M. Phelps *Date of* 7/7/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish - confused.
MEMORY, Past Events, Impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - incorrect.
REASONING POWER, Ordinary Subjects, Will not talk.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - dull.
DELUSIONS, Systematized, Transitory, Special Subjects,
Will not 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,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, 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,

Copy of petition for appointment of Dorothea Kuhl as guardian for Clara Kuhl served upon Dr A. F. Kilbourne, Supt. Sept 8' 1899.

...ISTICS.
...IGHT, NUTRITION,
...slightly dilated. Response normal.
...ORDINATION, Arms, Will not test - Probably Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some tremulousness.
PATELLAR REFLEX, 8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, fairly normal -
Stoop shouldered -
Expansion - wont ky.

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,

8/9/98 EXAMINATION URINE, Quantity, – Sp. g. 1.020 Reaction, acid Color and Appearance, pale yellow - cloudy
Albumen, absent Sugar, do.
Casts and Crystals, a few pus corpuscles. Epith of all kinds - amor. urates.

GYNECOLOGICAL EXAMINATION, External Genitals normal - hymen intact - uterus slightly anteflexed & adherent to left. Slight leucorrheal discharge. slight erosion of os.
MENSTRUATION, No history obtainable
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).
Stupor and melancholia - Seems pubescent in form

Personal and Medical History of Clara Kuhl

Whole No. 5084.
Residence, St Paul, Minn.
Date Admission, July 6th 1898.
Admitted by Dr. Rau. Phelps hour, 6.45 P.M.
How Sent, G. Millrich & of P. Ramsey Co.
Sex, Female Age, 27 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, None (Father a merchant.)
Degree Education, High school.
Profession, Religion, Episcopal.
Habits, Not intemperate.
~~Nativity~~ Nationality, United States. (Parents Germany)
Physicians Committing Arthur Simms & G. Young.
Correspondents,
Miss D. Kuhl. 551 Capital Boulevard St. Paul.

No. of Years, 751
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Melancholia with delusions
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3 mos. ago.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st here (Has been at Waverly.)
Age First Attack, 27 yrs.
Time of Leaving, Apr. 28. 1900
Time in Hospital, 1 yr 9 m. 22 d
Result, Discharged June 23. 1900
Recovered

EXAMINATION ON ADMISSION BY DR. Rau & Phelps. *Date of* 7/7/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish - confused.
MEMORY, Past Events, Impaired.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - incorrect.
REASONING POWER, Ordinary Subjects, Will not talk.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent - dull.
DELUSIONS, Systematized, Transitory, Special Subjects,
Will not 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,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Unknown
Paternal Relatives,
Mother, Unknown
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

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 5in. PRESENT WEIGHT, 104 lbs. USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Bruise on hand.
TONGUE, Coatings or Promptness of Movement, Will not show it.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Reg. slightly dilated. Response normal.
SIGHT, Good?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good?
COORDINATION, Arms, Will not test - Probably normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some tremulousness.
PATELLAR REFLEX, R equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Fairly normal - Stoop shouldered - Expansion - front leg.

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,

5/9/98 EXAMINATION URINE, Quantity, — Sp. g. 1.020 Reaction, acid Color and Appearance, Pale yellow-cloudy.
Albumen, absent Sugar, do.
Casts and Crystals, a few pus corpuscles. epith of all kinds - amor. urates.

GYNECOLOGICAL EXAMINATION, External genitals normal - hymen intact - Uterus slightly anteflexed - adherent to left. Slight leucorrheal discharge. Slight erosion of os.
MENSTRUATION, No history obtainable
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).

Stuporous melancholia - Seems subsecent in form

Personal and Medical History of Clara Kuhl.

1899

This patient was brought here by Sheriff's deputy, Dr. Ed Reed, attended by Miss J. Maguire, in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in parents or self: This is first attack & first symptoms are manifested three months ago by delusions & depression: Patient was at Waukesha & while there gained in weight & physical condition but grew mentally: Disease appears stationary: Not variable: no rational intervals: Derangement now manifested by belief that she has deceived her friends & that her food is poisoned: Not disposed to injure others: Neither filthy nor destructive in habits: Before accession of disease had occasional nervous attacks: No severe disease nor injury to head: was at Waukesha two or three months & received treatment there. On personal examination face is indication of mental suffering, is depressed, refuses food, has delusions of poisoning.

July 6 On admission put upon 3rd N. (G.H.N. Apt. Complexion dark: eyes blue: hair light brown: Skin normal condition: No marks, scars nor bruises noted: Is clean: Behavior quiet: (refuses to talk.)

Summary Notes by Dr. Phelps. Record on ward: Struggled considerably: rather restless & seems afraid. July 7 Talks very little: tries to get out of room. Gets about normal. Seems afraid & resists. Fed by nurses: Is stupid & dull in behavior. July 25 Sitting up in bed during day: rather emaciated, dull & restless in behavior. Aug 7 Up on ward of late. Does not seem very strong. Sept 18 Still very quiet, dull & depressed: Is up & about but not active in any way. Oct 30 Unchanged in any respect. Nov 6 Is refusing to eat, & has to be fed by nurses. Feb 15 At times feeds herself but generally has to be fed by nurses.

Mch 1- Dec 1- 1899 - General health fair: Physical condition improved: Appetite poor: usually fed by nurse: sleeps well usually: Neat in habits but rather careless about appearance: Has delusions. Apr 30 Left eye quite badly inflamed: hot compresses applied: Takes out door exercise: Is very melancholy most of time. July 1 Seemed to be a little brighter from this time on showed a gradual improvement in mental condition; became more active & interested in surroundings & assisted with work: also read, crocheted & occasionally played on piano. Also more particular about appearance: Ate very well with a little urging but complained that she was afraid to eat. Laxatives given as needed. Sept 8 Visited by friend. Oct 24 & 25 Visited by sister.

Dec 1- Feb 28, 1900. (Dr. Heyerdale) Neat: Quiet: agreeable: Has improved rapidly works on ward: usually occupied: Appetite fair: sleeps well

Mch 1- Apr 28, 1900. Quiet & agreeable: Physical condition improved:

Personal and Medical History of

works on ward: Is neat: Takes outdoor exercise: eats & sleeps well - Apr. 28. Taken home by sister.

Personal and Medical History of Kate Meade

Whole No. 5085
Residence, Northfield, Rice Co, Minn.
Date Admission, July 7th 1898
Admitted by Dr. R. A. Bebb. hour, 3 P.M.
How Sent, R. A. Mott J. of P. Rice Co.
Sex, Female Age, 29
Civil Condition, Single.
Children, None.
Age Youngest Child, –
Occupation, Milliner.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not intemperate.
~~Nationality,~~ Nativity, Ireland (Parents also bore there.)
Because resident of state in 1881 of Co. in 1894
Physicians Committing, J. R. Phillips & E. E. Brubaker.
Correspondents, Michael Meade Box 338, Austin Minn.
Miss Helena Meade. Northfield, Minn.

No. of Years, 252
Insane Relatives, no information given.
Cause Exciting, Probably Courtship.
Cause Predisposing, –
Form, Mild Mel. with some agitation & delusions
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 29 yrs.
Time of Leaving, Sept. 2. 1898
Time in Hospital, 1 m. 26 d.
Result, Discharged Apr. 28 '99
Recovered

EXAMINATION ON ADMISSION BY DR. R. M. Phelps. *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly quick – confused.
MEMORY, Past Events, Impaired.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Not dull – illusive.
REASONING POWER, Ordinary Subjects, Incoherence.
Special Subjects, Impaired.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Wandering transitory delusions. Incoherence chiefly
HALLUCINATIONS, None determined.
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, Brief
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives, Obtained.
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Little of value
Typhoid fever at 17.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Very poor Appetite, and Bowels,
Takes medicine for bowels.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in. PRESENT WEIGHT, 107 USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, fairly normal
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size normal.
SIGHT, good ?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, his in bed – apparently normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some irregular tremulousness.
PATELLAR REFLEX, normal 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,
No serious impairment.

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,

7/9/98 EXAMINATION URINE, Quantity, ℥ XXIV Sp. g. 1.030 Reaction, acid Color and Appearance, Yellowish red Cloudy with ropy deposit.
Albumen, present by heat & HNO_3 in excess by Tannin Sugar, present by both tests
Casts and Crystals, pus & blood corpuscles. a few fragments of casts. Epith. cells. uric acid crystals & amor. urates.
GYNECOLOGICAL EXAMINATION,
MENSTRUATION,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, poor
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).
Has been quite melancholy. Was in business & quite successful & active.

Personal and Medical History of Kate Meade

1894

This patient was brought here by Sheriff's deputy, Mr. Hobbard, attended by Michael Meade, in fair physical condition, with the following history:- No information concerning history of heredity: Father + mother were 1st Cousins. First symptoms manifested two weeks ago by a sudden attack of hysterical insanity: Disease appears increasing: Is ranable, but no rational intervals: Derangement manifested on subject of courtship + marriage: Is violent + inclined to injure others: No disposition to filthy or destruct in habits: Previous peculiarities - always irritable + difficult to get on with No information concerning history of intemperance, severe deseases or injuries to head. During last two weeks has been watched constantly: Has been given tonic treatment Hydronatic of Hyasy hypodermically No further information obtained on personal examination

July 7 On admission put upon B'd W[illegible] Pt. hair brown: eyes blue: Skin normal condition: Small bruise on left leg: Is rather dirty Behavior very maniacal: Talks incoherently.

Summary Notes by Dr. Phelps. July 7 Received on ward. Rather excited: Is incoherent in manner + speech: Limbs somewhat bruised. July 8 Restless + out of bed during night. July 13 Very restless. Temp. 102.8 Temp. Has been up more or less since second day after admission Complains of pain in left side. Is very restless + slightly delirious July 20 Temp. down to about normal. Still very restless, however, + slightly delirious. Aug 3 Temp. normal. Patient still in bed: Has complained vaguely of bladder trouble, but nothing definite.

July 27 Visited by sister. Seems steadily improving: Is however mildly deluded.

Aug 31 Patient anxious to go home; is getting more rational in every way but still has some delusions.

Discharged

Personal and Medical History of

Personal and Medical History of Amelia Kagerer.

Whole No. 2088	No. of Years, 255.
Residence, St. Paul, Minn.	Insane Relatives, Don't Know.
Date Admission, July 12th 1898	Cause Exciting, None given
Admitted by Dr. C. B. Eby hour, 6th PM.	Cause Predisposing,
How Sent, G. Willrich J. of P. Ramsey Co.	Form, Paranoia
Sex, Female Age, 31 yrs.	Accompanying Bodily Disorder, None mentioned
Civil Condition, married.	Suicidal or not, Not.
Children, Three.	Date of this Attack, Some weeks ago.
Age Youngest Child, 5 yrs.	Duration, Several weeks.
Occupation, housewife - (Husband Stonemason.)	No. of Attack, 1st (?)
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 31 yrs.
Habits, Not intemperate.	Time of Leaving,
Nativity, Nationality, Germany (Parents also born there.	Time in Hospital,
Physicians Committing, A. Schwyzyn. — J. Okage	Result,
Correspondents, John Kagerer, 727 Charles St. St. Paul, Minn.	

EXAMINATION ON ADMISSION BY DRS. R.A. Betts + R.W. Sheps *Date of* 7/13/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Quick - somewhat confused.	HISTORICAL.
MEMORY, Past Events, quite good.	LENGTH INVASION,
Recent Events, " " Special Subjects,	ONSET, Gradual or Sudden, Probably gradual.
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Alert and fairly correct on ordinary subjects.	HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
REASONING POWER, Ordinary Subjects, quite good.	Father, D.
Special Subjects, Unpaired -	Paternal Relatives,
Own Mental State,	Mother, D. in old Country
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Nearly always irritable + scolding.	Maternal Relatives,
	Brothers and Sisters, 4 Children Youngest 5 yrs.
DELUSIONS, Systematized, Transitory, Special Subjects, Vague delusions of persecution.	PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had fevers at 8 yrs - Vague description.
	HABITS, Drinking and Smoking, Drinks some beer.
HALLUCINATIONS,	HEADACHES, VERTIGO, OR CONVULSIONS, No.
ILLUSIONS,	OCCUPATION, Healthy or not, Housework
The gross signs above being lacking, specify concerning Power	Detail Date, Duration, and Character of Previous Attack, if any,
of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness,	Sleep, but Appetite Ø and Bowels, Takes no medicine - afraid
Loss of Will Power, Slight Melancholy, or Exaltation,	

TORN FROM HOME

MRS. KAGERER RAILROADED TO THE ROCHESTER ASYLUM.

July 14th 98

SEIZED AT HER WASH TUB

Dr. Eby Minneapolis

The Neighbors of the Unhappy Woman Regard Her Treatment an Outrage Upon Nineteenth Century Civilization—Has the State the Power and Disposition to Be Humane?—A Case That Calls for Searching Investigation.

Is Mrs. Amelia Kagerer, the woman whom the probate court committed to the Rochester asylum last Monday, insane? That is the question that is agitating the neighbors of this unfortunate woman residing on Charles street in the vicinity of St. Albans and Groth streets.

Some of these neighbors do not think that the woman is insane, and they denounce her commitment to the Rochester asylum as an outrage upon a civilized community.

Whether Mrs. Kagerer is actually non compos mentis The Times cannot say, further than to point to the record of the probate court, which says that Mrs. Kagerer was adjudged to be insane. Doctors Obage and Schevyzer sat with Judge Willrich in this case, and after the usual examination they pronounced the woman insane. They reported that she was suffering from auditory illusions and that her outward symptoms were the manifestation of a quarrelsome disposition and the exhibition of fits of jealousy. She also lapsed from great excitement to periods of indifference while undergoing the quizzing of the physicians and Judge Willrich.

John Kagerer, the husband of Amelia, lodged the information of insanity against her. The neighbors give Mr. Kagerer anything but a good name, and openly charge that he is seeking to get rid of his wife so that he can sell or mortgage the little twenty-foot lot on which his shack stands.

Mrs. Kagerer has been living for several years in a shanty-like structure on Charles street, known as No. 727. It sets back about sixty feet from the north side of the street on a twenty-foot lot. Mr. and Mrs. Kagerer lived together at this place for several years, and according to all reports, quarreled awfully.

About two years ago Mr. Kagerer, who is a stonecutter or mason by trade, departed, and since then has not been seen often in that vicinity. Mrs. Kagerer was left with three children to care for. They are about 9, 6 and 5 years old.

It is said that the principle cause of their frequent quarreling was the refusal of Mrs. Kagerer to sign her name to a deed or mortgage of her husband's twenty-foot lot.

For the past two years Mrs. Kagerer has managed to keep herself and children alive by taking in washing, and by receiving food and clothing from the neighbors and the associated charities.

About two weeks ago Mr. Kagerer put in an appearance at home and his little daughter Mary astonished the neighbors with the information that "papa had bought a whole lot of groceries and other things to eat.

But another surprise was in store for everybody last Monday.

The neighbors were just about sitting down to their dinners when screams were heard coming from the Kagerer house. A closed carriage was standing on Charles street. As the women folks rushed out of doors to ascertain the cause of the cries, they beheld two men dragging Mrs. Kagerer from her house. The two men were a deputy sheriff and the driver of the carriage.

Mrs. Kagerer resisted frantically and rent the air with piercing shrieks. She was bareheaded and wore a plain crash house dress. The deputy had arrested and seized her while she was engaged at her wash tub. For, as he explained, he had a warrant for her arrest on the charge of insanity, preferred by her husband.

In vain the poor woman resisted the two burly men. They dragged her by main force to the carriage and thrust her inside, the deputy sitting beside her. Then she ceased her cries, but begged the deputy to allow her to get her hat and change her clothes before being taken to the probate court. But both requests were refused and the carriage drove off in a jiffy, leaving the astonished neighbors in a state of great indignation. They could hardly believe their eyes and declared that they had never witnessed such an outrage.

When Mrs. Kagerer found herself in the probate courtroom twenty minutes later, where she beheld none but strange faces about her, she exhibited some signs of excitement. Hatless as she was and clad in her homely working dress, she also betrayed the keenest embarrassment. Under the circumstances she looked as if she might be a crazy woman.

Her husband was there, a man between 35 and 40, with a bushy beard and phlegmatic countenance. She spoke to him in broken English. She is an Austrian. And told him he would be sorry for what he had done. She asked the deputy sheriff to give her his name, and declared that he, too, would be brought to account.

A few moments later court opened, and the judge and the two physicians constituting the commission or jury de lunatico inquirendo, proceeded to ascertain the mental condition of Mrs. Kagerer. They questioned her husband, and then took her in hand.

Half an hour later they came to the conclusion from the testimony that Mrs. Kagerer was crazy. She had auditory hallucinations or illusions, was quarrelsome and jealous without cause.

The result was her commitment to the Rochester asylum. She was allowed to remain over until Tuesday, however, in order to get her hat and leave town properly attired. Tuesday afternoon she was taken to Rochester.

Two of her children are at home with their father, while the youngest, a boy of 5, is in the hospital suffering with the measles, which disease has already caused him to lose the sight of one eye.

While the neighbors are not all of the same opinion as to the insanity of Mrs. Kagerer, some believing that the hardships inflicted upon her have unsettled her mind, they unite in denouncing as an outrage on civilization the manner in which she was pounced upon in her own house and dragged forth, without warning and without even allowing her to properly clothe herself.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 123 USUAL WEIGHT, NUTRITION, Fair.

and condition of Skin, Normal.

mptness of Movement, Normal.

esponse to Light, and Accommodation, Equal + normal.

AMELIA KAGERER:

hn Leitgev, a neighbor, writes in answer to quest- the time she got up in the morning till late in the nothing but trouble other people without any cause, he were in her right senses she would not claim other ty, forbidding other people from walking over strange that reason she went out to stop an aged woman, about om pumping water at her own pump. She claimed also was dead and that he had $1000 life insurance, and trouble for about two weeks, looking up different so- if he were in any or not. She first claimed that he ath, and again said that he had died an ordinary death hard working man, working on a farm. He came home es, asking her to go to the farm with him and work r, but she would not go, and only told him to give her e could go. He is a very nice man. He also wanted own with him and buy some things, but she always pre- ne and meet him at a certain place, and go home alone. : "I would like to give you the words she used, but table in here." The people around the neighborhood Mr. Kagerer at all, had she left them alone, but she had something against everybody. He says, "I cannot letter how she acted, because it is too awful."

writes about the same date, but gives very little de- hat she was very jealous, and made a few neighbors uble, saying that they were trying to keep him from to ruin her. He also speaks about the insurance mat- ted that she asserted him to own a piece of land r owned. Also that she scolded at times, sitting

Volume,

Peculiarities in Shape,

Quantity, Sp. g. 1028 Reaction, Neutral Color and Appearance, Yellow - flaky deposit

Sugar, do -

ls, a few pus corpuscles - epith cells - uric acid crystals - + amor.

NATION, Uterus adherent to left - prolapse of vaginal walls - labia majora slightly n of perineum - lateral laceration of cervix - cervix very firm - + - free from pain -

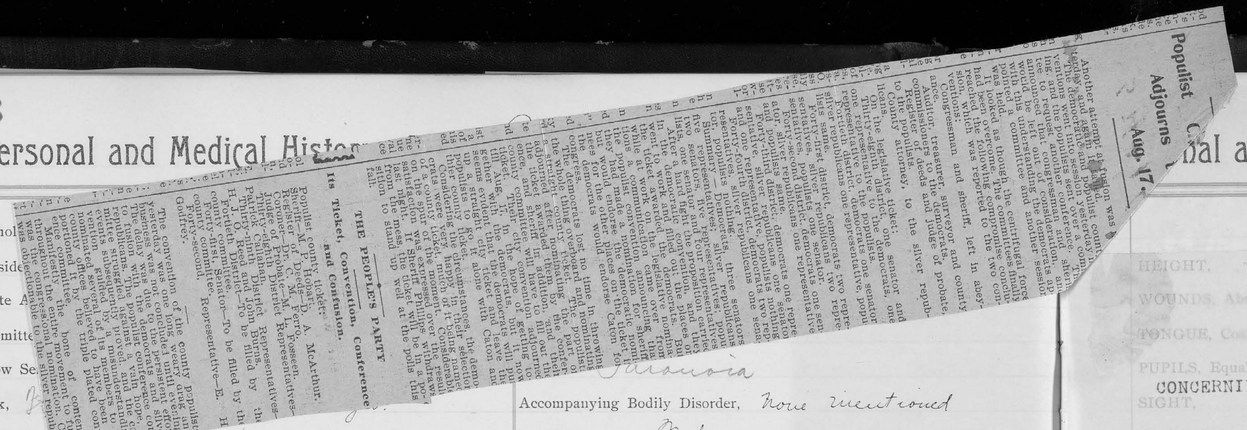
MINATION,

bin,

Character,

t of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the previous mental grade, and any physical impairment). Patient a little silly. No very well defined delusions ion. Thinks one neighbor talks about her but hard to say if this is a delusion. Seems fairly l has been away + has not supported her. Has come back recently.

Personal and Medical Hist[illegible]



Populist Convention Adjourns Aug. 17

THE PEOPLE'S PARTY
Its Ticket, Convention, Conference and Confusion.

Whol[illegible]
Reside[illegible]
Date A[illegible]
Admitte[illegible]
How Se[illegible]
Sex, [illegible]
Civil Con[illegible] Married.
Children, Three.
Age Youngest Child, 5 yrs.
Occupation, housewife - (Husband Stonemason.)
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Native~~ Nationality, Germany (Parents also born there.
Physicians Committing, A. Schwyzyn. — J. Skaggs
Correspondents, John Kagerer, 709 Charles St. St Paul Minn.

Minnesota

Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Some weeks ago.
Duration, Several weeks.
No. of Attack, 1st (?)
No. of Admission, 1st
Age First Attack, 31 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DRS. T.A. Bebs + R.M. Phelps *Date of* 7/13/98.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.

Recent Events, " " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert and fairly correct on ordinary subjects.

REASONING POWER, Ordinary Subjects, Quite good.

Special Subjects, Impaired -

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Nearly always irritable + scolding.

DELUSIONS, Systematized, Transitory, Special Subjects,
Vague delusions 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, Probably gradual.

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

Father, D.

Paternal Relatives,

Mother, D. in old Country

Maternal Relatives,

? Brothers and ? Sisters,
+ children Youngest 5 yrs.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had fever at 8 yrs - Vague description.

HABITS, Drinking and Smoking, Drinks some beer.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Housewife

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

Sleep, Not Appetite, Bowels, Takes no medicine - afraid

[illegible]nal and Medical History of Amelia Kagerer.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. PRESENT WEIGHT, 123. USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, Normal.

TONGUE, Coatings or Promptness of Movement, Normal.

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

CONCERNING MRS. AMELIA KAGERER:

Mr. John Leitgev, a neighbor, writes in answer to questions, that from the time she got up in the morning till late in the evening, she did nothing but trouble other people without any cause, whatever. If she were in her right senses she would not claim other people's property, forbidding other people from walking over strange property. For that reason she went out to stop an aged woman, about 60 years old, from pumping water at her own pump. She claimed also that her husband was dead and that he had $1000 life insurance, and made the police trouble for about two weeks, looking up different societies, to see if he were in any or not. She first claimed that he had frozen to death, and again said that he had died an ordinary death Mr. Kagerer is a hard working man, working on a farm. He came home at different times, asking her to go to the farm with him and work and live together, but she would not go, and only told him to give her his money, and he could go. He is a very nice man. He also wanted her to go down town with him and buy some things, but she always preferred to go alone and meet him at a certain place, and go home alone. Mr. Leitgev says: "I would like to give you the words she used, but they are not suitable in here." The people around the neighborhood were not against Mr. Kagerer at all, had she left them alone, but she got so that she had something against everybody. He says, "I cannot tell you in this letter how she acted, because it is too awful."

Mr. Kagerer writes about the same date, but gives very little detail. He says that she was very jealous, and made a few neighbors considerable trouble, saying that they were trying to keep him from home and trying to ruin her. He also speaks about the insurance matter. He also stated that she asserted him to own a piece of land which he has never owned. Also that she scolded at times, sitting up all night.

MEASUREMENTS,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

7/18/98 EXAMINATION URINE, Quantity, 7 ℥ Sp. g. 1028 Reaction, Neutral Color and Appearance, Yellow - flaky deposit

Albumen, about Sugar, do -

Casts and Crystals, a few pus corpuscles - epith. cells. uric acid crystals - + amor. urates.

GYNECOLOGICAL EXAMINATION, Uterus adherent to left - prolapse of vaginal walls - labia majora slightly hypertrophied - laceration of perineum - lateral laceration of cervix - cervix very firm -

MENSTRUATION, Regular - free from pain -

OPHTHALMOSCOPIC EXAMINATION,

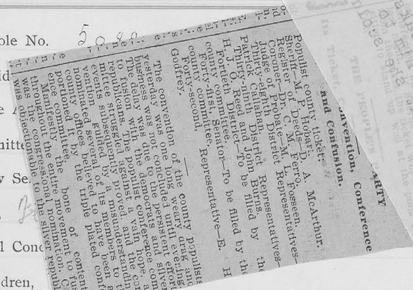
BLOOD, Corpuscles, Hæmoglobin,

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 a little silly. No very well defined delusions brought out in examination. Thinks one neighbor talks about her but hard to say if this is a delusion. Seems fairly clear. Says her husband has been away + has not supported her. Has come back secretly.

Personal and Medical History of



Whole No. 5088

Resid

Date

Admitt

How Se

Sex, F

Civil Conc

Children,

Age Youngest Child, 5 yrs.

Occupation, housewife - (husband Stonemason.)

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Germany (Parents Also born there.

Physicians Committing, A. Schwyzer. - J Ohage

Correspondents, John Hagerer, 727 Charles St. St Paul Minn.

Cause Prying Bodily Disorder,

Suicidal or not,

Date of this Attack,

Duration, Several years

No. of Attacks, 1st

No. of Admissions, 1st

Age First Attack, 31 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DRs. R. A. Bebb & R. M. Phelps *Date of* 7/13/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick - somewhat confused.

MEMORY, Past Events, Quite good.

Recent Events, " " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert and fairly correct on ordinary subjects.

REASONING POWER, Ordinary Subjects, Quite good.

Special Subjects, Impaired -

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Nearly always irritable & scolding.

DELUSIONS, Systematized, Transitory, Special Subjects,

Vague delusions 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, Probably gradual.

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

Father, D.

Paternal Relatives,

Mother, D. in old Country

Maternal Relatives,

Brothers and Sisters, 4 children Youngest 5 yrs.

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

Had fever at 8 yrs - Vague description.

HABITS, Drinking and Smoking, Drinks some beer.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Housewife

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

Sleep, not good Appetite, good and Bowels, Takes no medicine - afraid

...nal and Medical History of Amelia Hagerer.

PHYSICAL CHARACTERISTICS.

...T, 5 ft. PRESENT WEIGHT, 123 USUAL WEIGHT, NUTRITION, Fair.

...NDS, Abnormalities and condition of Skin, Normal.

...NGUE, Coatings or Promptness of Movement, Normal.

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

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,

Fairly 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,

7/18/98 EXAMINATION URINE, Quantity, ℥XX Sp. g. 1028 Reaction, Neutral Color and Appearance, Yellow - flaky deposit

Albumen, Absent Sugar, do -

Casts and Crystals, a few pus corpuscles. Epith. cells. uric acid crystals - & amor. urates.

GYNECOLOGICAL EXAMINATION, Uterus adherent to left - prolapse of vaginal walls - labia majora slightly hypertrophied. laceration of perineum - lateral laceration of cervix - cervix very firm.

MENSTRUATION, regular & free from pain.

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 a trifle silly. No very well defined delusions brought out in examination. Thinks one neighbor talks about her but hard to say if this is a delusion. Seems fairly clear. Says her husband has been away & has not supported her. Has come back secretly.

1898 Personal and Medical History of Amelia Kagerer.

This patient was brought here by Sheriff's deputy J.B. Arend attended by Mrs Boyle - John Moriarty, in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in parents or self: First symptoms manifested some weeks ago by auditory hallucinations & an unreasonable disposition to quarrel. Disease appears increasing: Disease is variable: Derangement now manifested in regard to property etc. Patient not disposed to injure others: Is destructive: Previous peculiarities noted - a quarrelsome disposition & jealousy. No severe diseases nor injuries to head sustained: Has neither been confined nor restrained: Has received no treatment. On personal examination noted as changing from stages of excitement to indifference.

July 12. On admission put upon B² W (G.H.N. Rpt. Complexion dark: hair brown: eyes blue: Skin normal condition: Has a goitre: A few small bruises on arms: Is dirty: Behavior quiet: Talks on religion a great deal & is rather silly.)

Summary Nurses Notes by Dr. Phelps. July 12 Received on ward. Rather quiet in behavior: Does not understand English but seems to talk intelligently. July 25 During past two weeks patient has been of fairly good manner & behavior: Talks a good deal of going home, at times becomes excited. Aug 14 Became very much excited after going to bed; wanted to get out. Trans. to B². Delusions which we could not discover at time of coming are now very evident. Oct 14 Gets along fairly well on ward: Behavior changeable. Feb 28 '99 Delusions prominent; at no time free from them now.

Mch 1 - Aug 31 '99. Physical health good: appetite good: bowels regular: often refuses to go out doors: Is clean in habits: Fairly neat in appearance: Scolds & is very disagreeable at times & often extremely noisy.

July 23 Visited by husband. Aug 29 Wt. 137#

Sept 1 - Feb 28 '1900 (Dr. Heyerdale) Transferred to annex Oct 23. Very noisy at times & very restless: Scolds a great deal: General health good: Eats & sleeps well. Takes out door exercise: Jan 12. Wt. 135# Menstruates regularly: Takes outdoor exercise. Mch 1 - Aug 31 '1900 Does not converse: Is disagreeable: Has delusions: In good health: July 20 Vaccinated Sept 1 - Feb 28 '1901 Speaks German: at times very noisy: Does no work: menstruates regularly: Nov 24 Wt 137#. Obstinate & disagreeable Mch 4 Wt. 139#. Mar 1 - June 1 - 1901 Does no work, menstruates, no change in general condition. May 30 Wt. 143#

June to Sept. Very noisy and disagreeable at times, does no work, takes out door exercise, attends no amusements, Sept. 1st. Wt. 138¼#. Sept. to Dec No change during quarter, Nov. 30 Wt. 132#.

Personal and Medical History of Amelia Kagerer.

Up to Feb. 1, 1903. Gen'l health good: sleeps and eats well: bowels regular: not disposed to exercise: does no work: untidy in habits and appearance: is very noisy: scolds a great deal cross a great deal of the time: Dec. 1st Wt. 126½ #.

Personal and Medical History of Sarah Leick

Whole No. 5091

Residence, St. Paul, Minn.

Date Admission, July 14th 1898

Admitted by Dr. T. M. Phelps. hour, 6:15 PM

How Sent, J. Micerich & Co's Pauny Co.

Sex, Female Age, 61.

Civil Condition, Widowed

Children, 2 yrs.

Age Youngest Child, 23 yrs.

Occupation, ~~Peddler~~ housewife (husband peddler)

Degree Education, Reads & writes German & Hebrew.

Profession, Religion, Jewish.

Habits, Not intemperate.

~~Nationality~~, Nativity, Russia. Parents also born there
Became resident of State or Ter. in 1883.

Physicians Committing, C. C. Trigg & O. J. Baker

Correspondents,

No. of Years, 258

Insane Relatives, None.

Cause Exciting, Supposed to follow injury received 2 yrs. ago.

Cause Predisposing, None given.

Form, Chr. Mania.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 yrs. ago.

Duration, About 2 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 59 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,

Confused - quick.

MEMORY, Past Events, Fair.

Recent Events, Special Subjects, Imp.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

alert - illusive -

REASONING POWER, Ordinary Subjects, Imp.

Special Subjects, "

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Excitable & irritable -

DELUSIONS, Systematized, Transitory, Special Subjects,

Expresses no definite delusions but manner would indicate that they were present.

HALLUCINATIONS, None determined.

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, Constipated

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 4 ft 10 in. PRESENT WEIGHT, 102 lbs. USUAL WEIGHT, NUTRITION, Impaired

WOUNDS, Abnormalities and condition of Skin, Skin warm & dry. Flabby.

TONGUE, Coatings or Promptness of Movement, Will not protrude.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Fair Legs, Fair Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, normal.

HEART, Murmurs, No Strength, Sounds, Size, Increased due partially to excitement
Apex Beat, Regularity,

very rapid & irregular

ARTERIES,

Atheromatous

Pulse Weak - struggles so cannot get full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.

Expansion impaired.

Sounds tubular & harsh - shallow especially on right side. Dry Rales over chest - sound rhonchial & apices protrude, accountancy & a deformity.

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,

7/18 EXAMINATION URINE, Quantity, ℥ XVI Sp. g. 1028 Reaction, Acid Color and Appearance, Yellow with white flaky deposit.

Albumen, about Sugar, do.

Casts and Crystals, a few round & squamous epith. cells - uric acid crystals & amor. urates -

GYNECOLOGICAL EXAMINATION, Laceration of perineum: extensive lateral laceration of cervix: uterus & cervix atrophied. uterus normal position.

MENSTRUATION, Cannot secure history.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, disturbed

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). Physical condition much impaired - lungs compressed & give evidence of disease. Resp. labored, rapid. Heart constantly so examination difficult. Coughs & expectorates - Probably has Chron. Bronchitis. So old & emaciated but retains strength she nearly always irritable & very resistive & quite strong. Strikes, kicks, bites & spits in proper face. Kept in muff to prevent her from removing clothing. Remains in room much of time & is usually quiet if not disturbed. When necessary to do any thing for her she becomes very violent & scolds incessantly. No definite delusions determined but she acts as tho afraid of harm & wishing to defend herself. Has good days when much quieter & talks with other patients quite sensibly, seeing about her family &c. Never talks English. Mental condition probably due to senile changes in Arterial system.

1898 Personal and Medical History of Sarah Lenik

This patient was brought here by Sheriff's deputy P. J. Miesen attended by Mrs J Doloman. in fair physical conditions with the following history:- No history of consanguinity nor heredity: First symptoms of attack manifested 2 yrs. ago by intemperate language and actions, swearing + striking members of the family. Disease appears increasing Is variable: Derangement now manifested by outbursts of temper, throwing things at family; constantly moaning without cause, noisy + swearing on street. Is disposed to injure others: Habits filthy: No information concerning previous peculiarities, nor severe diseases nor injuries to head: No confinement nor restraint employed: No treatment received. No further particulars noted on personal examination.

July 14 On admission put upon B² W. (G.H.N. Apt. Complexion dark: hair black: eyes brown: Skin normal condition: Left arm bruised: No marks nor scars. Is dirty: behavior quiet: does not speak English)

July 14 Summary Nurses Notes by Dr. Phelps. Received on ward. Rather dirty in appearance: Evidently hard to care for. Struggled a good deal + resisted. July 15 Coughs a good deal: does not understand English: Is quite resistive. July 17 Fed with tube: would not eat. July 29 Still fed with tube: Coughs + expectorates considerable. Does not wish to come out on ward, sits persistently in room.

23 Was taken home by relatives on trial. Has refused to eat, relatives thought, however, that it was not on account of her delusions but on account of the place. Said they had to leave food in her room at home. Jally 31'99 Has been fed with tube for past six days. (returned Jan 23.) Now takes milk when it is left in her room for her. Seemed best cared for by leaving her to herself. Mch. 1 to Aug 31'99 Physical condition improved: appetite fair: Usually but at times refuses all solid food taking milk if it is left in her room. Is very noisy + resistive attacking nurses + resisting vigorously everything done for her. Apr. 14 Trans to C'. Very violent + untidy + removes clothing unless she has on mittens or muff.- Bowels inclined to be constipated: Necessary to keep her in seclusion part of time because she is usually quiet in her room but very resistive + quarrelsome if on ward. Aug 15 Appetite very good at present. Has been taken out on lawn a few times but made such persistent efforts to escape that she is now kept inside.

Sept 1- Feb 28'1900 (Dr Heyerdale). Eats + sleeps well: Usually disturbed at night. Takes no exercise: Very untidy + noisy: Often refuses to keep clothes on. Hands kept in muff during day: Generally in seclusion. Jan 29 Wt. 100#. Sleeps only fairly well. Mch 1- Nov 30'1900. (Dr Linton) Dirty in habits: very stubborn + resistive: Kept in restraint muff during day: Has a good appetite: Bowels regular: Usually disturbed at night. expectorates a good deal July 16 Vaccinated. Oct. 16. untidy + violent

Personal and Medical History of

+ difficult to care for: Kept in seclusion most of time: Is quite feeble + it is feared that other patients will injure her. Wt. 99#. Nov 29. Visited by friends. Dec 1- Feb 28'1901. No change in patient: Strikes patients + attempts to bite them. Mch 3. Wt. 105# Apr 1-1901. General health good: Appetite good: bowels regular: Sleeps fairly well: Sometimes restless + noisy at night. Fed from tray: Does not take exercise: Habits dirty: Resistive + destructive: Kept in seclusion most of time. When on ward strikes nurses + patients + struggled when dressed: At times refuses to keep clothes on: Hands in mittens at times. Apr 2. Taken home by son-in-law.

Oct. 30, 1901 Patient received on infirmary west, bathed and put to bed, was very resistive and extremely noisy, fed mechanically for several days, Nov. 19. trans. to C. 2 West, appetite fair, very violent and resistive, scratches and bites nurses when anything is being done for her, has special diet, fed from a tray, sleeps well. Nov. 23 Wt. 106½#.

Dec. to Feb'03 No change. Wt about 95#.

Personal and Medical History of Mrs. Ellen Louth

Whole No. 5094
Residence, Waseca, Minn.
Date Admission, July 18' 1898
Admitted by Dr A.F. Kilbourne hour, 6th Bm.
How Sent, Geo. A. Wilson J. of P. Waseca Co.
Sex, Female Age, 49
Civil Condition, married
Children, 6
Age Youngest Child, 14 yrs.
Occupation, Housewife
Degree Education, None.
Profession, Religion, Roman Catholic.
Habits, Not Intemperate
~~Nationality~~ Nativity, Ireland - Parents also born there.
Became resident of State Feb 20 1874
Physicians Committing,
Correspondents,

No. of Years, 261
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, ?
Form, Senile Dem.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Long ago
Duration, long
No. of Attack, 1st continuous.
No. of Admission, 1st
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR.S R.A. Bibb & Rau Phelps *Date of* 7/19/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Fair though incoherence marked
Recent Events, it doubtful. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects, Poor
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.
DELUSIONS, Systematized, ~~Transitory~~ Vague, Special Subjects,

HALLUCINATIONS, None determined -
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 years
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can't get history from her.
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, Subject to severe headaches
OCCUPATION, Healthy or not, Living with daughter alone on farm.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Mrs. Ellen Louth.

PHYSICAL CHARACTERISTICS.

HEIGHT, Not Taken PRESENT WEIGHT, Not Taken USUAL WEIGHT, NUTRITION, Fair for age.
WOUNDS, Abnormalities and condition of Skin, Skin fair -
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal
COORDINATION, Arms, Seemingly good Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No special signs
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,

July 20 EXAMINATION URINE, Quantity, ℥ XIV Sp. g. 1.020 Reaction, acid Color and Appearance, pale yellow. White flaky deposit
Albumen, absent Sugar, do.
Casts and Crystals, a few epith. cells - a few pus corpuscles + large no oxalate of lime crystals, uric acid crystals - amor. urates -
7/21/98 GYNECOLOGICAL EXAMINATION, laceration of perinæum + cervix - uterus atrophied.

MENSTRUATION, Says free from pain - Menopause about 10 yrs. ago
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 rambling + incoherent in talk. Seems rather chronic + has sunk in form.

1898 Personal and Medical History of Mrs Ellen Louth.

This patient was brought here by Sheriff's deputy G.H. Goodspeed, attended by Mrs. Goodspeed, in fair physical condition, with the following history:-
No history of Consanguinity nor heredity: Patient has manifested symptoms of insanity for many years past: Disease has been increasing for several years: Is variable with irregular rational intervals: Derangement is now manifested by destruction of clothing & by strange & unnatural actions night & day: Not disposed to injure others: No previous peculiarities manifested: No injury to head sustained: no severe diseases. Has neither been confined nor restrained & has received no treatment. On personal examination appears much excited mentally, delirious, talks incoherently.

July 19 On admission put upon B2W1 G.H.N. Rpt. Complexion dark: Hair brown part gray: eyes blue: Skin normal condition: No marks, scars nor bruises noted; Is very dirty: behavior very maniacal: Talks incoherently.)

Summary Notes by Dr. Phelps. July 19 Received on ward. Rather excited. July 24 Patient in restraint. Is very noisy. July 31 Has quieted down somewhat. Aug 21 Complains of feeling weak, was put to bed. Temp. 99°. Hypodermic of strychnine given: Heart weakness well defined. Aug 25 Fought nurses: In restraint today. Oct 22 Fought today.

Oct 25 Trans. to C3. Patient not very strong: Has spells of weakness from which she recovers by lying in bed a day or two. Nov 30 Seems somewhat better, probably on account of the quiet life.

Mch 1 - Sept 30 '99. General health good: heart is weak & she occasionally complains of pain in cardiac region & of being cold & weak. Appetite is good: Bowels regular: Takes outdoor exercise: Works on ward: is neat in habits: scolds a great deal & frequently complains of feeling tired & of headache. Very irritable at times & thinks she is wrongfully detained here. Has many delusions & conversation always incoherent. Sept. 1. Attempted to elope while out walking & fought nurses when brought back. In the struggle she fell striking against a stone. Complained of pain in side but no injury apparent. Sept. 12 Visited by daughter. Sept. 16 Trans. to C2. Sept. 18. Trans. to C3. Sept. 19 Had convulsion. Dec 1 - Feb 28 '1900. (Dr Leyerdale) Neat in habits & appearance: Appetite good: Bowels regular: Extremely noisy at times: Has many delusions which she expresses freely: Dec 4. Had a sugar epileptoid in character. Remained in bed 2-3 days. Jan 13 Wt. 122½#

Mch 1 - Nov 30 '1900. General health fair: Very disagreeable & at times scolds a great deal: Is sometimes profane & obscene: Thinks her people own hospital & that she has charge of it. also that daughter lives in house: ~~Does no work.~~ Apr 18. began to assist in laundry: Refused to work there June 6th. July 21 Vaccinated successfully. Aug 22 Assists in laundry occasionally Nov 28 Wt. 117#. Nov 30 - Feb 28 '1901 - No change. Feb 28 Wt. 117#

Personal and Medical History of

Mar 1 - June 1 - 1901. April 25 visited by son. does no work, general condition unchanged. May 31. Wt 114#

June to Sept. Aug. 24. fought nurses, is at times quite disturbed and disagreeable, takes exercise, does no work. Sept. 1 Wt 115½#. Sept. to Dec. Oct. first visited by daughter, Oct. 11 visited by relatives, Nov. 30 Wt. 114#.

Up to Feb. 1, 1903. General health good: bowels regular: appetite good: does no work but takes exercise: clean in habits: careless in appearance: very incoherent at times: uses profane language: is noisy and scolds a great deal: Dec. 1st. Wt. 115#. Wt. usually about 120#

Personal and Medical History of Mary Lemke.

Whole No. 5096
Residence, St. Paul, Minn.
Date Admission, July 19th 1898
Admitted by Dr. Leo B. Eby. hour, 6th P.M.
How Sent, H. Willrich J. of P. Ramsey Co.
Sex, Female Age, 22 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Housewife
Degree Education, Grammar school.
Profession, Religion, Baptist.
Habits, Not intemperate.
~~Nativity~~ ~~Nationality~~, Minn. (Parents born Germany)
Physicians Committing, Brug. F. Paxton + G.S. Rung.
Correspondents, Mrs John Lemke, 780 Stewart Ave. St Paul.

No. of Years, 263
Insane Relatives, Mother had some symptoms.
Cause Exciting, Do not know.
Cause Predisposing, Possibly heredity.
Form, Adolese. (high grade imbecile)
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 6 Mo. ago.
Duration, 6 Mo.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 21 yrs.
Time of Leaving, July 5. 1899
Time in Hospital, 11 yrs 17 d
Result, Discharged Oct. 31. 1899
Recovered

EXAMINATION ON ADMISSION BY DR. R.A. Bebb + Rue Phelps *Date of* 7/20/98

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, Is healthy - Gets mad once in a while.

Paternal Relatives,

Mother, Living.

Maternal Relatives,

Brothers and Sisters, all nervous 1 brother died 20 days old.

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

Measles 2 times - Mumps once.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Working out.

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

Last winter the first.

Sleep, Appetite, and Bowels, Says normal.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ PRESENT WEIGHT, 162½ lbs. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, normal.

TREMORS, Character of Movement, normal

PUPILS, Equality, Regularity, Reaction to Light and Accommodation,

SENSORIUM, Memory, Orientation, Hallucinations, Illusions,

HABITS, Sleep, Appetite, Constipation,

CONCERNING MARY LEMKE:

Patient's sister writes that last November Mary had two finger nails taken off on account of ringrounds. Troubled her considerably. She was a strong and healthy girl before that. At that time, however, she was seemingly somewhat troubled. This Spring worked three months, but grew worse again. Had dreams of ghosts, and was afraid to go out evenings. Seemed very nervous and at times angry. Could not sleep well. They could not let her do the things she wished, so had to send her here. Her sister seems to make out a gradually invading trouble with some silliness and feeblemindedness.

TREMORS, Hands, Tongue, Facial Muscles, General, None Face normal.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

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,

Aug 6 EXAMINATION URINE, Quantity, VL 1115 cc. Sp. g. 1,010 Reaction, Acid Color and Appearance, Light yellow. cloudy with flaky deposit.

Albumen, About Sugar, do.

Casts and Crystals, Excess of epith, all varieties - a few pus corpuscles. amor. urates

7/27/98 GYNECOLOGICAL EXAMINATION, Left labia minora hypertrophied external genitals otherwise normal - Uterus anteflexed - Slight cervix. Slight leucorrheal discharge, says profuse at times - hymen intact.

MENSTRUATION, Says regular until 18 yrs. Then irregular. Usually considerable pain during menstrual period in head, abdomen + back.

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 young. Probably persecut in character. Doubtful if habits have been good. Has been erratic + very uncertain of late. Health seems good - No detailed history has been obtained.

Personal and Medical History of Mary Lemke.

Whole No. 5096
Residence, St. Paul, Minn.
Date Admission, July 19th 1898
Admitted by Dr. C. B. Eby hour, 6 xx P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 22 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Housewife
Degree Education, Grammar school.
Profession, Religion, Baptist.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Parents born Germany)
Physicians Committing, Brey, F. Paxton & G. S. Ring.
Correspondents, Mr John Lemke, 780 Stewart Ave., St Paul.

No. of Years, 263
Insane Relatives, Mother had some symptoms
Cause Exciting, Do not know.
Cause Predisposing, Possibly heredity.
Form, Adolesc. (high grade imbecile)
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 6 wks. ago.
Duration, 6 wks.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 21 yrs.
Time of Leaving, July 5. 1899
Time in Hospital, 11 yrs 17 d
Result, Discharged Oct. 31. 1899
Recovered

EXAMINATION ON ADMISSION BY DR. R. A. Bebb & R. M. Phelps *Date of* 4/20/98

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,

Mentally somewhat silly & uncertain in her answers. Is however ready to talk.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, L. healthy - Gets mad once in a while.
Paternal Relatives,
Mother, Living.
Maternal Relatives,
Brothers and Sisters, all nervous 1 brother died 20 days old.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Measles 3 times - Mumps once.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Working out.
Detail Date, Duration, and Character of Previous Attack, if any,
Last winter the first.
Sleep, Appetite, and Bowels, Says normal.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 162½ lbs. USUAL WEIGHT, NUTRITION, Good.
SOUNDS, Abnormalities and condition of Skin, normal.
TONGUE, Coatings or Promptness of Movement, normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal normal.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, No incoordination Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None Fairly normal.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
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,

Aug 6 EXAMINATION URINE, Quantity, ℥ XLIII ss. Sp. g. 1,010 Reaction, Acid Color and Appearance, light yellow - cloudy with flaky deposit.
Albumen, Absent Sugar, do.
Casts and Crystals, Excess of epith, all varieties - a few pus corpuscles - amor. urates

7/27/98 GYNECOLOGICAL EXAMINATION, left labia minora hypertrophied external genitals otherwise normal - uterus anteflexed - slong cervix - Slight leucorrheal discharge, says profuse at times - hymen intact.
MENSTRUATION, Says regular until 18 yrs. Then irregular. Usually considerable pain during menstrual period in head, abdomen & back.
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 young. Probably pubescent in character. Doubtful if habits have been good. Has been erratic & very uncertain of late. Health seems good - No detailed history has been obtained.

Personal and Medical History of Mary Lemke.

1898

This patient was brought here by Sheriff's deputy J.B. Arend, attended by John Lemke, in fair physical condition, with the following history:- No history of consanguinity: Mother showed some symptoms of insanity 22 years ago & also 2 yrs. ago. Patients first attack occurred in November '97 - lasted 3 months: First symptoms of present attack manifested six weeks ago, by delusions of persecution: Disease appears stationary: Is variable with irregular, rational intervals: Derangement now manifested by delusions of persecution on part of parents: & by idea that every-one is jealous of her: Not disposed to injure anyone: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe diseases nor injuries to head sustained: beyond an indefinite history of syphilis: Has been one week at City hospital, St. Paul. Has received practically no treatment.

No further information obtained on personal examination.

July 19 On admission put upon Infirmary West (G.H.N. Rpt. Complexion dark: Hair brown Eyes gray: Skin normal condition: Slight scar on either shoulder & one on leg: Is rather dirty: Behavior quiet: Talks sensibly at times but seems to have delusions)

Summary Notes by Dr. Phelps July 19 Received on ward; is quiet well behaved -

July 20 Rather talkative today, & somewhat restless: picked at lock. July 25 Somewhat irritable & destructive, also mischievious: July 30 Somewhat more quiet, but uncertain in behavior. Aug 27 In restraint at night. Aug. 30 - Violent in behavior & untidy: has thrown dishes & been at times destructive. Nov 8 Assists with ward work & takes part in amusements: Is very vain & silly & somewhat feebleminded. Nov 24 Is drifting along quietly: Has improved considerably from time of admission. (Summary Continued by Dr. A. F. Strickler) June 1-'99 Neat in habits and appearance - Is in good physical condition - appetite good - Sleeps well - Expresses no delusions - Was allowed to go to her brother's home on July 5th, 1899.

Letter received from sister dated Oct. 23, 1899 States that "She is getting along nicely & is well & healthy as she used to be & is working the same as usual before she was sick".

Discharged.

Personal and Medical History of

Personal and Medical History of Lena Benson

Whole No. 5098
Residence, Houston, Minn.
Date Admission, July 12th 1898
Admitted by Dr. P.M. Phelps hour, 8th P.M.
How Sent, Thomas Ryan J. of P. Houston Co.
Sex, Female Age, 23 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Housework at home
Degree Education, Can read & write some.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Parents born in Sweden)
Physicians Committing, W.W. Freeman & Ry. Ferguson.
Correspondents, Mrs. Anna Benson, Houston, Minn.

No. of Years, 25
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Previous attack.
Form, Ac. Del. Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not
Date of this Attack, July 16 '98
Duration, 3 days.
No. of Attack, 3rd.
No. of Admission, 3rd
Age First Attack, about 17 yrs.
Time of Leaving, July 24th 1898.
Time in Hospital, 5 days.
Result, Died Exh. in acute delirious mania

EXAMINATION ON ADMISSION BY DRs R.A. Bibb & Rue Phelps *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick - Confused.
MEMORY, Past Events, Impaired.
Recent Events, — Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - Illusive.
REASONING POWER, Ordinary Subjects, Impaired
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Quite actively maniacal.
DELUSIONS, not Systematized, Transitory, Special Subjects,
HALLUCINATIONS, Cannot determine
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, This attack brief.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, See previous history.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Previous history
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Housework
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, disturbed, Appetite, and Bowels,

Personal and Medical History of Lena Benson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 129 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Little finger Left hand is contractured -
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal & normal.
SIGHT, Good -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Is maniacal & will not ~~Legs~~, try tests nor answer question ~~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,

GYNECOLOGICAL EXAMINATION, Normal
MENSTRUATION, Regular.
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 violent, active, noisy & very delirious. Physical condition much impaired

Personal and Medical History of Lena Benson

1895

This patient was brought here by Sheriff's deputy N.S. Forsyth, attended by Miss Mary McCarthy in fair physical condition, with the following history:- No history of consanguinity nor heredity but patient has drank some & used considerable tobacco: First attack occurred 3 years ago & patient was confined in this (Rochester) hospital from Nov. 10 1892 to Mar. 9 1893 Jan 9 1894 to July 11 95 (For further particulars see Vol. 21 No. 153 folio 3474 Vol. 28 No. 49 folio 3967) First symptoms of present attack manifested July 16/98 by crying and other noisy demonstrations, disease appears increasing, is variable: Derangement now manifested on no particular subject: Not disposed to injure others: No filthy habits but destroys furniture: Patient was cross & ill-tempered for some time before attack: No severe diseases nor injuries to head. Has been confined in hospital, as stated above. On personal examination sat in a stupid condition occasionally attempting to bite herself; eyes partly closed - not talkative, answered to her age: On admission put upon B.W. (G.H.U. Rpt. complexion dark:
July 19 hair light: Eyes brown: Skin normal condition: No marks, scars nor bruises noted: Is dirty: Little finger of left hand crooked: Behavior quiet: Incoherent) Summary Notes by Dr. Phelps July 19 Removed on ward: Is active & maniacal in behavior. July 21 Has been steadily violent Temp. 100° July 22 Temp. 103°. Is becoming acutely delirious, is weak & excited put in restraint sheet.
July 25 Died at 8 AM. Conditions went on, as above described, to death: No special symptoms

Died

Personal and Medical History of

Personal and Medical History of Alma Zabel.

Whole No. 5099
Residence, Washington Co. Minn.
Date Admission, July 21st 1898
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, Frank T. Wilson Jof P. Washington Co.
Sex, Female Age, 22 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Housework.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality~~ Nativity, Minnesota (Parents born in Germany)
Physicians Committing, E. Sydney Boleyn. & Ev. B. Freligh
Correspondents,

No. of Years, 266
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, —
Form, Dementia.
Accompanying Bodily Disorder, –
Suicidal or not, Not.
Date of this Attack, May '97
Duration, 1 yr 2-3 mos.
No. of Attack, 1st
No. of Admission, 2nd
Age First Attack, 21
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. R.M. Phelps *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish – confused.
MEMORY, Past Events, Impaired.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull – incorrect.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects, "
Own Mental State, Somewhat demented.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Seems dull, silly & moody. No very prominent delusions or actions.
DELUSIONS, Systematized, Transitory, Special Subjects,
Does not express delusions now.
HALLUCINATIONS, Can determine 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, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Not 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,
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, 5 ft 4 PRESENT WEIGHT, 116 USUAL WEIGHT, NUTRITION, Normal.
WOUNDS, Abnormalities and condition of Skin, Normal.
TONGUE, Coatings or Promptness of Movement, Normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal & normal.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Good so far as tested. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands – Is excited & tremulous
PATELLAR REFLEX, Normal. 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,

July 26 EXAMINATION URINE, Quantity, ℥ XXVII Sp. g. 1.050 Reaction, acid Color and Appearance, Yellow cloudy with pinkish deposit.
Albumen, trace Sugar, present by Bismuth – excess by Fehling.
Casts and Crystals, mucous, excess of pus & blood cells. excess uric acid crystals. a few epith cells. amor. urates.
GYNECOLOGICAL EXAMINATION, external genitals normal – hymen lax – uterus normal position mild leucorrhoeal discharge.
MENSTRUATION, history not obtainable.
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 here before – is now more dull & quiet. Pubescent in form – tendency toward dementia seems marked.

Personal and Medical History of Alma Zabel.

1898

This patient was brought here by Sheriff's deputy T. Fesendin attended by Minnie Heuscher, in fair physical condition with the following history:- No history of consanguinity nor heredity: This is first attack - continuous since May '97 - Was confined in this (Rochester) hospital from July 6/97 to Sept. 22/97 (See Vol 34 Fol. 261 No. 4806) Disease appears increasing: Is variable with irregular, rational intervals. Derangement now manifested by calling members of the family vile names; striking, kicking & otherwise attempting to injure members of his family & refusing & neglecting to care for her person. Is inclined to injure others & is filthy & destructive in habits: Previous peculiarities - absent mindedness - was a mild disposition, not at all passionate: No severe diseases nor injuries to head: Has received hospital care, as above stated - no further treatment pursued: On personal examination physical condition good: Irrational in talk). On admission put upon B²W (G.H.U. Rpt. Complexion fair: hair brown: eyes gray: Skin normal condition: Eruption on back & chest: Is clean: Very restless: Has delusions)

July 21

Summary notes by Dr. Phelps. July 21 Received on ward. Is stubborn & noisy. July 27 Has remained on ward with very little change since admission: Is quiet, silly & stupid. Aug 3 Condition unchanged. Nov 30 Still very stupid & untidy & filthy in habits. Feb 27 Has been not only stupid but weak of late & is in bed: does not, however, seem specially sick. Mch 1 - Sept 30 '99 By Dr Bebb General health fair: Appetite fairly good: fed on tray: Sleeps well: Bowels regular: Takes outdoor exercise: Is very untidy: Sometimes very stupid, at others inclined to be violent. Sept 1 - Feb 28 '1900 (Dr. Heyerdale) Appetite fair: Sleeps well: Bowels regular: Very quiet: Dirty & untidy: Will not converse: Sits quietly about ward every day. Jan 18 Wt 106.

Mch 1 - Nov 30 '1900. (Dr Linton) Untidy: Seldom speaks: when addressed does not answer but will smile: Often laughs foolishly: Has delusions: Appetite is good: Bowels regular: Sleeps well: Occasionally fights nurses: July 16 Vaccinated. Oct 16-17 Visited by mother: Does not menstruate: During meal time in restraint to prevent dirty habits: Is stubborn & resistive: Sometimes scolds in German.

Dec 1 - Feb 28 '1901 - General health good: No change. Mch 7. Wt. 138#.

Mar 1 - June 1 - 1901 April 3 visited by minister: May 12 menstruated. May 19 attempted to escape while out walking. No change in general condition May 29 Wt. 130½#. June to Sept. July 4-5 visited by sister and relatives, July 24 patient in bed, Tem. 102.4, has gastric trouble, patient seems to be in pain, cathartics given, she has prolapsed and dilated stomach vomits considerably, is losing in weight. Sept. 2. Wt. 111½#.

Sept. to Dec. 1901 No change during quarter, Nov. 22 Wt. 105½#; still continues to vomit. Nov. 30 visited by brothers, expectorates, never converses, is mentally unchanged.

Personal and Medical History of Alma Zabel

Patient has been troubled over a year with nausea and vomiting diagnosis of gastric having been made was transferred to the infirmary Oct 11th prepared for an operation which was performed by Dr W. J. Mayo, Oct 12th 1902. Operation of gastro and cholecystostomy, 149 gall stones were found in the gall bladder. patient given hypodermics 30th of strychnine every three hours for the first two days afterwards every six hours patient was very weak anaemic and rather emaciated as the result of the condition of the stomach temperature during the time was slightly elevated never being above 100° Pulse 100 Resp 26, recovery slow but unimpeded, saline solution enema given pint every six hours for the first five days afterward a diet of beer and buttermilk followed latter by milk for five days. The mental condition of patient seemed to improve and before the patient had left the surgical room she at times volunteered conversation and answered questions in a sensible way which she had not done before for several years previously! while confined in bed was occasionally put in restraint because uneasy and restive and at times attempted to leave the bed

Up to Feb. 1, 1903. General health rather poor: still violent a great deal: after meals: appetite poor: bowels regular: menstruates regularly sleeps well: takes exercises: untidy and careless: is at times violent: never converses or answers questions: sometimes talks to herself. Oct. 12, was operated upon for pyloric stenosis, a tinney and cholecystostomy: being performed by Dr. Will Mayo. 149 gaul stones removed: Patient having an uninterrupted recovery: was up on the ward Nov. 13th. The emesis continued. Jan. 1st. Patient visited by friend.

Personal and Medical History of Hannah Finn.

Whole No. 5104	No. of Years, 27.
Residence, Winona, Minn.	Insane Relatives, None.
Date Admission, July 27th 1898	Cause Exciting, Anaemia + ovarian troubles.
Admitted by Dr R.A. Bebb. hour, 6.53 PM	Cause Predisposing, —
How Sent, H.L. Buck J. of P. Winona Co.	Form, Chorea - with dementia
Sex, Female Age, 31 yrs.	Accompanying Bodily Disorder, Ovarian trouble.
Civil Condition, Single	Suicidal or not, Not.
Children, —	Date of this Attack, 3 mos. ago.
Age Youngest Child, —	Duration, 3 mos.
Occupation, Housekeeper - Father a laborer.	No. of Attack, 1st
Degree Education, City schools.	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 31 yrs.
Habits, Not intemperate.	Time of Leaving, Nov. 21. 1899
~~Nationality~~ Nativity, Ohio - (Father Ireland - Mother do.)	Time in Hospital, 3 m. 25 d.
Physicians Committing, W.T. English + Edw S. Muir	Result, Discharged June 6. 1899
Correspondents, Father - 527 West King St. Winona.	Recovered.
Mrs E. McDonald 465 Sioux St. Winona, Minn.	

EXAMINATION ON ADMISSION BY DRS Rue Phelps + Ra. Bebb *Date of* 7/28/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Recent Events, Special Subjects, } Seems impaired. Sluggish + uncertain.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Is weak in mental power + childish in manner.

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 - hip broken recently.
Paternal Relatives,
Mother, Died 5 yrs ago
Maternal Relatives,
~~Brothers~~ and Sisters, in Winona - healthy

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

HABITS, Drinking and Smoking, Suppose abey good

HEADACHES, VERTIGO, OR CONVULSIONS, 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

CONCERNING HANNAH FINN:

Mrs.E. McDonnell writes that Miss Finn has not been well for the past winter. In February felt so poorly that she went to see a Doctor. Suffered from pain in back and sides especially. Dr. English pronounced it female trouble and treated her for that. Rapidly grew nervous and could not sleep nights. Has not kept her bed for a single day, except the last day she was at home, and then acted as she has since coming to the Hospital. During the month of May her friends began to notice that her brain was affected. Her actions and talk indicated this. She had spells when she would be insane and then would be sane for a time. The week before she came here she went to La Crosse to visit relatives, grew rapidly worse and had to be sent home. The night before she left was very bad. Said to be no family heredity.

...ION, Lathy poor- Try Anaemic

+ considerable Malaria.

TREMORS, Hands, Tongue, Facial Muscles, General, General tremulousness + choreic motions of slight extent.

PATELLAR REFLEX, S-q. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite hesitating + slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Seems fairly 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,

7/30 EXAMINATION URINE, Quantity, ℥ XX Sp. g. 1038 Reaction, acid Color and Appearance, Reddish yellow cloudy with ropy deposit.

Albumen, Trace by Tannic Sugar, test not made

Casts and Crystals, large amt. pus cells. all varieties of epith. a few oxalate of lime crystals. epith casts. amor. urates.

9/13/99 GYNECOLOGICAL EXAMINATION, External genitals normal, Uterus slightly anteflexed; hymen intact Mucus membrane of vagina pustular. Slight inflammation of cervix. History of ovarian trouble

MENSTRUATION, always irregular. Has been suppressed now for 6 months. Never so long at a time before dysmenorrhea. Considerable pains in pubic region a few days before menstruation.

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 + dull - choreic movements are plainly to be discerned. Hard for her to talk. seems a choreic effect like that of stammering - Seems an effort for her to remember or think also - Everything sluggish - a choreic Dementia.

Personal and Medical History of Hannah C

Whole No. 5104

Residence, Winona, Minn.

Date Admission, July 27th 1898

Admitted by Dr R. A. Bebb. hour, 6.52 P.M.

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

Sex, Female Age, 31 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Housekeeper - Father a laborer.

Degree Education, City schools.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~ Nativity, Ohio - (Father Ireland - Mother do.)

Physicians Committing, W.T. English & Edw S. Muir.

Correspondents, Father - 527 West King St. Winona.
Mrs E. McDonald 465 Sioux St. Winona, Minn.

No. of Years, 27

Insane Relatives, None.

Cause Exciting, Anaemic & ovarian

Cause Predisposing, —

Form, Chorea - with dementia

Accompanying Bodily Disorder, Ovarian trouble.

Suicidal or not, Not.

Date of this Attack, 3 mos. ago.

Duration, 3 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, Nov. 21. 1899

Time in Hospital, 3 m. 25 d.

Result, Discharged June 6. 1899
Recovered

EXAMINATION ON ADMISSION BY DRs R.M. Bhelps & R.A. Bebb *Date of* 7/29/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Recent Events, Special Subjects, } Seems impaired - Sluggish & uncertain.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Is weak in mental power & childish in manner.

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 - hip broken recently.

Paternal Relatives,

Mother, Died 5 yrs ago

Maternal Relatives,

~~Brothers~~ and Sisters, in Winona - healthy

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

HABITS, Drinking and Smoking, Supposedly good

HEADACHES, VERTIGO, OR CONVULSIONS, 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

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ in. PRESENT WEIGHT, 94 lbs. USUAL WEIGHT, NUTRITION, Rather poor - very anaemic

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Pallid - trembling.

PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - left larger

SIGHT, Normal.

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

HEARING, good.

COORDINATION, ~~Arms,~~ Gross incoordination of all ~~Legs,~~ muscles - a choreic form to it ~~Grasp,~~ however & considerable Motions.

TREMORS, Hands, Tongue, Facial Muscles, General, General tremulousness & choreic motions of slight extent.

PATELLAR REFLEX, 0-0. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite hesitating & slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sems fairly 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,

7/30 EXAMINATION URINE, Quantity, ℥ XX Sp. g. 1.038 Reaction, acid Color and Appearance, Reddish yellow Cloudy with ropy deposit.

Albumen, Trace by Tannets Sugar, test not made

Casts and Crystals, large amt. pus cells. all varieties of epith. a few oxalate of lime crystals. epith casts. a mod. urates.

9/13/99 GYNECOLOGICAL EXAMINATION, External genitals normal, Uterus slightly anteflexed: Lymen intact Mucus membrane of vagina pustices. Slight inflammation of cervix. history of ovarian trouble

MENSTRUATION, always irregular - Has been suppressed now for 6 months - Recurs elongata time before dismenorrhea. Considerable pains in pubic regions a few days before menstruation.

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 & dull - Choreic movements are plainly to be discerned. Hard for her to talk. Seems a choreic effort like that of stammering - Seems an effort for her to remember or think also - Everything sluggish - a choreic Dementia.

Personal and Medical History of Hannah Finn.

1898

This patient was brought here by A.W. Fuhrmann, Sheriff, attended by Mrs. E.E. McDonald in poor physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor self: This is first attack of insanity: First symptoms manifested three months ago by strange actions, became irritable + nervous: Disease appears increasing: Is variable, with irregular, rational intervals: Derangement manifested by being irritable, melancholy, tryst to get away: Will not talk at times: does not sleep. Not disposed to injure others: No filthy nor destructive habits: No previous peculiarities noted: Patient has been anaemic for a year + has had disease of ovaries + loss of menstruation for six months past: Has been treated for six months, with no effect: Has been confined at home.

On personal examination is morose + melancholy, has hallucinations, is extremely nervous + in a high state of mental excitement.

July 27 On admission put upon B^rd W. (G.H.N. Apt. Complexion dark: hair black: eyes blue: Skin hot + dry: No marks, scars nor bruises: Is clean: Some tendency to chorea: Behavior quiet: Talks very little but sensibly:

July 27 (Summary Notes by Dr. Phelps.) Received on ward: Seems quite weak: In fact is slightly choreic in manner + behavior with probably no organic cause for same, altho very anaemic. Is rather dazed + confused. Aug' Temp. 100. has been as high as 102. Is rather restless + half delirious: Has choreic movements, not very pronounced however. Sept 5 Sleeps well + is quieter Temp. usually below 100. Sept 16 Takes out door exercise. Nov 21 Taken home by brother: Seems slightly flighty in mental state yet but fairly clear. Is still anaemic.

Discharged.

Personal and Medical History of

Personal and Medical History of Christina Fleckenstine

Whole No. 5110
Residence, Faribault, Minn.
Date Admission, August 4th 1898.
Admitted by Dr. C.B. Eby hour,
How Sent, R. A. Mott. J. of P. Rice Co.
Sex, Female Age, 56 yrs.
Civil Condition, widowed.
Children, 5 -
Age Youngest Child, about 12 yrs.
Occupation, Housewife -
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Germany. (Parents also born there)
Physicians Committing, P.A. Smith & D.M. Cool.
Correspondents,

No. of Years, for 277.
Insane Relatives, Two brothers (other members of family reported insane
Cause Exciting, —
Cause Predisposing, Heredity.
Form, Chr. mania (Sec. Dem.)
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, unknown.
Duration, —
No. of Attack, 1st continuous.
No. of Admission, 2nd here
Age First Attack, ? (over 30 yrs ago)
Time of Leaving, Sept 24 '1900.
Time in Hospital, 3 yrs. 1 mo. 20 days.
Result, Dischg. Unimproved - May 1 '1901.

EXAMINATION ON ADMISSION BY DR. R.A. Bebb & R.M. Phelps *Date of* 8/5/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Incorrect.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State, ~~Wande~~
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Wandering incoherence.
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 tell nothing - rambles incoherently.
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, 5 ft 3½ PRESENT WEIGHT, 156 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Enlarged veins.
TONGUE, Coatings or Promptness of Movement, Will not show it.
PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - Left quite small.
SIGHT, Seems to see fairly well.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems normal.
COORDINATION, Arms, Fights & resists - Probably ~~Legs~~, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Resists. Seems normal.
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,

Aug 10 EXAMINATION URINE, Quantity, ℥ XXVIII Sp. g. 1.032 Reaction, acid Color and Appearance, Reddish yellow pinkish ropy sediment.
Albumen, absent Sugar, do.
Casts and Crystals, excess of amor. & sodium urates. a few uric acid crystals many mucine bands. a few pus corpuscles.
GYNECOLOGICAL EXAMINATION, External genitals normal except laceration of perineum. laceration of cervix - uterus normal position - urethral orifice inflamed.
MENSTRUATION, free from pain - sometimes irregular - Menopause past 2 yrs. ago.
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 Christina Fleckenstine.

1898.

This patient was brought here by sheriffs deputy G.R. Moshier. attended by Mr. Fleckenstine, in good physical condition with the following history:- No information concerning consanguinity: Two brothers insane, one committed suicide - other members of the family reported insane: Patient has been insane for at least 30 yrs. was at St Peter hospital 29 yrs. ago & here at Rochester from Oct 11' 1893 to Jan. 24' 94 (See vol. 2 Fol. 233 No. 3510) Disease appears stationary: Is variable with irregular rational intervals - Derangement now manifested on all subjects: Is disposed to injure people: No filthy nor destructive habits No previous peculiarities known: No severe diseases nor injury to head: Has received hospital care & treatment as stated above. No further particulars manifested on personal examination.

Aug 4 On admission put upon B² W (G.H.U. Rpt. Complexion dark: hair & eyes brown: Skin normal: A few small scars from eruption on body: A few small bruises on legs: Is dirty: Has varicose veins: Is quiet: Has delusions.) Summary Notes by Dr. Phelps. Received on ward Aug 4. At times rather noisy & restless & slightly maniacal. Aug 10 Has an eruption on body: General health good: Wt. 150# Aug 17 Fairly well behaved in manner altho easily irritated. Aug 23 Rather noisy & talkative at times; at others refuses to talk. Nov 20 Condition about same: patient on C³.

Mch 1 to Sept. 30' 99. By Dr. Bebb. General health good: Appetite good: Sleeps quite well: Takes outdoor exercise: Untidy in habits & appearance: Has sores on head & body caused by picking herself. Frequently wears muff to prevent it. August 16. Trains to Annex. Aug 18. Wt. 128½#. Sept 1 - Feb 28' 1900 Works in laundry: Quiet: answers questions quite sensibly: Eats & sleeps well. Expresses many delusions: Picks body & hands causing large sores. Jan 12 Wt. 134#. Very obstinate at times: Takes outdoor exercise

Mch 1 - Sept 24' 1900. Has delusions: Talks incoherently: Has sores in palms of hands & over body. Caused by picking herself: Appetite is fair: General health good: Assists in laundry. Apr 30. Visited by son: July 21 Visited by son & family. July 23 Vaccinated. Sept 24 Taken home on trial. A letter from son on Jan 11' 1901 states that patient is well & getting along nicely -

Discharged.

Personal and Medical History of

Personal and Medical History of Gertrude E. Youmans.

Whole No. 5111
Residence, Rochester, Minn.
Date Admission, August 4th 1898.
Admitted by Dr. H.H. Herzog - hour, -
How Sent, J.A. Leonard J. of P. Olmsted Co.
Sex, Female Age, 36 yrs.
Civil Condition, married-
Children, 2
Age Youngest Child, both dead.
Occupation, House wife (husband a carpenter)
Degree Education, Common school.
Profession, Religion, None.
Habits, Addicted to morphine & alcohol habit.
~~Nativity,~~ Nationality, Wisconsin (Father Ireland - mother Mass.)
Physicians Committing, F.R. Mosse & C.T. Granger.
Correspondents, husband - Rochester.

No. of Years, 2 or 3
Insane Relatives, Both parents used morphine.
Cause Exciting, Morphine & alcohol habit.
Cause Predisposing,
Form, Mild dementia - from prolonged use of morphine
Accompanying Bodily Disorder, Irritable heart from use of morphine.
Suicidal or not, Not.
Date of this Attack, 2 or 3 yrs. ago.
Duration, 2-3 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, About 33.
Time of Leaving, Nov. 5. 1898
Time in Hospital, 3 mo. 1 d.
Result, Discharged June 6. 1899 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Fairly good today

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive, Fairly good today

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Irritable

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, a little bit off. died at 51 of cancer.

Paternal Relatives,

Mother, Died ?g. Had neuralgia of stomach.

Maternal Relatives,

Brothers and Sisters, healthy

7 children - died soon after birth - supposedly from lack of morphine.

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

Had typhoid when very young.

HABITS, Drinking and Smoking, Drinks & takes morphine

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, 5 ft 3½ PRESENT WEIGHT, 111 lbs. USUAL WEIGHT, NUTRITION, Pale - fairly good flesh.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Fairly normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Left larger - Response to light fair.
SIGHT, Good in right eye - blurred in left.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Can voluntarily produce a squint of left eye.
HEARING, Normal.
COORDINATION, Arms, Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Fairly steady.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Enlarged & dilated. Pulse weak no murmurs.
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,

Aug 9 EXAMINATION URINE, Quantity, XLVIII Sp. g. 1.012 Reaction, Acid Color and Appearance, Yellow - White flaky deposit.
Albumen, Trace by Esbachs only Sugar, absent
Casts and Crystals, Amor. urates - epith. all varieties, a few oxalate of lime Crystals & fat globules - & many pus corpuscles.
9/7/99 GYNECOLOGICAL EXAMINATION, External genitals normal except laceration - deep erosion & extension laceration of cervix - cervix bleeds on touch - uterus normal position - urethral orifice inflamed. Leucorrheal discharge - whitish - tenacious. Cystocele
MENSTRUATION, Always irregular - sometimes suppressed for 6 mos. at a time. Has not menstruated now for 6 yrs. When present quite free from pain. Formerly subject to severe headaches - on vertex & in occipital regions.
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 at this examination shows no delusions, hallucinations nor incoherence. Is nervous & impatient at her confinement - Wards floor. Says habit commenced as a steady one at 16 yrs. because of neuralgia - Before that had taken some as her parents took it & always had it in the house. Takes recently 20 to 30 grs. per day. Takes it at one dose - in afternoon.

Personal and Medical History of Gertrude E. Youmans.

1898

This patient was brought here by Sheriff B.H. Stuart attended by husband, in fair physical condition, with the following history:- No history of consanguinity nor heredity but both parents used morphine: First symptoms of insanity manifested two or three years ago: Has been gradually developing since then. Shown by inability to care for herself & by dementia: Disease appears increasing: Is variable, with irregular, rational intervals: Derangement now manifested by dementia: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities except use of morphine for 20 yrs. past. Takes a scruple daily: Has been taking alcohol for past three years: No severe disease except an irritable heart from use of morphine: Has received no treatment & has never been confined nor restrained in any way.
No further information obtained on personal examination.

Aug 4 On admission put upon B² W. Gen. Pat. Complexion dark: Hair brown: eyes gray: Skin hot & dry. Eruption on lower part of legs: Is dirty: Behavior quiet: Talks sensibly.

Summary Nurses Notes by Dr. Phelps. Aug 4 Admitted on B². A case of opium taking

Aug 10 Patient has been given strychnine, morphine decreased: seems to be getting along fairly well. Aug 17 Patient getting somewhat nervous as dose of morphine diminishes but getting along fairly well. Aug 25 Patient doing quite well altho she complains a good deal Sept 7 Is receiving no morphine at present is doing as well as could be expected. Sept 30 Went home: Has for a considerable time been taking no morphine & is in fairly good condition.

Discharged

Personal and Medical History of

Personal and Medical History of Margaret Rogan.

Whole No. 5112
Residence, St. Paul, Minn.
Date Admission, August 4th 1898.
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich Jr. Janney Co.
Sex, Female Age, 60+
Civil Condition, Divorced
Children, Four.
Age Youngest Child, 19
Occupation, Housewife - Husband a laborer -
Degree Education, None.
Profession, Religion, Catholic
Habits, Not intemperate.
~~Nationality~~ Nativity, Ireland (Parents also born there)
Physicians Committing, C.P. Medway + H.F. O'Brien.
Correspondents, J.B. Ogden Q. Adv. Dept. Mpls. Times Minneapolis Minn.

No. of Years, 2 yrs
Insane Relatives, Sister.
Cause Exciting, No knowledge.
Cause Predisposing, Possibly heredity
Form, Senile Dementia.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not
Date of this Attack, 2 yrs. ago
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 1860 (about)
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, as perhaps also
Recent Events, Special Subjects, recent events not so well.

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, seems at times 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, Probably gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Is very suspicious - scolds + resents + will not answer questions.
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 petition of John Patrick Rogan for appointment of guardian for Margaret Rogan received Aug - 19 - 1898.

5112.

1710 1st Ave So Mpls 8/1/98

Mr. J.B. Ogden
93 FIFTH AVE.
THE INTERNATIONAL SOCIETY
LONDON PARIS BERLIN NEW YORK
Son in law of Margaret Rogan

...RISTICS.

...EIGHT, NUTRITION, Rather slight but not especially emaciated.

...l. Grasp,

...Muscles, General, None noted.

Other Reflexes,

...ng, Slow, Normal.

...d, Etc.,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Struggled but sounds seem fairly normal
ARTERIES,
No special impairment.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Probably 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,

Aug. 9 EXAMINATION URINE, Quantity, XXXIV Sp. g. 1.027 Reaction, acid Color and Appearance, Reddish yellow. White flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, Amor. urates - a few uric acid crystals + few corpuscles - a few round + squamous epith.

9/7/99 GYNECOLOGICAL EXAMINATION, External genitals normal except slight laceration Portion of uterus normal except slightly adherent to left.
MENSTRUATION, always free from pain - menopause past but will not say how long - Could secure no further history of menstruation.
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). Seems senile - Feeble of mind, yet of a rambling, half maniacal behavior - Scolds - is suspicious of everything - Talks loudly at times. Physical condition seems fair. Has probably been failing for years.

Personal and Medical History of Margaret Rogan.

Whole No. 5112
Residence, St. Paul, Minn.
Date Admission, August 4th 1898.
Admitted by Dr R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich Jo P. Ramsey Co.
Sex, Female Age, 60+
Civil Condition, Divorced
Children, Four.
Age Youngest Child, 19
Occupation, Housewife - Husband a laborer -
Degree Education, None.
Profession, Religion, Catholic
Habits, Not intemperate.
~~Nationality~~ Nativity, Ireland (Parents also born there.)
Physicians Committing, C.P. Woolway + H.J. O'Brien.
Correspondents, J.B. Ogden c/o Adv. Dept. Mpls. Times Minneapolis Minn.

No. of Years, 279
Insane Relatives, Sister.
Cause Exciting, No knowledge.
Cause Predisposing, Possibly heredity
Form, Senile Dementia.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not
Date of this Attack, 2 yrs. ago
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 60
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,

Very dull mentally - or perhaps so depressed that she will not 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,

ONSET, Gradual or Sudden, Probably gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Is very suspicious - scolds + resists + will not answer questions.
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 Margaret Rogan

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Rather slight but not specially emaciated.

WOUNDS, Abnormalities and condition of Skin, Skin fair for age.

TONGUE, Coatings or Promptness of Movement, Will not show it.

PUPILS, Equality, Size, Response to Light, and Accommodation, Seem equal.

SIGHT, ?

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

HEARING, Seems fair.

COORDINATION, Arms, Will not test - seems to handle self well. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None noted.

PATELLAR REFLEX, ? Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Struggled but sounds seem fairly normal.

ARTERIES,
No special impairment.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Probably 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,

Aug. 9 EXAMINATION URINE, Quantity, ℥ XXXIV Sp. g. 1.027 Reaction, acid Color and Appearance, Reddish yellow. White flaky deposit.
Albumen, absent Sugar, do.
Casts and Crystals, Amor. urates - a few uric acid crystals + pus corpuscles - a few round + squamous epith.

9/7/99 GYNECOLOGICAL EXAMINATION, External genitals normal except slight laceration position of uterus normal except slightly adherent to left.

MENSTRUATION, always free from pain - menopause past but will not say how long - Could secure no further history of menstruation.

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). Seems senile. Feeble of mind, yet of a rambling, half maniacal behavior - Scolds - is suspicious of everything. Talks loudly at times. Physical condition seems fair. Has probably been failing for years.

1898 Personal and Medical History of Margaret Rogan.

This patient was brought here by Sheriff's deputy Saml Marks, attended by Mary Leach, in fair physical condition, with the following history:- No knowledge concerning history of consanguinity: First symptoms of insanity manifested two years ago by delusions & fear of loss of property: Disease appears increasing: Is not variable: Now manifested by delusions of persecution: Not disposed to injure others: Habits filthy & destructive: No previous peculiarities: No history of intemperance in parents or self: No severe disease nor injury to head: No confinement nor restraint employed - has received no treatment. No further particulars noted on personal examination. On admission put upon B^r W (G.H.N. Rpt. Complexion dark: eyes gray: hair dark brown: Skin normal condition: Has vermin: Is very dirty: Behavior maniacal: Talks very little but answers questions sensibly.

Aug 4 Summary Notes by Dr. Phelps. Received on ward: Is rather noisy & resistive.

Aug 10 Some what senile but behaves like a case of chronic mania.

Oct 25 Refuses to talk: Is very stubborn. Feb 5 No change in any special respect.

Mch 1 - Aug 31 1899. By Dr Bebb. General health fair: Appetite fair: Sleeps well: Refuses to take outdoor exercise: untidy in appearance & at times extremely noisy. Nearly always screaming "murder" if touched even accidentally. Neat in habits but careless in appearance: Is very obstinate & resistive & inclined to be violent. Aug 18. Wt. 73#

Sept 1 - Feb 28 1900. Neat in habits: quite violent at times: very resistive: Eats & sleeps well. General health fair: Refuses outdoor exercise: When interfered with she screams "murder" &c. Wt. 95#. Mch 1 - Nov 30 Neat: very stubborn & resistive at times extremely noisy: General health fair: Dislikes to go out for exercise. July 23 Vaccinated Nov. 24. Struck in side of head by Belle Pottle: No injury inflicted Nov. 23 Wt 102# Dec 1 - Feb 28. No change - General health good: Wt. Mch 3 102#. Mar 1 - June 1 - 1900 Does no work. No change in mental or physical condition. May 31 Wt 105½#

June to Sept. Seems to be brighter of late, does not cry out as formerly, is quite pleasant and agreeable, when spoken to will answer by a shake of the head and occasionally smiles, Sept. 3 Wt. 103½#. Sept. to Dec. Does no work, attends no amusements, takes out door exercise, Nov. 30 Wt. 107#.

Up to Feb. 1, 1903. Appetite fair: sleeps well: takes exercise: bowels regular: assists with the work: takes exercise: attends no amusements: does not converse or answer questions: usually quiet: neat and clean in habits and appearance: occasionally is extremely noisy: Dec. 1st Wt. 111#.

Personal and Medical History of

Personal and Medical History of Mary Olson #2

Whole No. 5119
Residence, Lanesboro, Minn.
Date Admission, August 12th 1898.
Admitted by Dr. H H Herzog hour, 5:45 P.M.
How Sent, C.N. Farrington & of P. Fillmore Co.
Sex, Female. Age, 42 yrs.
Civil Condition, married.
Children, 4.
Age Youngest Child, 6 years
Occupation, Housewife (Husband a farmer + teamster)
Degree Education, Can read Norwegian.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nativity~~ Nationality, Minn (Parents born in Norway)
Physicians Committing, J.H. Phillips + G.A. Love M.D.
Correspondents, Minnie Olson, Lanesboro

No. of Years, ~~28~~
Insane Relatives, Father's cousin.
Cause Exciting, —
Cause Predisposing, -
Form, Melancholia (Acute)
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 7 yrs ago.
Duration, 7 yrs.
No. of Attack, 1st
No. of Admission, —
Age First Attack, 35 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,
Clear - not quick.
MEMORY, Past Events, Fair.
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Not dull - illusive.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
DELUSIONS, Probably 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, Says insane living, but not well
Paternal Relatives,
Mother, Says living
Maternal Relatives,
7 Brothers and 4 Sisters,
4 children - 2 boys - 2 girls.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Lung fever + typhoid when a child - an operation 4-5 yrs ago -
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, 5ft 5½ PRESENT WEIGHT, 123 USUAL WEIGHT, NUTRITION, Impaired
WOUNDS, Abnormalities and condition of Skin, Skin normal condition
TONGUE, Coatings or Promptness of Movement, Slight coating - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Respond slowly to light - fairly well to accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Fair - does not appear to be very good.
COORDINATION, Arms, Quite good Legs, Quite good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands + slight of tongue.
PATELLAR REFLEX, diminished Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Normal
HEART, Murmurs, Strength, Sounds, Size, Normal
Apex Beat, Regularity, regular.
ARTERIES,
Pulse regular.
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,

Aug 22 EXAMINATION URINE, Quantity ½ XXI Sp. g. 1.030 Reaction, acid Color and Appearance, reddish brown
Albumen, present by Heat + HNO_3 - excess by Esbach Sugar, absent. brownish flaky sediment
Casts and Crystals, Excess Amor. urates - a few Epith. cells - excess of pus & blood corpuscles (+)

9/7/98 GYNECOLOGICAL EXAMINATION, Extensive laceration of cervix - also laceration of perineum - Cyst on right side of vaginal portion Ulceration of cervix with cystic degeneration Cyst on posterior lip of cervix - Extreme local tenderness - Uterus normal position Profuse leucorrhoeal discharge - yellowish + tenacious -
MENSTRUATION, Regular + usually not much pain.
~~OPHTHALMOSCOPIC EXAMINATION,~~ Dec 6th Exam. Treatment + amputation of cervix necessary. Dec 27th Exam. Patient under anesthetic - fibroid condition of Uterus found - Secondary operation ft. same showed - be performed -
~~BLOOD, Corpuscles, Haemoglobin,~~
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 condition on admission somewhat impaired. Very rarely spoke. Is now restless + melancholy, + at times converses quite pleasantly but is still nervous - Is suspicious + rather silly in manner.

Personal and Medical History of Mary Olson #2

1898

This patient was brought here by sheriff's deputy E.K. Blexrud attended by Minnie Olson, in fair physical condition, with the following history:-
No history of consanguinity; one cousin on father's side insane: First symptoms manifested seven years ago, has been gradually growing worse ever since: Disease appears increasing: patient very melancholy: Disease was variable until one year ago, no rational intervals now: Derangement manifested by delusions: Is very listless & depressed: Takes no care of her person: Not disposed to injure others: No disposition to filthy nor destructive habits shown: No previous peculiarities manifested: No severe diseases nor injuries to head: Has never been confined nor restrained: Has been under care of several physicians without any result.

Aug 12 On personal examination is much depressed & very melancholic - can get no intelligent opinions from her.

Aug 12 On Admission put upon B2 W (G.H.N. Rep't Complexion dark: hair brown: eyes blue: Skin normal condition: No marks, scars nor bruises noted: Is clean: Behavior quiet: Is very dull & reticent: answered a few questions sensibly. Summary Notes by Dr. Phelps. Aug 12 Received on ward: Patient very quiet in behavior seems to be somewhat chronic in mental state. Aug 25 Is content to lie or sit about in a very quiet way: at times crying softly to herself but usually quiet & rather dull. Sept 1 Trans. to B3. Has changed little or none.

Dec. 29 Transferred to Infirmary for operation.

Jan 20 '99. Recovery uneventful: reaction good: commenced to sit up today seems to be feeling quite well: usually quiet: Appetite quite good: Trans. to B3 Jan 27 Wt. 118 3/4. Mch 1 - Nov. 30 '1899 Patient very quiet & rather depressed: rarely speaks unless addressed. For sometime would not even answer questions but later more agreeable. Remains inactive & stupid: Thinks people are waiting to take her home & frequently asks for wraps Has attempted to elope several times while out of doors. Physical condition impaired: is anaemic & does not seem strong. did not improve after operation as had been hoped. & a secondary operation may be necessary later. Menstr. regular: occasionally stubborn & resistive, also nervous & depressed & cries a great deal. Visited in August & September by husband & daughter. ~~Sept~~ Dec 1 - Feb 28 '1900 (Dr Heyerdale) Jan 15 Wt. 124#. Feb 22. Quiet: rarely takes out door exercise: Appetite fair: bowels constipated: Menstruates regularly: Is stubborn & resistive at times.

Mch 1 - Nov 30 '1900. Quiet & agreeable: Appetite fair: bowels regular: Menstruates regularly: Apr 22 Attempted to escape while out walking. July 14 Sick complains of heart & stomach. July 15 Trans. to Infirmary. July 21 upon ward: Appetite fair: Bowels regular with aid of laxatives: July 21 Vaccinated. Expresses fear that someone

Personal and Medical History of Mary Olson #2.

is after her. Dec 1 - Feb 28 '1901. General health very poor: very melancholy Appetite poor. Feb 21. Wt. 124# Mar. to June 1901 May 29 neat in habits and appearance, seldom converses, is melancholy, does not take exercise, agreeable on ward, appetite fair, bowels regular, sleeps well, menstruates regularly. Wt. 125#. June to Sept. July 23 attempted to elope was brought back by Mr. Smart, no change in mental or physical condition Aug. 29 Wt. 117#.

Sept. to Dec. Patient shows no change in mental or physical condition. Nov. 30 Wt. 119#.

Up to Feb. 1, 1903. General health good: appetite good: sleeps well: exercises occasionally: does no work: is quiet: does not converse neat and clean: Dec. 1st. Wt. 123#.

 Transferred from St. Peter =

Personal and Medical History of E. Ester Nellan Glemmestad.

Whole No. 5120	No. of Years, 285
Residence, Springfield, Minn.	Insane Relatives, Maternal Aunt.
Date Admission, August 18th 1898 (Original ad. May 11/98)	Cause Exciting, unknown.
Admitted by R. M. Phelps hour, 10 P.M.	Cause Predisposing, Possibly heredity.
How Sent, Transferred from St. Peter Hospital (From Brown Co.)	Form, Recurrent mania.
Sex, Female Age, 29.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, married	Suicidal or not, Not
Children, none.	Date of this Attack, About first of May.
Age Youngest Child, —	Duration, Since first week in May
Occupation, Housewife (Husband a farmer)	No. of Attack, 2nd
Degree Education, Common school.	No. of Admission, 2nd here.
Profession, Religion, Methodist.	Age First Attack, About 16 years.
Habits, Not intemperate.	Time of Leaving, Aug. 25. 1898
~~Nationality~~ Nativity, Minn. (Father born in Mich. - mother Vermont)	Time in Hospital, 7 d.
Physicians Committing, O. C. Strickler & C. J. B. Hirsch M.D.	Result, Discharged Feb. 8. 1899
Correspondents, Thos Glemmestad, (husband) Springfield, Minn.	Much Improved

EXAMINATION ON ADMISSION BY DR. R. A. Bebb & R. M. Phelps *Date of* 8/19/98.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.
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,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Says 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, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, L. healthy
Paternal Relatives,
Mother, had fits of temporary insanity - was cruel to her.
Maternal Relatives, Mother's sister insane - no others.
1 Brothers and 3 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Kidney trouble - sore in back - scanty urine - Puffy lids.
Has womb trouble - bearing down pains - misplacement begun by riding horseback.

HABITS, Drinking and Smoking,

HEADACHES, No VERTIGO, Yes OR CONVULSIONS, Says had fit when 4 years old. Had cholera infantum

OCCUPATION, Healthy or not, Housework.

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

Sleep, Good Appetite, Good and Bowels,

August 17th, 1898.

E. Ester K. Glemmestad.

Mental condition.

When admitted she was excited, boisterous and violent, mischievous, destructive to clothing, incoherent in speech, profane and obscene. She has been gradually becoming quiet and during the past two weeks has improved rapidly. Her physical condition was good but she had a poor appetite and did not sleep well. Weight 106 lbs. There was a harsh murmur at the base of the heart heard best upon the right side; it was transmitted upward above the clavicle where there was a marked pulsation.

Urine-Analysis.

Sp. gr. 1.031; color, dark yellow; Opaque; re-action, acid; Sediment 1%; Urea 2.3%; Albumen 1%; Peptone 0.5%; Sugar 0.25%; Indican slightly increased; Biliary coloring matter present. Microscopy:- Numerous leucocytes; Much granular epithelium; Tyrosin crystals in abundance.

Pelvic Examination:- The Hymen is destroyed; There is excessive tenderness in the region of the right ovary; The Uterus is displaced, slightly to the right side, it is large, and there is a small erosion in the cervix, which bleeds when touched.

The patient says she has not menstrated since April; that the discharge was scanty; the periods painful, and about three weeks apart.

Pelvic Measurments:- 22 c. m. bet ant. sup. spines.
26 c. m. bet. crests of ilia.
18 c. m. ext. congugate.

The Vaginal fluid contained staphylococci.

- - -

This patient is now in good physical condition, has a good appetite and apparently digests her food, although her tongue

RITION fair

UREMENTS,

rance, pale yellow deposit.

few pus corpuscles

ble cause, the

quite young as a case of puerperal insanity. Was hysterically active this time. a very mild mania. In good health - No special features noted in case. Mind is fairly clear.

Personal and Medical History of

years-
25. 1898
7 d.
Discharged Feb. 8. 1899
Much Improved

EXAMINATION ON ADMISSION BY DR. R.A. Dubb & R.M. Phelps Date of 8/19/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Good
MEMORY, Past Events, Good
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,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Says 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, Gradual.

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

Father, L. healthy

Paternal Relatives,

Mother, had fits of temporary insanity - was cruel to her.

Maternal Relatives, Mother's sister insane - no others.

1 Brothers and 3 Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Kidney trouble - sore in back - scanty urine - Puffy lids.
Has womb trouble - bearing down pains - misplacement begun by riding horseback.

HABITS, Drinking and Smoking,

HEADACHES, No, VERTIGO, Yes, OR CONVULSIONS, Says had fit when 4 yrs old. Had cholera infantum

OCCUPATION, Healthy or not, Housework.

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

Sleep, Yes, Appetite, Yes, and Bowels,

Personal and Medical History of

Ester Glemmested (Continued.)

continues to be slightly coated. With the occasional use of laxatives, her bowels move daily. She sleeps well.

There is no disease apparent in the chest cavity, excepting a soft Cardiac murmur, Systolic in time; Heard at the base and most clearly on the left side. The organs in the Abdominal cavity are apparently free from disease.

She is neat, attends to her own toilet, assists with the light ward work; is ordinarily quiet and well behaved and converses fairly intelligently; But occasionally becomes excited; torments the other patients, the nurses, and is disposed to destroy her clothing and the furniture. She is apparently conscious of her condition, without capacity or inclination to control herself; although she does on occasion control herself completely.

NUTRITION fair

SURREMENTS,

Nasi-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,

Ar... EXAMINATION URINE, Quantity, 2 Pints Sp. g. 1.025 Reaction, Alkaline Color and Appearance, pale yellow white flaky deposit.
Albumen, Absent Sugar, No
Casts and Crystals, Excess amor. urate - old kinds of epith. - a few pus corpuscles

GYNECOLOGICAL EXAMINATION,
See accompanying history

MENSTRUATION,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Haemoglobin,

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 was here before when quite young as a case of puerperal insanity. Was hysterically active this time. a very mild mania. In good health - No special features noted in case. Mind is fairly clear.

ay.
May

16 years.
Aug. 25. 1898
7 d.
Discharged Feb. 8. 1899
Much Improved

Bebb & RM Phelps Date of 8/19/98.

...ARACTERISTICS.

...sh,

M...

...ecial Subjects,

PERCEPT... ...t or Illusive,

A...

REASONING POW... ...nary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Says 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, Gradual.

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

Father, L. healthy

Paternal Relatives,

Mother, had fits of temporary insanity - was cruel to her.

Maternal Relatives, Mother's sister insane - no others.

Brothers and Sisters,

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

Kidney trouble - sore in back - scanty urine - Puffy lids.
Has womb trouble - bearing down pains - misplacement begun by riding horseback.

HABITS, Drinking and Smoking,

HEADACHES, Nor VERTIGO, Real OR CONVULSIONS, Say had fit when 4 years old. Had cholera infantum

OCCUPATION, Healthy or not, Housework.

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

Sleep, Fair Appetite, Fair and Bowels,

...ersonal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION fair

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Slight White coat.

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

SIGHT, Good

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

HEARING, Good

COORDINATION, Arms, Normal. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Normal.

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,

Aug 22 EXAMINATION URINE, Quantity, ℥ XLV Sp. g. 1.025 Reaction, alkaline Color and Appearance, pale yellow White flaky deposit.

Albumen, absent Sugar, do.

Casts and Crystals, Excess amor. urates - all kinds of Epith - a few pus corpuscles

GYNECOLOGICAL EXAMINATION, } See accompanying history.

MENSTRUATION,

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 was here before when quite young as a case of pubescent insanity. Was hysterically active this time. a very mild mania. In good health - No special features noted in case. Mind is fairly clear.

Personal and Medical History of E. Ester Kellan Glemmestad.

1898

This patient was brought here, by a nurse, from the Hospital at St. Peter, Minn.
A copy of the "original warrant" & also of "Certificate of Jury", also synopsis of history came with patient. The copy of original history reads as follows:- No consanguinity: mother's sister insane: First attack occurred about 12 yrs. ago (Patient was in this, Rochester hospital from Dec 20 '86 to Feb. 15 '87 See Vol. 8 Folio 5 No. 1265).
First symptoms of present attack manifested about two weeks ago: Disease appears increasing: Not variable: Derangement now manifested by maniacal behavior - on no particular subject: No disposition to injure others: No filthy nor destructive habits: No previous peculiarities shown; nor intemperance in parents or self; No severe diseases nor injury to head sustained: No treatment received further than hospital care as above stated. No further particulars noted on
Aug 18 personal examination. In admission put upon B²W (G.H.R. Rpt. Complexion fair: hair light: eyes gray: Skin normal condition: No marks, scars nor bruises noted: Is clean: Second finger of right hand has been injured & first joint enlarged. Behavior quiet: Talks sensibly.)
Summary Notes by Dr. Phelps. Aug 18 Received on ward: Quiet in behavior: Talks fairly well altho slightly irrational in manner. General health seems fairly good.
Aug 24 Is slightly incoherent & flighty: Does not seem to be specially troubled in any way.
Aug 25 Visited by parents who were allowed to take her home & care for her.

Discharged.

Personal and Medical History of

Personal and Medical History of Alzina Gould.

1899

Whole No. 5121

Residence, Winnebago City, Faribault Co, Minn.

Date Admission, August 18th 1898

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

How Sent, R.A. Mott, J. of P. Rice, Co, Minn.

Sex, Female Age, 62.

Civil Condition, Widowed.

Children, one.

Age Youngest Child, 35 yrs.

Occupation, Housewife.

Degree Education, Common school.

Profession, Religion, M.E.

Habits, Not intemperate.

~~Nationality~~ Nativity, New York. (Parents also born there)

Resident of State Co. since March 1st 1897.

Physicians Committing, W.A. Hunt + A.C. Rogers.

Correspondents,

No. of Years, 286

Insane Relatives, None known.

Cause Exciting, Unknown.

Cause Predisposing, –

Form, Meningitis (in Gen. Paresis)

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, Developmental - 2 or 3 yrs. back.

Duration, 2-3 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 60 yrs.

Time of Leaving, Aug. 22. 1898.

Time in Hospital, 4 days

Result, Died - Meningitis

EXAMINATION ON ADMISSION BY DR. R.A. Bebb + R.M. Phelps Date of 8/19/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull - almost gone.

MEMORY, Past Events, almost absent.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Probably none defined. Is quite dull + slow to answer. Answers to her name - says she feels quite well &c but everything is dull + quiet.

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),
History not obtainable -

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, Not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Fair weight

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Sluggish - slight coating.

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

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Very slight arcus senilis.

HEARING,

COORDINATION, Arms, Cant test well - Paretic in appearance. Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Yes - marked

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Exceedingly slurred. Cannot distinguish much that is said.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Fair.

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,

GYNECOLOGICAL EXAMINATION,

MENSTRUATION,

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 somewhat senile in appearance. Very paretic in general actions + state - tho the classical signs of grandeur + activity etc. have been missing.

Personal and Medical History of Alzina Gould.

1898

This patient was brought here by Sheriff Hibbard, attended by Miss Baker in fair physical condition, and the following history: No knowledge of history of consanguinity or heredity. Disease has been developing for two or three years. Has had private treatment without improvement. First symptoms manifested by general mental degeneration. Disease appears increasing. Derangement now manifested by dementia. No disposition shown to injure others. Habits unclean. No previous peculiarities shown. No history of intemperance in parents or self. Has required constant attendance & has had careful, faithful private nursing. On personal examination shows general appearance of progressive dementia. On admission put upon Infirmary Mat.

Aug 18 Complexion dark. Hair partly gray. Eyes gray. Skin hot & dry. No marks nor scars noted. Slight bruises on knees. Tongue clean. Coordination very poor. Behavior quiet. Demented - does not speak plainly. (Attn. Rpt)

Summary notes by Dr. Phelps. Received on ward. Fairly quiet in behavior; kept in bed.

Aug 19 Patient seems quite helpless in a spastic sort of a way. Temp. 104. Rather nervous & restless. Aug 21 Temp. rises every afternoon to 104°. Seems to have a tendency toward brain fever. Aug 22 Temp. 103°. Pulse very rapid & weak. Died at 6:30 PM. Patient was here only a short time. Death seemed to be due to a meningitis but other causal factors were not found. She seemed to have previously been, however, very spastic & possibly was quite a typical case of general paresis.

Died.

Personal and Medical History of

Personal and Medical History of Amelia Norris

Whole No. 5122
Residence, St. Paul, Minn.
Date Admission, August 19th 1898.
Admitted by Dr. H.H. Herzog hour, 8:45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 31 yrs.
Civil Condition, ~~widowed~~ Divorced
Children, two
Age Youngest Child, Nine years.
Occupation, Housewife
Degree Education, Common school.
Profession, Religion, Congregational.
Habits, Not intemperate.
~~Nationality~~ Nativity, Wisconsin (Parents born in Norway)
Physicians Committing, J.B. Brimhall & Alb. Dunning.
Correspondents, Mrs Carrie Johnson, 481 Wabasha St. St. Paul, Minn.

No. of Years, ~~2~~ 1.
Insane Relatives, None
Cause Exciting, Family troubles
Cause Predisposing, Previous attack.
Form, Acute Mania (adolesc.)
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Six months ago
Duration, 6 mos.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 25 years.
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, Seems fair - Special Subjects,
Recent Events,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Dulled
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Slightly exalted.
DELUSIONS, Systematized, Transitory, Special Subjects, Somewhat
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, Probably gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Dont know of any insanity - Father was nervous.
Father, Died at 58.
Paternal Relatives,
Mother, Died at 78
Maternal Relatives,
6 Brothers and Sisters, Brother has heart trouble.
Children 2 - & 2 miscarriages
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Pneumonia
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, 135 NUTRITION, Some Poor.
WOUNDS, Abnormalities and condition of Skin, Skin pale.
TONGUE, Coatings or Promptness of Movement, prompt. quite clean & moist.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, -
HEARING, good
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Normal.
PATELLAR REFLEX, Normal. 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,

8/22/98 EXAMINATION URINE, Quantity, ~~3~~ XVI Sp. g. 1.034 Reaction, alkaline Color and Appearance, yellow with white pearly deposit
Albumen, absent Sugar, trace by bismuth & Fehling
Casts and Crystals, triple phosphates, a few pus corpuscles & fat globules. Epith. cells & amor. urates.

9/ GYNECOLOGICAL EXAMINATION, external genitals normal except laceration of perineum - lateral laceration of cervix. Small amount whitish leucorrheal discharge. Uterus slightly retroflexed & adherent to left
MENSTRUATION, Established at 11. Considerable trouble for a time - none after 16 yrs. Usually regular & free from pain
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 at St. Joseph's Hospital St. Paul 2 mos. Is mildly confused in ideas tho in appearance a bright & intelligent woman - Does not worry much over her state - Thinks it is all nervousness. Brother whom visiting here later said she had always been nervous, excitable, rather childish & silly -

1898 Personal and Medical History of Amelia Norris.

This patient was brought here by Sheriff's deputy Frank Egan, attended by Carrie Johnson in fair physical condition, with the following history:- No history of consanguinity or heredity shown: First attack occurred six years ago + lasted six weeks. First symptoms of present attack manifested six months ago, by extreme nervousness + inability to sleep: Disease appears increasing: Not variable: Derangement now manifested by delusions of persecution: Not disposed to injure anyone; nor to suicide - No filthy nor destructive habits - Previous peculiarity noted - was quicktempered + wilful: No history of intemperance in parents nor in self: No severe diseases nor injuries to head: Patient was in private hospital for five weeks, but showed no improvement as result of treatment there. No further particulars noted on personal examination.

Aug 19/98 On admission put upon B.W. (G.H.N. Rpt. Complexion fair - hair light; eyes gray. Skin normal condition: No marks, scars nor bruises noted: Is clean: Behavior very excited; fought when being bathed: Has delusions) Summary Nurses Notes by Dr. Phelps. Aug 19 Received on ward. Was rather excited, struggled a good deal + was restless. Aug 20 Slept only 2½ hrs. quite incoherent + rather foolish. Sept. 1 Flighty in behavior: Is in fairly good health: Is still rather confused in mind, silly + incoherent: laughs to herself. Trans. to B³.

Feb 21 Has drifted along changing very little: at times has delusions which are quite prominent, at others they not to be obtained.

Mch 1 - to Nov. 30 1899. By Dr. Bebb. General health quite good: Appetite good: Takes outdoor exercise: Neat + clean in habits: Menstr. regular: Is usually very irritable during menstrual period: July 20 fought while being bathed struck nurses + - pulled hair: Trans. to C². Oct. 7 Trans to C³. Was very much disturbed during early part of summer + very quarrelsome once threw knife at Miss Carroll. Was in seclusion at times - later quieted down a little. Dec 1 - Feb 28 1900 (Dr. Heyerdale) Jan 14 Wt 115#. Patient neat Appetite good: Bowels regular: Asks for her own clothes: Talks a great deal: Frequently loud + boisterous: Menstruates regularly: Occasionally disturbed when she laughs in an hysterical manner. Stands in window + tries to attract attention of those passing.

Mch 1 - Nov 30 1900. Rather untidy in appearance + habits: General health good: Talks incoherently: Very disagreeable at times. Expresses many delusions: Frequently attacks nurses + strikes other patients: May 7. Struck Mrs Louth + nurse. Expectorates some: menstruates regularly: appetite good. Nov 21. Wt 108½#. More agreeable of late. Dec 1 - Feb 28 1901 General health good: Very irritable + disagreeable at times. Feb 27 Wt. 104#

Mar. to June 1901 General health good, is unoccupied takes out door exercise, is irrational in her conversation, does not attend amusements, neat in

Personal and Medical History of

habits and appearance, at times becomes much disturbed, when she is rather active and inclined to be somewhat violent, and talks a great deal. May 29 Wt. 103#. June to Sept. July 5 visited by gentleman friends; mental and physical condition same as last quarter Wt 103#. Sept. to Dec. Patient quite disturbed on Nov. 14 struck Nettie Bredahl in the face, no change in mental or physical condition Nov. 25 Wt. 102#.

Dec to Feb 1903 No change. Wt about 110#.

Personal and Medical History of Bertha Christoph

Whole No. 5126
Residence, St. Paul, Minn.
Date Admission, August 25th 1898
Admitted by Dr R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female. Age, 29 yrs.
Civil Condition, Single
Children, none.
Age Youngest Child, —
Occupation, Seamstress.
Degree Education, Fairly good.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Germany. (Parents also born there)
Physicians Committing, J. Ohage & A.W. Whitney
Correspondents, Miss Minnie Christoph
430 Martin St. St Paul.
J. K. Pottle 603 Marshall St. St Paul.

No. of Years, 19.
Insane Relatives, Mother very nervous - Aunt in asylum in Germany
Cause Exciting, Previous attacks
Cause Predisposing, Heredity
Form, Recurrent Mania (slightly defective)
Accompanying Bodily Disorder, —
Suicidal or not, Not.
Date of this Attack, About 3 wks ago.
Duration, 3 wks.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, About 26 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. P.A. Bebb & R.M. Phelps *Date of* 8/26/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Fair -
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - incorrect -
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mild 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,
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, living history can not be obtained from her
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, Somewhat impaired
WOUNDS, Abnormalities and condition of Skin, Slightly anaemic.
TONGUE, Coatings or Promptness of Movement, Some white coating
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - slightly dilated - Response normal.
SIGHT, Thinks good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
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,

10/27/98 EXAMINATION URINE, Quantity, Sp. g. 1010 Reaction, Neutral Color and Appearance, yellow - clear
Albumen, None Sugar, None
Casts and Crystals, a few epith cells.

Sept 13 GYNECOLOGICAL EXAMINATION, External genitals normal - Extreme tenderness of entire vagina - small tumor on left side - probably fibroid - operation for which is not advisable at present on account of age & general condition of patient. Sometimes much pain in back. Subject to headache during recent years.
MENSTRUATION, Established at 13-14 - irregular - at times. Suppressed when 16.
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 young - It is stated was not quite right on going home before. Is evidently with some tendency to defectiveness & this is a recurrent attack.

1898 Personal and Medical History of Bertha Christoph.

This patient was brought here by Sheriff Deputy J. H. Gausen attended by Wm M. Lawton in fair physical condition, with the following history: No history of consanguinity: Mother very nervous, Aunt in asylum in Berlin, Germany.
First attack occurred in 1895 & lasted about 6 months - patient was in this hospital from Jan 17 '95 to July 9 '95 (Fee Vol. 28 Fol. 61 No. 3978.) First symptoms of present attack manifested about three weeks ago, became very restless: Disease appears increasing: Is variable, with irregular, rational intervals: Derangement now manifested by hallucinations & delusions about having been married; having been in the war & having shot two men: Not disposed to injure others: Is destructive of her own things. Previous peculiarity noted - was erratic in speech & actions: No history of intemperance in parents or self: Has received hospital care & treatment as above stated.
On personal examination is entirely insane in speech, about the Pope, soldiers, babies, etc.

Aug 23/98 On admission put upon B² W (G.H.N. Rpt. Complexion dark: eyes gray: hair brown: right hip bruised: Is clean.)
Summary Notes by Dr. Phelps. Received on ward Aug 25. Rather restless while in bed: & rather incoherent Aug 31 Still rather nervous & easily excited & when excited violent. Sept 7 Same quieter but still rather restless, incoherent & mildly maniacal. Nov 15 Has improved very much: behaves quite well talks in a fairly rational way. Jan 23 In a very fair general condition answers questions intelligently & well. Is rather reserved.

Mch 1 - June 1 '99. Appetite & sleep good: Takes exercise: Assists with work in dining room: Talks quite sensibly: Attends chapel: Neat in habits mental condition has improved very much. May 30 - Allowed to go home on trial. Dec 21 '99. Returned. Dec 25 In bay very untidy & destructive: Expresses many delusions: Appetite fair: Bowels constipated: Jan 13 Wt. 134½#. Very untidy about ward: Slops in water & plays with pieces of paper & cloth. Expresses delusions freely: In good physical health.

Mch 1 - Nov 30 '1900 - Mch 1. Very careless: talks to herself & has many delusions: ideas confused: memory good: General health good. Noisy at times during night. Mch 15 Improving rapidly: Assists with work, & is interested in surroundings: Reads part of time Apr. 11. Quiet: Expresses no delusions: Trans to A². May 15 Very agreeable & pleasant: seems to enjoy herself: Appetite good: Takes out door exercise: sleeps well: Menstruates regularly.
Aug 3 began working on Asst. physicians flat. Is very well.

Dec 1 - Feb 28 '1901. General health good: no change. Still assists on physicians flat. Feb 28 Wt 172#

Personal and Medical History of Bertha Christolf

Mar. to June 1901 General health good, neat in habits and appearance, converses intelligently, assists with work in assistant physicians dining room, takes out door exercise, attends amusements, menstruates regularly. May 31 Wt. 172#. June to Sept. No change in mental or physical condition Aug. 31 Wt. 170#. Sept. to Dec. Sept. 25 patient has been getting disturbed during the last week or more, is depressed and expresses many delusions, is inclined to be noisy, transferred to C. 3. West. Oct. 3 patient very much disturbed mentally transferred to C. 2 West.
Dec to Feb 1903 June 26th visited by a friend. Wt about 143#. Out camping at Oronoco, returned June 14th - 1902. No particular change.

Personal and Medical History of Rebecca A. Best.

Whole No. 5124	No. of Years, 21
Residence, ~~Castle Rock Tp.~~ Farmington Dakota Co. Minn.	Insane Relatives, None.
Date Admission, August ~~30~~ 27th 1898.	Cause Exciting, Overwork.
Admitted by Dr. C.B. Eby. hour, 6 45 PM.	Cause Predisposing, —
How Sent, Thos. P. Moran J.of P. Dakota Co.	Form, Paranoia
Sex, Female Age, 32 yrs.	Accompanying Bodily Disorder, —
Civil Condition, Single	Suicidal or not, Yes. has attempted it.
Children, —	Date of this Attack, 5 yrs. ago.
Age Youngest Child, —	Duration, 5 yrs.
Occupation, Book-keeping + typewriting.	No. of Attack, 1st
Degree Education, High school.	No. of Admission, 1st
Profession, Religion, Episcopal.	Age First Attack, 27 yrs.
Habits, Not intemperate.	Time of Leaving,
~~Nationality~~ Nativity, Minn. - Father Penn - Mother Dela.	Time in Hospital,
Physicians Committing, W.M. Dodge + J.C. Fitch.	Result,
Correspondents, Mrs T. Best Farmington	

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.

Recent Events, Special Subjects, fair.

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,
Indifferent.

DELUSIONS, Systematized, Transitory, probably 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, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Will not answer accurately.

Father, living well.

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says no serious illness. Injury to head.

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS, Never had headache.

OCCUPATION, Healthy or not, Book keeper + school teacher

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

Sleep, Appetite, and Bowels, Almost good, Quite good, regular.

REGARDING MISS REBECCA BEST:

Patient graduated from the Farmington High School in 1885; stood first in her class. In 1890 commenced working as book-keeper; worked until December, 1893. In October, 1893, had trouble, being unable to eat and sleep. Possibly this had been going on for some time. Had ideas that people were talking about her. Went to Fargo. Improved only temporarily. Has been in Fergus Falls Hospital; discharged after two months, behavior having been fairly good while there.

(From letter of Dr. W.M.Dodge, of Farmington.)

9/2

Yours with resp.

Mrs. T. Best.

Casts and Crystals, Amor. urates, a few pus corpuscles. # all kinds epith cells a few oxalate of lime crys.

GYNECOLOGICAL EXAMINATION, External genitals normal except slight inflammation around vaginal orifice - hymen lax but intact - uterus slightly retroflexed -

MENSTRUATION, history not reliable

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps well.

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). General health fairly good but exceedingly nervous. Marked tremor of all parts of body under excitement - Manner + expression suspicious + sarcastic. Sister says she was hypnotized by a young man + remained under hypnotic influence - says also that she was exceptionally bright + capable before her mental trouble.

Personal and Medical History of Rebecca A. Best

Whole No. 5124	No. of Years, 21
Residence, ~~Castle Rock Sp.~~ Farmington Dakota Co. Minn.	Insane Relatives, None
Date Admission, August ~~30~~ 27th 1898.	Cause Exciting, Overwork
Admitted by Dr. C.B. Eby. hour, 6th Pm.	Cause Predisposing, —
How Sent, Thos. P. Moran J.of P. Dakota Co.	Form, Paranoia
Sex, Female Age, 32 yrs.	Accompanying Bodily Disorder, —
Civil Condition, Single	Suicidal or not, Yrs. has attempted it.
Children, —	Date of this Attack, 5 yrs. ago.
Age Youngest Child, —	Duration, 5 yrs.
Occupation, Book-keeping & typewriting.	No. of Attack, 1st
Degree Education, High school.	No. of Admission, 1st
Profession, Religion, Episcopal.	Age First Attack, 27 yrs.
Habits, Not intemperate.	Time of Leaving,
~~Nationality~~ Nativity, Minn. - Father Penn - Mother Dela.	Time in Hospital,
Physicians Committing, W.M. Dodge & J.C. Fitch.	Result,
Correspondents, Mrs T. Best Farmington	

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.

Recent Events, Special Subjects, fair.

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,
Indifferent.

DELUSIONS, Systematized, Transitory, probably 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, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Will not answer accurately.

Father, living. well.

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says no serious illness. Injury to head.

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS, Never had headache.

OCCUPATION, Healthy or not, Book-keeper & school teacher

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

Sleep, always good Appetite, Mit good and Bowels, regular.

Personal and Medical History of

COPY.

PHYSICAL CHARACTERISTICS.

Farmington, Sep. 13th, '98.

Dr. Kilburne,
Rochester, Minn.

Your letter of Sep. 7th received Will try to tell you all I can in regard to Rebecca. The first I noticed anything wrong with her was five years ago, she was book-keeping in a store had to work from seven in the morning untill nine at night. That summer her sister had the typhoid fever for weeks we did not think she would live Rebecca lost a great ele of sleep and became so nervous I did not know what to do She would not either eat or sleep. The Dr. said she was mentaly effected. We had her changed around from one place to another, with her brothers and sisters every time she changed she would be better for a while. In 1897 she was at her brother's in Glenwood, Minn She got so bad he was afraid she would injure herself her took her to Fergus Falls but when she was there one month they sent him word that they would not be justified in keeping her there. He went and took her away. Then she worried more she thought every one looked down on her because she has been in the Hospital he then sent her to her sister in Iowa. For a time she seemed better, but soon began to think every one was working against her. In Sep. they brought her home again she was very bad sometimes would cry and scream by the hour, said every one was trying to keep her from geting a position in December her sister Mrs. Berkey who lives in Minneapolis took her home with her and took her to a Mrs. Anderberg for treatment for a time she got better and seemed like herself in the spring she went to work and worked eight week. One morning she was found laying on the floor of her room, unconscious they thought she was dead and sent for the coroner it was several hours before they brought her to, and from that time she has been getting worse all the time we had to watch her night and day to keep her from running away. For several years she has corusponded with a young man and he quit writing to her she thinks he is agoing to have someone else. That is what she worries about now she would goto the window in the night and call and talk to him I tried to talk to her but it done no good, she quit talking, eat but little, and got away from us and ran away we found her four miles from home her face was all sunburnt and she did not seem to know what she was doing. She never talked of injuring anyone, but I am afraid she might hurt herself if there is anything else that I can tell that will be of any benefit I will willing do so. Please let me hear of there is any change in her at any time She is a member of the Episcople church allso the Eastern Star

Yours with resp.

Mrs. T. Best.

9/2

Casts and Crystals, Amor. urates, a few pus corpuscles. # all kinds epith cells a few oxalate of lime crys.

GYNECOLOGICAL EXAMINATION, External genitals normal except slight inflammation around vaginal orifice - hymen lax but intact - uterus slightly retroflexed -

MENSTRUATION, history not reliable

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps well.

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). General health fairly good but exceedingly nervous Marked tremor of all parts of body under excitement - Manner & expression suspicious & sarcastic. Sister says she was hypnotized by a young man & remained under hypnotic influence - says also that she was exceptionally bright & capable before her mental trouble.

Personal and Medical History of

Whole No. 5124

Residence, ~~Castle Rock~~ Farmington, Dakota Co. Minn.

Date Admission, August 30 27th 1898

Admitted by Dr. C.B. Eby

How Sent, Thos. P. Moran Jo. Pr. Dakota Co.

Sex, Female Age, 32 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Book-keeping & typewriting

Degree Education, High school

Profession, Religion, Episcopal

Habits, Not intemperate.

~~Nationality~~ Nativity, Minn. - Father Penn - Mother Dela.

Physicians Committing, W.M. Dodge & J.C. Fitch

Correspondents, Mrs T. Best Farmington

No. of Years,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Perm.

Accompanying Bodily Disorder,

Suicidal or not,

Date of this Attack,

Duration,

Age of Attack, 32 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Bebb *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.

Recent Events, Special Subjects, fair.

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,
Indifferent.

DELUSIONS, Systematized, Transitory, probably 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, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Will not answer accurately.

Father, living well.

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says no serious illness. Injury to head.

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS, Never had headache.

OCCUPATION, Healthy or not, Book-keeper & school teacher

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

Sleep, Appetite, and Bowels, always good, quite good, regular.

Medical History of

PHYSICAL CHARACTERISTICS.

5 ft 3 PRESENT WEIGHT, 118½ USUAL WEIGHT, NUTRITION, Quite good.

...S, Abnormalities and condition of Skin, None. Skin in normal condition.

...GUE, Coatings or Promptness of Movement, Clear - prompt.

...PILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. responses normal.

SIGHT, good.

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

HEARING, good.

COORDINATION, Arms, fair Legs, fair Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands - (especially of left.) of tongue - facial muscles & general.

PATELLAR REFLEX, exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, somewhat slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY, normal.

HEART, No Murmurs, Strength, Sounds, Size, apex beat normal base weak.

Apex Beat, N Regularity, regular.

ARTERIES,
Pulse weak

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest Symmetrical
Expansion normal.
Bronchi 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,

9/22/98 EXAMINATION URINE, Quantity, Sp. g. 1029 Reaction, Acid Color and Appearance, Yellow - white flaky deposit

Albumen, Trace by Tanrets Sugar, None.

Casts and Crystals, Amor. urates, a few pus corpuscles # all kinds epith cells a few oxalate of lime crys.

GYNECOLOGICAL EXAMINATION, External genitals normal except slight inflammation around vaginal orifice - hymen lax but intact - uterus slightly retroflexed -

MENSTRUATION, history not reliable

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sleeps well.

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). General health fairly good but exceedingly nervous. Marked tremor of all parts of body under excitement. Manner & expression suspicious & sarcastic. Sister says she was hypnotized by a young man & remained under hypnotic influence. Says also that she was exceptionally bright & capable before her mental trouble.

1898 Personal and Medical History of Rebecca A. Best.

This patient was brought here by Sheriff's deputy J H Hyland attended by Mrs. S. Best in fair physical condition, with the following history No history of consanguinity, heredity nor intemperance in parents nor self. First symptoms occurred 5 years ago, manifested by being suspicious that people were talking about her, catching words, + making sentences. Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested by refusal to talk: Is despondent; Mother states that she has recently been disappointed in a love affair + in that way accounts for her refusing to make any reply to Questions put her: Not disposed to injure others: Has attempted suicide with laudanum: Neither filthy nor destructive in habits: Before accession of disease was a bright + active student the brightest in her class: No severe disease nor injury to head known: No confinement nor restraint employed: Has received tonic treatment to build up system.

On personal examination she will not talk, absolutely refuses to answers any questions.

Aug 27 On admission put upon B2 W (G.H.N. Rpt. Complexion dark: hair brown: Eyes blue: Skin normal condition: A few boils on scalp: Both knees bruised: Is rather dirty: Behavior quiet: Would not talk.)

Summary Notes by Dr. Phelps. Aug 27 Is rather quiet: will not talk much: Is somewhat obstinate. Sept 2 Complains somewhat, has various vague delusions: Is now on B3. Is easily excited but is more resistive + stubborn than maniacal. Sept. 9 Still rather stubborn + unreliable in behavior. Sits around quietly in a rather reserved way. Nov 26 No change of any kind Still somewhat unreliable in behavior

Mch. to Nov. 30. General health fair: Appetite good: Sleeps well: Refuses to take exercise: Neat in habits + appearance. Violent at times + very obstinate + Is generally quiet + says little but usually answers questions quite sensibly. Is rather silly + inclined to be sarcastic. Very nervous + expresses herself with difficulty Sept. 19 Visited by sister. Talked with her + expressed some delusions. After stubborn + resistive + not reliable. Oct. 4 Took nurses keys + attempted to elope. Nov 30 Again attempted to elope. Thinks she is a great writer: has hallucinations.

Dec 1 - Feb 28 '1900 (Dr Heyerdale) Jan 15 Wt. 105#. Feb 13-14 Visited by mother Very stubborn + resistive: Takes nourishment regularly: In good physical health: Takes outdoor exercise: Very quiet but sarcastic + expresses many delusions of persecution.

Mch 1 - Nov 30 '1900. Neat: bowels regular: Very irritable + obstinate

Personal and Medical History of

Does not speak unless addressed or when very angry. Reads a great deal: Thinks she is here to be murdered: Frequently attacks nurses + patients: Jan 16. Attempted to choke another patient. put in restraint for 2 hours. July 20 Attacked nurse: July 21. Vaccinated Aug 9. Attacked nurse Secluded for a time then trans. to C3. Nov 21. Wt. 102#. Dec 1 - Feb 28 '1901. No change. General health good: Feb 26 Wt. 102#. Mar. to June 1901

May 27. General health good, takes out door exercise, bowels regular is very nervous and inclined to be somewhat irritable at times, neat in habits and appearance, seldom converses, is quite intelligent, is unoccupied, menstruates regularly, May 29 Wt 97½#.

June to Sept. Shows no change in mental or physical condition Aug. 30 Wt. 95#. Sept. to Dec. Nov. 6 visited by friends, There is no change in either mental or physical condition Nov. 25 Wt. 98#.

Dec. to Feb. 1903 No change. Wt about 95#. Jan 15 '01 visited by mother & brother. May 10th & 17th visited by friends.

Personal and Medical History of Emma Halstrom.

Whole No. 5129
Residence, St. Paul, Minn.
Date Admission, August 30th 1898.
Admitted by Dr. C.B. Eby hour, 7:55 PM
How Sent, G. Millrid J. of P. Ramsey Co.
Sex, Female Age, 50 yrs.
Civil Condition, married
Children, None
Age Youngest Child, —
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, Baptist.
Habits, Not intemperate.
~~Nativity~~ Nationality, Sweden (Parents also born there.)
Physicians Committing, E.H. Borchardt + A.W. Whitney
Correspondents, Mr. August Halstrom.
325 St Anthony Ave
St. Paul, Minn.

No. of Years, 22
Insane Relatives, None.
Cause Exciting, Probably change of life.
Cause Predisposing, —
Form, General Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, In 1885
Duration, ~~4 yrs~~ 3 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, About 47 yrs.
Time of Leaving, Nov. 17. 1899
Time in Hospital, 1 yr. 2 m. 18 d.
Result, Died General Paresis

EXAMINATION ON ADMISSION BY DR. G.W. Phelps Date of 8/31/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Exceedingly sluggish - Seems to realize some things.
MEMORY, Past Events, Dull + uncertain.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Very dull.
REASONING POWER, Ordinary Subjects, Poor + silly
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Demented.
DELUSIONS, Systematized, Transitory, Special Subjects,
None known.
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,
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, 5ft 8 in PRESENT WEIGHT, 187½ USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Very tremulous + hesitating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal-
SIGHT, ?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, ?
COORDINATION, Arms, Gross incoordination of ~~Legs~~, sluggish kind. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Grossly slurred
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Is grossly flabby - no special lesion
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,

9/19/98 EXAMINATION URINE, Quantity, Sp. g. 1016 Reaction, acid Color and Appearance, Yellow - cloudy -
Albumen, Trace by Esbachs Sugar, None.
Casts and Crystals, Amor. urates - a few pus corpuscles - hyaline + squamous epith cells. Uric acid + oxalate of lime crystals

9/1/98 GYNECOLOGICAL EXAMINATION, Laceration of perineum leucorrheal discharge profuse + extends effusive. Laceration of cervix + large retroflexion

MENSTRUATION, Cannot obtain history of menses.
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 grossly paretic - has to lie in bed + be fed. Cannot stand up. Is exceedingly dull - demented. Cannot make wants known - mumbles over everything. No special ailment noted. Is quite grossly flabby.

Personal and Medical History of Emma Halstrom (or Halstrom)

1898

This patient was brought here by Sheriffs deputy John Moriarty, attended by Mr. Halstrom, in fair physical condition: No history of consanguinity nor heredity: First symptoms manifested in 1895 by insomnia, rambling, incoherent talk: loss of memory & ~~increasing~~ melancholic symptoms: Disease appears increasing: Not variable: Derangement manifested on no particular subject: jumps from one subject to another in an incoherent way. No disposition to injure others. Is filthy & untidy in habits: No previous peculiarities manifested: No intemperance in parent nor self: Has neither been confined nor restrained: Has received no treatment, so far as known.
No further facts obtained on personal examination
On admission put upon B.W. G.H.N. Apt. Complexion fair: Hair brown: Eyes gray: Skin normal condition: Several large brown marks on right leg & chest: Small scars on lower part of back: Small bruise on left arm: Is clean: Behavior quiet: Would not speak English.)

Aug 30 Summary Notes by Dr. Phelps. Placed on ward very helpless: Does not seem able to walk Has brown mark on right ankle. Trans. to Infirmary. Sept 5 Patient has had some slight rise of temperature: face is flushed. Lies in bed moaning & noisy Seems to understand a good deal but seems unable to answer questions Is quite paretic in general condition. Nov 30 Patient still very helpless moans in a rather noisy way at times: Lies quietly in bed: No prominent physical symptoms noted. Feb 28. No special change in any respect

1899 (Cont. to Dr. Bell)

May Urinates very frequently: seems unable to retain urine: given laxatives & enemata frequently: May 30. Commenced to sit up. pulse weak & intermittent: Very destructive: June 29. Appetite has failed. receives medicine: Is growing weaker: confined to bed.

Personal and Medical History of

Personal and Medical History of Steffina Lunde (nee Olson)

Whole No. 5132
Residence, Adams, Mower Co., Minn.
Date Admission, September 6th 1898.
Admitted by Dr. H. H. Herzog hour, 6 45 P.M.
How Sent, S. S. Washburn J. of P. Mower Co.
Sex, Female Age, 29 yrs.
Civil Condition, married.
Children, Two.
Age Youngest Child, One week old.
Occupation, housekeeper - (husband a farmer)
Degree Education, common school.
Profession, Religion, Lutheran.
Habits, Not intemperance.
~~Nationality~~ Nativity, U.S. (Parents born in Norway)
Physicians Committing, E. H. Washburn + H. F. Pierson.
Correspondents, E. H. Lunde Adams Minn

No. of Years, 25
Insane Relatives, Father, brother, aunt.
Cause Exciting,
Cause Predisposing, Heredity + previous attack.
Form, Recurrent mania
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, One week ago
Duration, one week.
No. of Attack, several.
No. of Admission, 4th here.
Age First Attack, 17 yrs.
Time of Leaving, Aug 1. 1899
Time in Hospital, 10 m. 28 d.
Result, Discharged Feb. 7 1900 Improved.

EXAMINATION ON ADMISSION BY DR. Strickler *Date of* May 31 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused but quick
MEMORY, Past Events, Fair.
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert but illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects, } Confused.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted at present.
DELUSIONS, Systematized, Transitory, Special Subjects,
Delusions about her father + brother fairly fixed.
HALLUCINATIONS, Apparently
ILLUSIONS, many.
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,
Mania with delusions.

HISTORICAL.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Insane Tuberculosis Pulmonary.
Paternal Relatives, Aunt insane.
Mother,
Maternal Relatives,
Brothers and Sisters, one brother insane.
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,
Insomnia Fair (Constipated)

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ PRESENT WEIGHT, 123 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin harsh.
TONGUE, Coatings or Promptness of Movement, Heavy gray coat. protruded readily.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - response to light + accom fair
SIGHT, Fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Fair
COORDINATION, Arms, fair Legs, fair ~~Grasp,~~ Too excited to make special tests
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Increased. Other Reflexes, About normal.
ARTICULATION, Slurred, Hesitating, Slow, High pitched + hoarse.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY, Not impaired.
HEART, No Murmurs, Strength, Sounds, Strong Size,
Apex Beat, Regularity,
size not increased - apex beat normal position. Is quick + irritable.
ARTERIES,
No change detected
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical
Expansion good.
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,

9/19/99 EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, Acid Color and Appearance, Yellow - white flaky dyes
Albumen, Trace by Taurets Sugar, No sugar.
Casts and Crystals, Amor. urates - a few pus. corpuscles. a few epith cells

GYNECOLOGICAL EXAMINATION, Uterus adherent to left side. otherwise normal - leucorrheal - chocolate colored discharge. External genitals normal except laceration of perineum + pos-vaginal walls lax.
MENSTRUATION, irregular - suppressed about 7 mos. during previous commitment here dismenorrhea - pain in back + abdomen.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Awake + noisy at night.
BOWELS, Present Condition, Tendency to constipation.

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). She is in fair general health, strong + active. Mentally she is irritable, in temper, noisy + violent. Her mental state is chronic mania.

Personal and Medical History of Steffina Lunde, nee Olson

1898

This patient was brought here by sheriff's deputy Jno. C. Johnson Jr. attended by Sarah Johnson, in fair physical condition with the following history:- No history of consanguinity, father, brother & aunt insane: Patient has been here three times before - 1st from May 24 '89 to Oct. 30 '89 - (Vol. 12 p. 89 No. 2069.) 2nd from Feb 21/91 to Apr. 30/91 (Vol. 15 p. 313 No. 2617) 3rd from Nov. 26 '94 to Mch 2nd '95. (Vol. 26 p. 393 No. 3916.) First symptoms of present attack manifested one week ago - four days after birth of child - was violent: Disease appears increasing: Not variable: Derangement now manifested on all subjects: Patient is disposed to injure others. Habits not filthy - destroys clothing & furniture. No previous peculiarities manifested: No severe diseases nor injuries to head: Has received care & treatment at hospital - as stated above: On personal examination has no outward appearance of insanity but keeps up incessant, incoherent talk.

On admission put upon B^r W (G.H.N. Rpt. Complexion dark: hair light brown: Eyes gray: Skin normal condition: A few small bruises on arms & legs: Is dirty: Behavior fairly good: Is incoherent.)

Sep 6. (Summary Notes by Dr. Phelps.) Received on ward. Maniacal in condition: Quite noisy & placed in restraint the first night. Sept 12 Has been rather noisy & maniacal ever since coming. General physical condition good. Sept. 19 Still quite maniacal. Oct 7 Patient untidy, behaving rather noisy - still destructive. Trans. to C'. Nov 29 Patient is growing more quiet & agreeable in manner. Dec 17 Taken home by her brotherin law - Has improved very much.

May 29 '99. Returned. Very noisy & destructive June 20 Trans to C². Habits untidy. Is very disagreeable. Kept in restraint at times on account of being so destructive. June 30 Quieter; neater in habits: began to go out doors. July 4 Visited by husband: July 7 Trans. to A³. Aug 1. Clean in habits & fairly neat in appearance: Converses readily & assists some with ward work: Taken home on trial by mother.

Discharged.

Personal and Medical History of

Personal and Medical History of Katie Curley.

Whole No. 5139
Residence, Lanesboro, Minn.
Date Admission, Sept. 21 1898.
Admitted by Dr. R. M. Phelps. hour, 6.45 P.M.
How Sent, E. V. Farrington J. of P. Fillmore Co.
Sex, Female Age, 71 yrs.
Civil Condition, widowed
Children, 4.
Age Youngest Child, 31 yrs.
Occupation, Housewife
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Ireland. (Parents also born there)
Physicians Committing, President of Fillmore Co. for 5 yrs. J. H. Phillips & G. A. Love.
Correspondents, T. Hennessy Lanesboro, Minn (15 mi. East)
Telegraph to Mrs. Connetty

No. of Years, 32.
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Senile Dem. (mildly exalted)
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Threatens suicide.
Date of this Attack, 3 yrs. ago
Duration, 3 yrs
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 68 yrs.
Time of Leaving, Sept. 4. 1900
Time in Hospital, 1 yr. 11 m. 14 d.
Result, Died Valvular heart disease in Senile Dementia.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 9/22

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & very rambling.
MEMORY, Past Events, Poor & confused
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull & incorrect
REASONING POWER, Ordinary Subjects, Very poor
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mildly exalted
DELUSIONS, Not Systematized, Transitory, Special Subjects,
Rambling incoherence
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, ? years
ONSET, Gradual or Sudden, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can get no history from her.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No history
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, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, Poor from age.
WOUNDS, Abnormalities and condition of Skin, Tumor on left forearm - fatty lupus on nose - one side eaten out. Skin very senile & dry.
TONGUE, Coatings or Promptness of Movement, Prompt - no special coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - rather large.
SIGHT, Probably poor -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Some arcus senilis
HEARING, Seems impaired
COORDINATION, Arms, Legs, Can't use on account of fracture Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of note.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No notable sign
ARTERIES,
Some atheroma
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,

9/24/98 EXAMINATION URINE, Quantity, ℥XXV iii/iv Sp. g. 1023 Reaction, acid Color and Appearance, Pale yellow-cloudy
Albumen, Trace by Tannets Sugar, None
Casts and Crystals, Amor. urates. a few epith cells & pus. corp. some uric acid crystals.

10/5 GYNECOLOGICAL EXAMINATION, External genitals normal, except laceration of permaum: Cervix & uterus atrophied - adhesions posterior & to left.
MENSTRUATION,
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 rambling silly & dementedin talk with mild exaltation. Leg is broken & with no bony union. Can not use it. Break is about middle of lower leg - A cast is being used to stiffen it so that she can hobble about behind a chair

Personal and Medical History of Katie Curley.

1898

This patient was brought here by Sheriff's deputy Mr. Hennessy attended by Kate Rayfield. in fair physical condition, with the following history: No history of consanguinity, lunacy nor intemperance in parents nor self: First symptoms of insanity manifested about three years ago, began by looking for money, imagined that her friends were trying to poison her: Will go without food for several days: Disease appears increasing. Not variable: Derangement now manifested by fear that someone is going to poison her: Will not keep her clothing on: Is always looking for money, sometimes thinks she has it & then tries to run away so that it cannot be taken from her: Thinks she is in church now: Is disposed to injure others: Destroys clothing: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: Has been under care of a physician for past year, but without any result. On personal examination has all the symptoms of mania. Sept 21/98 On admission put upon Infirmary List / G.H.U. Rpt: Complexion fair: hair gray, eyes blue: Scar on nose & on left arm: Eruption on chest: ulcer on nose & small tumor on left and right leg fractured: Very dirty - has vermin: Behavior quiet: has delusions) Summary Nurses Notes by Dr. Phelps. Sept 21 Received on ward: Has lice in clothing: Has a small tumor on left arm: right leg in a cast, it has been broken. & there is an ununited fracture Sept. 27 Can answer questions quite accurately. Talks very incoherently for the most part. Has a lupoid ulcer upon nose. Nov 30 Patient seems to have rheumatism. Is rather restless & full of noisy incoherent talk. Feb 98 Patient has seemed at times somewhat feeble & is of course incapable of taking exercise. She drifts along from day to day with very little if any change. March to September General health much improved: Heart weak: Appetite good: Bowels quite regular: untidy in habits: Noisy at times. Mch 1 Trans to B. Mch 22 to A. Apr. 8. Visited by friends May 19 Complained of pain in side, became quite weak. Temp. normal. P. 80 R. 20. Remained in bed for a few days but very slight constitutional disturbance: May 23 up on ward. June 3 Visited by friends. Sept 1 - Feb 28 1900 Jan 18 Wt. 108½ Feb 5 Visited by Lady friend. Feb. 6 Extremely noisy & violent & resists nurses: Seems quite weak but takes nourishment quite well Mch 1 - Sept 4 1900 - Appetite good: Bowels regular: Extremely noisy much of time. Mch 11 & 13 Struck Eliza Jackson: June 22 Lupus of nose cauterized. Nose treated daily - July 23 Vaccinated. Aug 22. Nose again cauterized. Patient put in muff to keep her from picking at it. Sept 1. Failing some in

Personal and Medical History of

general health: very weak: Kept in bed. Sept 2 Somewhat comatose: Sept 3. Visited by son in law. Failing rapidly: Sept 4 Died at 11:45. of valvular heart disease in senile dementia.

Died

Personal and Medical History of Britta Mosterberg.

Whole No. 5143
Residence, St. Paul (?)
Date Admission, September 28th 1898.
Admitted by Dr. F. Hoferzog hour, 7 PM
How Sent, G. Willrich & of P. Ramsey Co.
Sex, Female Age, 70 yrs.
Civil Condition, widowed
Children, Two.
Age Youngest Child, 32 yrs.
Occupation, Housewife.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nativity~~ Nationality, Sweden - (Parents also born there)
Physicians Committing, Olof. Sohlberg & Geo. B. Darling
Correspondents, Mrs. Simon Anderson (daughter)
174 Lawson St. East - St. Paul, Minn.

No. of Years, 36
Insane Relatives, None.
Cause Exciting, Domestic trouble.
Cause Predisposing, Previous attacks.
Form, Chron. Melan. - (Acc. Dem.)
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Attempted by choking.
Date of this Attack, ?
Duration, ?
No. of Attack, Numerous,
No. of Admission, 1st
Age First Attack, 48 (about)
Time of Leaving, July 4. 1899
Time in Hospital, 9 m. 6 d.
Result, Discharged Feb. 7. 1900
Improved

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 10/1/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly quick.
MEMORY, Past Events, Can't tell.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull - incorrect.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mildly depressed.
Some dementia.
DELUSIONS, Systematized, Transitory, Special Subjects,
Seems to be continually worrying about coming to America (as daughter said she did at home)
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,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Can get no history from her.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No history.
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, 5 ft. PRESENT WEIGHT, 110 USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, Skin somewhat wrinkled, but fair for age.
TONGUE, Coatings or Promptness of Movement, Flabby - no special peculiarity.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Response to light slow
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems to hear fairly well.
COORDINATION, Arms, Fairly steady - accurate ~~Legs~~ in all movements - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None of note.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Fair - in her language.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No notable change but rather slow.
ARTERIES,
Some atheroma.
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,

10/6/98 EXAMINATION URINE, Quantity, ℥ XX Sp. g. 1027 Reaction, Acid Color and Appearance, Reddish yellow - clear.
Albumen, None Sugar, None.
Casts and Crystals, Amor. urates - a few pus corp. a few round & squamous epith - Oxalate of lime

10/15/98 GYNECOLOGICAL EXAMINATION, External genitals normal. Vaginal orifice very narrow: Mucous membrane surrounding same hypertrophied. Laceration of os: uterus atrophied.
MENSTRUATION,
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 apparently a senile - Rambles along talking steadily about coming to America etc. Talks Danish & there was no interpreter - Behavior quiet except that she wanders about ward. Eats poorly. Is a little obstinate about going to bed, getting up etc. From behavior is evidently mildly demented & worries about special subjects of coming to this country.

Personal and Medical History of Britta Westerberg

1898

This patient was brought here by Sheriff's deputy P. J. Miesen attended by daughter, in fair physical condition, with the following history:-
No history of consanguinity, heredity, nor intemperance in parents nor self. First symptoms of disease were manifested thirty-two years ago by melancholia; has had various attacks since: Disease appears increasing: Is variable: Derangement now manifested by homesickness; Is disposed to injure others + wishes to commit suicide: No previous peculiarities manifested: No severe diseases nor injuries to head sustained: Has neither been in confinement nor restraint: Has been given sedatives:
On personal examination is very restless; talks continually.
9/28/94 On admission put upon Infirmary West (G.H.U. R'pt. Complexion dark; eyes gray; hair gray; skin normal condition; Small scar on neck: Bruise on left arm: Is clean: Behavior very maniacal: Does not speak English)
Summary Notes by Dr Phelps. Sept 18 Received on ward. Is rather restless + seems rather dull: Talks to herself: Rambles along mostly on subject of having been sent here. Nov 23 Has remained about same ever since coming: At present appears more quiet in manner + less talkative.
Feb 23 No special change noted.
Mch 1 to July 4: 99. Appetite fairly good: Bowels constipated: laxatives given: Careless in appearance. Mch 22 Trans. to A'. Has delusions: Takes out door exercise May 12 + June 16 Visited by friend. July 4. Visited by daughter who took her home on trial.

Discharged.

Feb. 1, 1903 Appetite good: sleeps well: bowels inclined to be loose: takes little exercise: does no work: is noisy at times: untidy and dirty in habits: and appearance: does not converse in English.

Personal and Medical History of

Personal and Medical History of Annie McGrath #2

Whole No. 5144
Residence, St. Paul, Minn.
Date Admission, September 29th 1898.
Admitted by Dr. R.M. Phelps hour, 6th Bn.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Female Age, 46 yrs.
Civil Condition, married
Children, three
Age Youngest Child, 12 yrs.
Occupation, Housewife
Degree Education, Common School.
Profession, Religion, Catholic
Habits, Not intemperate
~~Nationality~~ Nativity, Vermont (Parents born in Ireland)
Physicians Committing, J. C. Markoe + C. E. Riggs.
Correspondents, Mr. P. McGrath 628 Selby Ave. St Paul Minn.

No. of Years, 37
Insane Relatives, Mother died insane
Cause Exciting, Unknown
Cause Predisposing, Heredity.
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Two years ago.
Duration, About 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 44 yrs. (about)
Time of Leaving, ~~Oct. 23 1900.~~ November 18/1900
Time in Hospital, ~~Improved~~ 2 yrs 1 mo 20 days.
Result, Discharged. Improved May 1 1901.

EXAMINATION ON ADMISSION BY DR. R.M. Phelps *Date of* 10/3/98.

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, Sexual delusions

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Slightly exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,

Thinks is not "up to date" - Does not go with other men & is not immoral as all "on hill" are.

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, 2 yrs. more or less.

ONSET, Gradual or Sudden, Probably gradual.

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

Father, died long ago of dropsy.

Paternal Relatives,

Mother, died at 70 - Cried & was unhappy all the time

Maternal Relatives,

1 Brothers and Sisters, 2 half sisters - all healthy
3 children & 3 miscarriages (at 7 - 5 & 2 mos.

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

Typhoid fever 14 yrs ago. Erysipelas 4 yrs ago.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Poor of late Appetite, not very good and Bowels, constipated

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6½ PRESENT WEIGHT, 125½ USUAL WEIGHT, 133 NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin, Skin fairly - normal

TONGUE, Coatings or Promptness of Movement, red - cracked.

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

SIGHT, uses glasses - says cannot see well - right eye.

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

HEARING, fair.

COORDINATION, Arms, Fair Legs, Grasp,

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

PATELLAR REFLEX, 7 - 8 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

10/1/98 EXAMINATION URINE, Quantity, ℥ XL Sp. g. 1025 Reaction, acid Color and Appearance, Yellow cloudy

Albumen, None Sugar, None.

Casts and Crystals, Amor. urates - a few pus. corp. a few epith cells.

10/15 GYNECOLOGICAL EXAMINATION, External genitals normal except hypertrophy of labia minora & laceration of perineum. & laceration, erosion & congestion of os - uterus normal position

MENSTRUATION, established at 17, irregular at first later regular - Menopause past about 3 to four years ago.

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 silly - Seems a gradually growing impairment - All conversation, however, is coherent & fairly clear. Thinks is behind times because she has not been immoral as she thinks all are about her. Mind continually on sexual subjects seemingly - Suspects husband & everyone.

Personal and Medical History of Annie McGrath.

1895

This patient was brought here by Sheriff's deputy P.J. Nunan attended by Mrs. Salmon in fair physical condition, with the following history: No history of consanguinity: Mother died insane: First symptoms of insanity manifested two years ago by superstition & delusions of persecution: Disease appears increasing: Not variable: Derangement now manifested by suspicion of unfaithfulness of husband & belief that she is persecuted by A.P.A.s: Patient not disposed to injure others: Neither filthy nor destructive in habits: Previous peculiarity an uncontrollable temper: No history of intemperance in parents nor in self: No severe diseases nor injuries to head: Has never been restrained nor confined & has received no treatment: On personal examination no further information obtained: On admission put upon Infirmary (E.H.N. Phelps. Complexion dark: hair brown: eyes blue: Skin normal condition: Is clean: No marks, scars nor bruises: Behavior quiet: Has delusions.)

Sept 29 (Summary Notes by Dr. Phelps) Received on ward: Talks of delusions: Imagines the A.P.A. are the cause of her trouble; in general conversation, however, talks rationally. Oct 12 No change since admission: a chronic case, paranoiac in character. Delusions have been coming on some time. Dec 15 Taken home by husband: No change in mental state. Jan 1 99 Returned: Is about the same in every way: Persists in talking of her delusion ideas.

Mch 1 to Aug 31 99. General health variable: appetite fair: bowels regular: Takes outdoor exercise: Neat in habits, rather careless in appearance: Frequently uses profane & obscene language: Has many delusions & expresses them freely. Sends announcements & chapel: Is very nervous & excitable. Complains of pain in chest. Gyn. treatments continued to May 29. Patient scolds a great deal & is inclined to be impudent & quarrels with other patients. Aug. 19 Has been more pleasant & agreable of late. Assists in dining room. Sept 1. Feb 28 1900 Sept 6 Visited by Sisters of Charity. Nov 25. Appetite poor: Bowels constipated: Has assisted some with work of late: Expresses delusions: Occasionally quite profane: Takes outdoor exercise: Attends amusements. Dec 24 Visited by husband. Jan 18. Wt. 123 lbs Feb 25 Shows little change: Thinks she is being poisoned & is dying by inches.

Mch 1 Nov 18 1900. Goes riding & walking: Eats & sleeps well: Reads a great deal: Talks sensibly on most subjects: At times very irritable & disturbed: expresses delusions quite freely. July 23 Vaccinated. Sept 21 Visited by friends. Nov 17 Visited by husband - Nov 18 Went home -

Apr 16 1901 - Letter from husband states Miss is just about same as at time of leaving - Is irritable & quite violent at

Personal and Medical History of

times & uses very bad language.

Discharged.

Personal and Medical History of Caroline Manthie

1898

Whole No. 5146	No. of Years, 39
Residence, Waseca, Minn.	Insane Relatives, Don't Know.
Date Admission, September 30th 1898.	Cause Exciting, Old age & degeneration.
Admitted by Dr. R. M. Phelps hour, 6 45 PM.	Cause Predisposing, —
How Sent, G. A. Wilson J. of P. Waseca Co.	Form, Senile Dem.
Sex, Female Age, 84 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Widowed.	Suicidal or not, Not.
Children, Three	Date of this Attack, 2 yrs. ago.
Age Youngest Child, 35 yrs.	Duration, 2 yrs.
Occupation, Housewife	No. of Attack, 1st (Continuous)
Degree Education, None	No. of Admission, 1st
Profession, Religion, Roman Catholic	Age First Attack, 82 yrs.
Habits, Not intemperate.	Time of Leaving,
~~Nationality,~~ Nativity Germany (Parents also born there) Became resident of State Co. in 1886.	Time in Hospital,
Physicians Committing, Dr. McMahon & H. G. Blanchard.	Result,
Correspondents,	

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused - Not quick.

MEMORY, Past Events, Fair - Failing -

Recent Events, Impaired. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull - Incorrect -

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Mildly deluded but Senile Dementia in form.

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, ? In Poor house.

ONSET, Gradual or Sudden, Doubtless quite gradual.

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

Father, Cannot get history.

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, 5 ft 3½ PRESENT WEIGHT, 111 lbs. USUAL WEIGHT, NUTRITION, Poor aged & somewhat weak.

WOUNDS, Abnormalities and condition of Skin, None - Skin fair except for age.

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Slight response to light.

SIGHT, Says good.

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

HEARING, -

COORDINATION, Arms, Fair - Senile weakness Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No special impairment

ARTERIES,

Marked 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,

10/10/98 EXAMINATION URINE, Quantity, Sp. g. 1022 Reaction, acid Color and Appearance, reddish yellow. cloudy - ropy deposit

Albumen, Trace by Nitric A - Heat, large quantity & Saurets. Sugar, none

Casts and Crystals, Amor. urates - # pus corpuscles & old kinds of epith cells. a few fat globules

10/15 GYNECOLOGICAL EXAMINATION, Laceration of cervix & perineum uterus retroflexed & atrophied - adhesions posterior & to left of uterus.

MENSTRUATION,

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 senile - No history - Wandering incoherent talk - delusive ideas - No very clear conversation.

Personal and Medical History of Caroline Mauthie.

1898

This patient was brought here by Sheriff Goodspeed attended by Mr Fred Young in aged physical condition, with the following history: No history of consanguinity: Nothing known concerning heredity: No intemperance in parents nor self: First symptoms manifested two years ago: Disease appears variable, is increasing: Manifested by hallucinations: Imagines she is followed by certain people & that they enter her room during the night: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head. Has never been confined nor restrained: No treatment pursued for relief of patient. On personal examination no further particulars noted.

Sept 30 On admission put upon Infirmary (See Adm. Rpt) Complexion dark: hair brown, part gray: eyes gray: Skin normal condition One scar on right leg: Is dirty: Left leg shortened by an injury: Behavior quiet: Talks intelligently.)

Summary notes by Dr Phelps. Placed on ward Sept 30. Oct 6 Sleeps well & seems in good general condition: Temp. slightly elevated Seems rather garrulous & senile. Oct 30 Now on A. Has not changed: Occasionally will talk in a rambling, scolding way.

Sept 1- Feb 28 1900. Neat: Appetite good: Takes outdoor exercise: Expresses some delusions: Patient is noisy at times but her: usually sits quietly about ward: Bowels regular Jan 17. Wt. 109 #. March 1- Nov 30 1900 Apr 15 Eats & sleeps well: Noisy at times: Bowels regular: Habits clean: Sits quietly about ward from day to day: July 21 Vaccinated: Nov 16 Wt 110.

Dec 1- Feb 28 1901 General health fair: Sleeps well: Requires cathartics Habits clean: Scolds & is noisy at times: Does not speak English. Feb 28 Wt. 106 #. March 1- June 1- 1901. Does no work. No change in mental or physical condition. May 28 Wt. 109 #

June to Sept. condition unchanged, Aug 31 Wt. 103½. Sept. to Dec. Nov. 30 Wt. 104. No change during quarter.

Up to Feb 1, 1903. Appetite good: bowels constipated: rather restless at night; is growing more feeble physically: is at times quite noisy: talks a great deal to herself: occasionally violent: Wt Dec 1st. 102 #

Personal and Medical History of

Personal and Medical History of Albertina Carlson

Wife of a Motorman Insane.

Mrs. Albertina Carlson was yesterday examined in the probate court as to her sanity and committed to the state asylum at Rochester. She is 39 years of age and has once before been an inmate of the asylum. Her hallucination is that her husband and friends are conspiring against her life. She is the mother of four children, the youngest a baby of five weks.

RED WING, Oct. 4.—(Special.)—Mrs. E. Carlstrom, wife of a motorman on a street car in St. Paul, while insane, jumped from a window this afternoon on the passenger train when near Eggleston. She broke her left leg and bruised her face. She was taken to Rochester on the next train.

Whole No. 5147

Residence, St. Paul. Minn.

Date Admission, October 4th 1898

Admitted by Dr. R. M. Phelps hour, 6th P.M.

How Sent, G. Willard & af P. Ramsey Co.

Sex, Female. Age, 39 yrs.

Civil Condition, Married

Children, Four

Age Youngest Child, 5 mos.

Occupation, Housework (Husband a Motorman)

Degree Education, None

Profession, Religion, none

Habits, Not intemperate.

~~Nativity~~ Nationality, Sweden (Parents also born there)

Physicians Committing, C. E. Riggs & Arthur Sweeney

Correspondents, Mr Peter Carlson 765 Banfield St. St. Paul. Minn.

No. of Years, 40

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, Previous attacks.

Form, Paranoia

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not

Date of this Attack, About one year ago.

Duration, One year.

No. of Attack, 2 or 3d

No. of Admission, 2nd time (1 at St. Peter)

Age First Attack, 36 years.

Time of Leaving, July 31. 1899

Time in Hospital, 9m. 27 d.

Result, Discharged Feb. 7. 1900 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly able to answer questions in a clear way.

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,
Mildly melancholy

DELUSIONS, Systematized, Transitory, Special Subjects,
Does not express any definite delusions - cannot get her to admit any.

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, Recovery seemingly imperfect before.

ONSET, Gradual or Sudden,

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

Father, living - healthy

Paternal Relatives,

Mother, living healthy

Maternal Relatives,

5 Brothers and 7 Sisters, all healthy
5 children (7 - 5 - 4 - 18 mo - 15 mo old).

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No special disease

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Denies.

OCCUPATION, Healthy or not, living at home.

Detail Date, Duration, and Character of Previous Attack, if any,
St Peter 1 yr Rochester 1 yr never fully recovered.

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, fair.

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

TONGUE, Coatings or Promptness of Movement, Quite clean & prompt.

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

SIGHT, Good.

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

HEARING, Good

COORDINATION, Arms, Normal Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some tremors.

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

10/7/98 EXAMINATION URINE, Quantity, ℥ xxxv ℥iv Sp. g. 1019 Reaction, alkaline Color and Appearance, Reddish-yellow-cloudy

Albumen, None Sugar, None.

Casts and Crystals, Mucus, urates. a few fat globules - Triple phosphates, a few epith cells.

10/15 GYNECOLOGICAL EXAMINATION, External genitals normal except laceration of perineum - laceration of cervix position of uterus normal - adhesions posterior & to right of uterus - leucorrheal discharge milky

MENSTRUATION, Always regular & free from pain

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 apt to cry & be quite melancholy but says it all is homesickness - Cannot get her to express any actual delusions, but husband says in actions has been quite troublesome & deluded all the time at home.

Personal and Medical History of Albertina Carlson

Whole No. 5147

Residence, St. Paul. Minn.

Date Admission, October 4th 1898

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

How Sent, G. Willmit & af P. Ramsey Co.

Sex, Female. Age, 39 yrs.

Civil Condition, Married

Children, Four

Age Youngest Child, 5 mks.

Occupation, Housework (Husband a motorman)

Degree Education, None

Profession, Religion, none

Habits, not intemperate.

~~Naturality~~ Nationality, Sweden (Parents also born there)

Physicians Committing, C. E. Riggs & Arthur Sweeney

Correspondents, Mr Peter Carlson 765 Banfield St., St. Paul. Minn.

No. of Years, 40

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, Nervous attacks.

Form, Paranoia

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not

Date of this Attack, About one year ago.

Duration, One year.

No. of Attack, 2 or 3d

No. of Admission, 2nd time (1 at St Peter)

Age First Attack, 36 years.

Time of Leaving, July 31. 1899

Time in Hospital, 9m. 27 d.

Result, Discharged Feb. 7. 1900 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly able to answer questions in a clear way.

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,
Middy melancholy

DELUSIONS, Systematized, Transitory, Special Subjects,
Does not express any definite delusions - cannot get her to admit any.

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, Recovery seemingly imperfect before.

ONSET, Gradual or Sudden,

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

Father, living - healthy

Paternal Relatives,

Mother, living healthy

Maternal Relatives,

5 Brothers and 2 Sisters, all healthy
5 children (7 - 5 - 4 - 1 3 mo. - & 6 mo old).

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No special disease

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Denies.

OCCUPATION, Healthy or not, living at home.

Detail Date, Duration, and Character of Previous Attack, if any,
St Peter 1 mo & Rochester 1 mo never fully recovered.

Sleep, Appetite, and Bowels,

40 deferred	6		
40 Wis Cen. 1sts	58½		
MINING SHARES.			
50 Trimountain	83	50	
12 Ontario	1	50	
70 Plymouth		12	
18 Quincy	18	1	
70 Calumet & Hecla	1	850	
70 Sierra Nevada	1	12	
45 Standard	1	75	
60 Yellow Jacket		30	
20 Yellow Jacket		35	
NEW YORK MINING STOCKS.			
Alaska Min. Co.	3½	Old Dominion	25¾
Alaska Mex.	25¾	Osceola	117
Boston & Mont.	250	Quincy	170
Butte & Boston.	23	Tamarack	251
Lmt. & Hecla.	650	Wolverine	45

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, fair.

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

TONGUE, Coatings or Promptness of Movement, Quite clean & prompt.

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

SIGHT, Good.

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

HEARING, Good

COORDINATION, Arms, Normal Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some tremors.

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

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,

10/17/98 EXAMINATION URINE, Quantity, ℥j xxxv ℥ij Sp. g. 1019 Reaction, alkaline Color and Appearance, Reddish-yellow-cloudy

Albumen, None Sugar, None.

Casts and Crystals, Amor. urates - a few fat globules - Triple phosphates, a few epith cells.

10/15 GYNECOLOGICAL EXAMINATION, External genitals normal except laceration of perineum - laceration of os; position of uterus normal - adhesions posterior & to right of uterus - leucorrheal discharge mildly

MENSTRUATION, Always regular & free from pain

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 apt to cry & be quite melancholy - but says it all is homesickness - Cannot get her to express any actual delusions, but husband says in actions has been quite troublesome & deluded all the time at home.

1898

Personal and Medical History of Albertina Carlson.

This patient was brought here by Sheriff's deputy P. J. Unesen & husband, in fair physical condition, except for some yet undetermined injury to leg with the following history: No history of consanguinity, heredity nor intemperance in parents or self: First attack occurred three years ago (previous history says 6 yrs. ago.) & patient was confined in this hospital from Apr. 6th to Sept 28 '95. (for particulars see Vol. 28 Folio 165 No. 4058.) First symptoms of present attack manifested about a year ago by a recurrence of previous delusions: Disease appears increasing: Not variable: Derangement now manifested by belief that her husband & others are scheming to injure her: Not disposed to injure anyone: No filthy nor destructive habits: No information of previous peculiarities: No severe diseases nor injuries to head: Has received hospital care here & at St. Peter (one month) On personal examination is unkempt, lachrymose, & complains constantly of abuse. On admission put upon Infirmary (G.H.U. Rpt Complexion

Oct 4 fair: hair light: eyes blue: Skin in normal condition: Right eye, head & left leg bruised: Is dirty: Behavior quiet. Talks intelligently.)

Summary Notes by Dr Phelps. Oct 4 Received on ward: has a large bruise on & left ankle sprained, jumped from ears on way to hospital: Is mildly melancholy: Talks accurately but is melancholy on all subjects.

Nov 5 Has quieted down a good deal but is still somewhat melancholy: Shows considerable feeblemindedness Feb 4 Acts strangely & grows more deluded. Is quiet. Mch 1 - General health good: Appetite good: Sleeps well: Takes outdoor exercise: Clean in habits: Talks to herself: Assists with work in dining room: Talk fairly rational. Apr 21 At work in laundry Trans. to B3. May 6. Refused to work longer in laundry.

Seems quite melancholy at times: Is very often disagreeable, scolds & expresses delusions, frequently becoming very much excited & using profane language: May 23 Visited by husband. (Cont. by Dr. Bebb.)

July 9 Has tooth ache on right side of face: bowels regular: takes outdoor exercise: attempted to elope while out on lawn: appetite good: scolds & is very disagreeable at times: July 31 Visited by husband who took her home.

Discharged.