

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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Personal and Medical History of

Personal and Medical History of Ferdinand Nelson

Whole No. 4946	No. of Years, 113
Residence, Houston Co. Minn.	Insane Relatives, None.
Date Admission, December 28th 1897.	Cause Exciting,
Admitted by Dr. P.M. Phelps. hour, 6 45 P.M.	Cause Predisposing,
How Sent, Thomas Ryan J. of P. Houston.	Form,
Sex, Male Age, 31 yrs.	Accompanying Bodily Disorder,
Civil Condition, Single.	Suicidal or not,
Children, –	Date of this Attack,
Age Youngest Child, –	Duration,
Occupation, Farmer.	No. of Attack,
Degree Education, None	No. of Admission,
Profession, Religion, None	Age First Attack,
Habits, Not intemperate.	Time of Leaving, July 17. 1899
~~Nationality~~ Nativity, Minn. – Parents Norway – Became resident State & Co in 1866.	Time in Hospital, 1 yr. 6 m. 19 d
Physicians Committing, R. Y. Ferguson & W.W. Freeman	Result, Discharged Feb. 7. 1900 Improved (Since died.)
Correspondents, Pat F. Cunningham Guardian. Caledonia	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Ferdinand Nelson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10½ PRESENT WEIGHT, 161½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Ferdinand Nelson

1898.

This patient was brought here by Sheriff's deputy P. F. Cunningham, in fair physical condition, with the following history: No history of consanguinity or heredity; Has been demented & failing for last eight years: Disease appears increasing, is not variable: Derangement manifested on no particular subject: Is not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: Father intemperate: No severe disease nor injury to head: Has not been in confinement or restraint: Has received no treatment.

On personal examination patient has a stupid look seemingly inert.

Dec 28 On admission put upon B3E (G.H.U. Rpt. Complexion light: ~~eyes~~ hair brown: Eyes blue: Condition of skin good: Vaccination mark on left arm: little toe on right foot off: Bruise on right foot: Is clean.)

Dec 29 Summary Nurses Notes. Seems stupid, when questioned simply answers yes or no. Dec 30 Sits about upon ward & talks with no-one. Has a good appetite Bowels are regular & is sleeping well at night. Dec 31 Toes on left foot quite badly frozen: Ointment applied. Jan 1 No change. Inquired anxiously today how long he would have to stay here. Jan 2 Seems to shun all companionship. retires to room & sits in very despondent attitude. Jan 3 Talks with no-one. Physical condition fairly good. Jan 4 Habits & dress slouchy: Does no work: Sleeps well. Jan 5 Has not been able to go out walking since admission, toes being very sore. Jan 7 No delusions noticed, except that he thinks there is some mystery in connection with his birth. Jan 10 Has been quiet & well-behaved upon ward: Does no work: Sits most of time in his room in a despondent attitude: Confesses masturbation: Physical condition fairly good: Eats & sleeps well. Bowels are regular.

Summary Continued by Dr Phelps. Jan 15 '98 Has been sitting about in a rather despondent way: doing no work; somewhat slouchy in appearance & childish in talk. Feb 8 Trans. to Annex: Seems dull & demented. Jan 31 '99 Has drifted along quietly in a stupid way: No change.

Feb 1 - July 17 '99 Wt. 155# July 2. Commenced working on farm: July 17 Eloped from farm: Talks very little unless spoken to.

Discharged

Personal and Medical History of Ferdinand Nelson

Personal and Medical History of Nils Elstad

Whole No. 4950
Residence, Leon, Goodhue Co. Minn.
Date Admission, Jan. 7th 1899.
Admitted by Dr H H Herzog hour, 6 45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 28
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Parents born in Norway) Born in Goodhue Co. Minn.
Physicians Committing, B. Jacking & M. Thrane.
Correspondents,

No. of Years, 117
Insane Relatives, None
Cause Exciting, —
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Aug. 1897.
Duration, over 4 months
No. of Attack, 3rd
No. of Admission, 2nd
Age First Attack, 23 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings OKJM

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 1/8/97

MENTAL CHARACTERISTICS.

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

HISTORICAL.

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

Personal and Medical History of Nils Elstad.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. 2 3/4 in. PRESENT WEIGHT, 186 lbs. USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, High arched palate.
TONGUE, Coatings or Promptness of Movement, Slow - clean - bright red.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Respond to light & accom.
SIGHT, Seems good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Seems good
COORDINATION, Arms, Slight impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, ? equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs Noted. Sounds strong - Apex beat forcible - sounds loud. Circulation poor extremities cold.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Seem good

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

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

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

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

Patient is very dull. In about same condition as before. Says he has his "old spells" again. Fair physical health. Is very tall with small head & retreating chin. Says something whispers in his ears.

Personal and Medical History of Nils Elstad.

1898

This patient was brought here by Sheriffs deputy P. J. Lundquist in fair physical condition, with the following history: No history of consanguinity or heredity. Has had two previous attacks, 1st in 1892 - lasting one year, 2nd in 1895 when he was in this (Rochester) hospital from 4/12/95 to 4/1/96 & again from 12/30/95 to 7/14/96 & Dr or further information see Vol. 19 Fol. 129 No. 3006 & Vol 31-Fol 381-4-80 First symptoms of present attack manifested August 1897 - became violent. Disease appears increasing - Is variable - no rational intervals: Derangement now manifested by threatening violence to others: Fears injury from others. Has not attempted suicide, is filthy & destructive in habits: No information concerning previous peculiarities: No severe diseases nor injury to head: Has not been confined or restrained: Has received no treatment. On personal examination has hallucinations, hears & sees devils, worms & other things - Thinks he is crazy.

Jan 7 On admission put upon B 3 E. (Gt. N. Rpt.) Complexion & hair light: Eyes blue: Condition of skin good: Brown mole on left Bicep: Scar on right side of mouth: Is clean: Behavior good.

8 Summary Nurses Notes. Answers some questions quite rationally but seems stupid & slow. Jan 9 Is quiet & well-behaved: works upon ward - is neat & clean in habits & dress. Jan 10 Seemingly has no delusions: Answers all questions intelligently. Jan 11 Appetite is good: bowels regular: sleeps fairly well at night: Is rather non-communicative & Jan 12 Spends most of time reading: Talks very little with other patients. Jan 13 Remains quiet & well-behaved: Continues to work. Jan 14 Habits & dress remain neat & tidy: Does everything asked of him upon ward & in every way makes himself as agreeable & useful as possible. Jan 20 No change in patient since admission: No delusions noticed: Appetite remains good: Bowels regular: Behavior good. Summary Continued by Dr Phelps. Jan 31 '98 Patient quiet: Talks little: No prominent delusions: Is fairly neat in appearance Feb 27 Noted as talking to himself a good deal of late: Quarrels with other patients. Jan 31 '99 At present at Annex, is quiet, slouchy & demented: Talks little. Feb 1 - July 31 '99 (Dr Parsons) M. 187, Mch 10 Visited by friends: May 8. Visited by father: Appetite good: Gneral condition good: Habits untidy: No change mentally.

1900 Aug 1 -to- Jan 31. Feby 1 April 26 Jan 31 1900. (Dr. Chapple) Aug 1 - M 193# Condition stationary. Health very good. much demented: actions peculiar talks very little & is rather a silly manner: Behavior good. Habits rather slovenly: Has worked on ward & in kitchen. Feby 1900 M 195#. 086. April 26. No change. Health good. Is demented: talks but little & is rather silly in action & manner: Habits untidy. Works in kitchen

Transferred to Hastings Hospital today.

Personal and Medical History of

Personal and Medical History of H. B. Craig

Whole No. 4951
Residence, Unknown
Date Admission, January 8th 1898.
Admitted by Dr C. B. Eby hour, 6 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, 23 yrs.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, None
Profession, Religion, None
Habits, Unknown
~~Nationality~~ Nativity, Montana or Oregon.
Physicians Committing, G. Stamm, Talbot Jones.
Correspondents, Jno C. Craig 435 26th Ave. N. E. Mpls.

No. of Years, 118
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, Unknown
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,
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, Poor.
Recent Events, Dull. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
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,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
No history obtainable.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No history of any
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Day laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of H. B. Craig

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 PRESENT WEIGHT, 124½ USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, first finger right hand deformed.
TONGUE, Coatings or Promptness of Movement, No coat - prompt
Teeth one out upper + one out lower jaw.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses good.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, fine of hands.
PATELLAR REFLEX, Present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
Full.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good -
B. Sounds normal.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

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

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

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

Patient is a small man, black hair. In fair physical condition: No deformities or scars. Has a great many delusions: believes he has a number of brothers + sisters here. Disposition changeable.

Personal and Medical History of H. B. Craig.

1898

This patient was brought here by Sheriff's deputy M. J. Flannagan in fair physical condition, with the following history:- No knowledge concerning concanguinity or heredity:- Patient's residence unknown but it appears that he has been in Minnesota before for uncertain periods: It is not know when or how first symptoms were manifested- was in jail in St Paul: Disease appears stationary: Not variable no rational intervals: Is a degenerate - not disposed to injure others nor to filthy or destructive habits: No information concerning previous peculiarities, intemperance in parents or self: No severe diseases or injuries to head: On personal examination patient
Jan 8 refuses to talk. On admission put upon B³E (Gen. Rpt. Complexion dark: hair black: eyes brown: Condition of skin good: Vaccination marks on right arm:- Is dirty. Behavior good.)

9 Summary Nurses Notes- Says today that he has been in two asylums before coming here- one in Montana + also at Fergus Falls, Minn. Jan 10 Sleeps fairly well at night: Bowels regular + appetite good. Jan 11 Has delusions, says some Swede woman has been following + persecuting him for five years.

12 Temp. pulse + resp. normal. Physical condition fairly good. Sleeps well.

13 No change mentally or physically. Jan 14 Talks continually about someone putting up a game on him - says we know all about it. Evades all questions put to him. Jan 15 Is extremely noisy at times: paces up + down hall swearing at Swede woman who is persecuting him. Jan 18 Is very restless all the time: wants to walk hall continually. Appetite continues good: bowels regular. sleeps from 4 to 8 hrs. per night. Jan 19 Refuses to work: Habits slouchy. dress untidy. Is quite obstinate + refuses to do what is asked of him.

20 Does not mind very well. Jan 21 Still noisy, restless + profane. Dress + habits remain untidy - physical condition fairly good.

Summary Continued by Dr Phelps. Jan 31'99 Rather noisy, seems rather demented: Has delusions that he is persecuted: Thinks that he has been followed for past five years. Is inclined to be somewhat violent. Apr 28'98 Worries at times about imaginary persecutors: Is inclined to be slightly violent. Jan 20'99 Has continued dull, occasionally becoming noisy: Is easily excited and at times violent. Feb 1- July 31'99 (Dr Wanous) Wt. 136#

1900 Patient noisy + restless: Has delusions of persecution. Is destructive of
Aug 1 clothing: no change mentally. Aug 1- Jan 31'1900 (Dr Chapple.) Aug 1. Wt. 127#
-To- Nov. 2. Wt. 120# no change in patient. Physical condition fairly good:
Jan 31 Does nothing: Incoherent + irrational in speech: Talks to himself:
Feby 1 Very noisy at times: occasionally violent: Habits cleanly. Feby 1 Wt 134# P80
July 20 vaccinated. July 31. No change of importance: no illness: no medicine: does no work: very irrational +
" 31 deluded; at times, very noisy; obscene in his language - Behavior quite good.

Personal and Medical History of H. B. Craig

1900

Aug 1 Wt 124# - Nov 30. No change noticeable in patient's condition: Restless and noisy -
1901 Jany 31 Is very restless, irrational, incoherent and noisy: talks to himself a great deal; language
Feby 1 obscene + abusive: irritable + occasionally fights. Does nothing: health good. Feby 1. Wt 138#
May 1 Wt 133# : Aug 1. Wt 132#: Nov 1. Wt 131#: Jany 31/02 No change during year: very restless:
1902 Jan 31 rarely occupied: has numerous delusions: frequently noisy, and, at times, pugnacious: habits clean + tidy.

Jan. 9/02 Transfered to Annex.

Jan 31/03. (Dr. Chapple) Physical condition good. Has worked on ward and in kitchen; is rather noisy; talkative; delusional; + incoherent; habits quite tidy; behavior good.

Personal and Medical History of Franklin E Clason

Whole No. 4951

Residence, Olmsted Co. Minn.

Date Admission, January 10th 1898

Admitted by Dr. C B. Eby hour, 6.50 P.M.

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

Sex, male Age, 46

Civil Condition, Single.

Children, -

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Presbyterian.

Habits, Not intemperate. (?)

~~Nationality~~ Nativity Wis. (Parents New York)

Became a resident of State & Co. in 1855.

Physicians Committing, J. G. Cross + C. T. Granger.

Correspondents,

No. of Years, 119

Insane Relatives, ~~None~~ brother here - Aunt insane

Cause Exciting, Supposed to have followed La Grippe

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, 3rd

No. of Admission, 3rd

Age First Attack, 46.

Time of Leaving, Feb. 12. 1898

Time in Hospital, 1 m. 2 d.

Result, Discharged Aug. 10 '98 Improved.

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, only fair.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, 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, Several months ago.

ONSET, Gradual or Sudden, gradual.

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

Father, living

Paternal Relatives,

Mother, living

Maternal Relatives, Aunt insane.

Brothers and Sisters, brother here.

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

HABITS, Drinking and Smoking, Drant to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Franklin E. Clason

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, 142½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, fair

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

HEARING, fair.

COORDINATION, Arms, normal Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, 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,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Franklin E. Mason.

1898

This patient was brought here by Sheriff's ~~Deputy~~ L. N. Stewart in fair physical condition, with the following history:- No history of consanguinity or heredity: This is third attack. Was in this (Pacific) hospital from Feb 17, 92 to June 24 '92 & from June 22 '96 to July 29, 96. (For further information see Vol. 18 Fol. 316 No. 2944 & Vol. 33 Fol. 237 No. 4429) First symptoms of present attack manifested several months ago by irrational conversation & attacks of melancholia: Disease appears increasing: So variable with irregular rational intervals: Derangement now manifested by violence if opposed, patient also refuses to answer at times: Is not disposed to injure others: Is neither suicidal, filthy nor destructive in habits: No previous peculiarities noted: No history of intemperance in parents or self: No severe diseases nor injuries to head: Has been in hospital - as stated above - has received no other treatment:

Jan. 10 On personal examination shows tremors & melancholy: Answers questions irrationally On admission to ~~-~~ put upon (3.2 C) L.N.H. Rft. Complexion sandy: hair light: eyes blue. Condition of skin good: Vaccination marks on left arm: Is clean: Unnatural growth on Ruals of back: Behavior good.)

11 Summary Nurses Notes Is very restless: Behavior irrational: Continually getting up during night & is inclined to fight. Jan 12 Temp. 99⁴. P. 90 R. 19. Somewhat pugnacious: Walks up & down hall slowly with hands to head.

13 Temp. 100 P. 112 R 22. Refused breakfast. Remained in bed. Trans. to Infirmary & put to bed: Gave liquid diet. Jan 14 Restless when awake last night: Has delusions concerning electricity. Is upon medicine: Takes only light nourishment Talks incessantly. Temp. 99²-99⁴. Jan. 15 Bowels costive: Put upon regular & extra diet. Trans. to B³. Jan 16 Appears somewhat restless. Paces up & down in his room - when spoken to does not give a direct answer. Jan 18 Is quite confused today & irrational - wanders aimlessly about ward.

19 Quiet today: Remains in room reading Bible. Jan 20 Habits & dress very neat & tidy: Takes care of his bed & room. Jan 21 Seems some brighter this A.M. Is quiet & rather stupid. Jan 23 Continues to improve.

Summary Continued by Dr Phelps. Jan 30 '98 Taken home on a visit. Feb 8 Is working in kitchen: Seems somewhat feeble. Feb 9 Taken home on trial Behavior quiet & rational.

Discharged.

Personal and Medical History of

Personal and Medical History of George Kaiser

Whole No. 4954

Residence, St. Paul, Minn.

Date Admission, Jan. 17th 1898.

Admitted by Dr. H.H. Herzog hour, 6:45 PM.

How Sent, G. Willrich Jo. Co. Ramsey Co.

Sex, male Age, 46 yrs.

Civil Condition, Single.

Children, -

Age Youngest Child, -

Occupation, Officer of Police.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Intemperate

Nativity, Nationality, Germany - (Parents also born there)
Became resident of State etc in 1891

Physicians Committing, G. Stammy & A Schoyzer.

Correspondents, Nicholas Kaiser 487 Park St. Milwaukee, Wis.
(Guardian duly appointed by Probate Court).

No. of Years, 121

Insane Relatives, None - Father died Apoplexy.

Cause Exciting, Probably a tumor of brain.

Cause Predisposing, -

Form,

Accompanying Bodily Disorder, Diabetes.

Suicidal or not, Not.

Date of this Attack, About 2 wks ago.

Duration, 2 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 46 yrs.

Time of Leaving, Apr. 17. 1898

Time in Hospital, 3 mo.

Result, Discharged Aug. 10. 1898
Much improved.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. Date of Jan 18/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Slow.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - Seems correct.

REASONING POWER, Ordinary Subjects, Slow.

Special Subjects,

Own Mental State,

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

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

Speech coherent but slow.

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, Apoplexy

Paternal Relatives,

Mother, Well & healthy.

Maternal Relatives,

Brothers and Sisters, Brother denies any family history

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), had alleged sunstroke last September, was obliged to leave work. Says had syphilis - describes eruption but says contracted it at age of 16 or 18(?)

HABITS, Drinking and Smoking, Has drank hard

HEADACHES, VERTIGO, OR CONVULSIONS, had severe headaches 2 yrs. ago lasting two wks. Has been down since last Sept. Had most severe headache - pains in back of neck & small of back

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Kaiser.
Miss Mattie Seibert.
92 E. NINTH ST.

dical History of George Kaiser.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Very large & well-nourished

WOUNDS, Abnormalities and condition of Skin, Has two white circular superficial scars on right leg - says syphilitic. Engorgement of capillaries of skin over malars.

TONGUE, Coatings or Promptness of Movement, Slow. Very heavy white coat.

PUPILS, Equality, Size, Response to Light, and Accommodation, Right slightly smaller - slightly contracted - response sluggish.

SIGHT, (?)

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left pupil irregular in outline.

HEARING, good.

COORDINATION, Arms, impaired Legs, do. Standing on one foot impossible Grasp, Standing eyes shut - sways markedly.

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

PATELLAR REFLEX, Exaggerated - 9-10 Other Reflexes, abdominal 0

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

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, 1st aortic sound rough. S. Sounds somewhat feeble - Apex beat at nipple line

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Jan 31/98
EXAMINATION URINE, Quantity, ✓ Sp. g. 1028 Reaction, Acid Color and Appearance, Reddish yellow.

Albumen, by heat & Tannic Sugar, None.

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is in a drowsy, semi-comatose condition. The diabetes may account for this but the breath has no acetone smell - He is no doubt syphilitic & the syphilis probably accounts for the motor signs & possibly for the glycosuria. The deputy (R.J. Meesen) was well acquainted with him & says that no one noticed anything wrong up to a week & a half before admission except that he was not quite so jolly as before. Patient had once drank quite hard but of late very little. Patient himself says that he had not been right since the sunstroke last Sept. Denies the delusions of persecution but Meesen gives a plain history.

Personal and Medical History of George Kaiser

Whole No. 4954
Residence, St. Paul, Minn.
Date Admission, Jan. 17th 1898.
Admitted by Dr. H.H. Herzog hour, 6.45 PM.
How Sent, G. Willrich & Co. Ramsey Co.
Sex, male Age, 46 yrs.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Officer of Police.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate
Nationality, Germany - (Parents also born there) Became resident of State 40 yrs in 1891
Physicians Committing, J. Stanny & A Schoryzer.
Correspondents, Nicholas Kaiser 487 Park St. Milwaukee, Wis.
(Guardian duly appointed by Probate Court).

No. of Years, 121
Insane Relatives, None - Father died Apoplexy.
Cause Exciting, Probably a tumor of brain.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, Diabetes.
Suicidal or not, Not.
Date of this Attack, About 2 wks ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46 yrs.
Time of Leaving, Apr 17. 1898
Time in Hospital, 3 mo.
Result, Discharged Aug 10. 1898 Much Improved

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* Jan 18/98

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted -
Speech coherent but slow.
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, Apoplexy
Paternal Relatives,
Mother, Well & healthy.
Maternal Relatives,
Brothers and Sisters, Brother denies any family history
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had alleged sunstroke last September, was obliged to leave work. Says had syphilis - describes eruption but says contracted it at age of 16 or 18(?)
HABITS, Drinking and Smoking, Has drank hard
HEADACHES, VERTIGO, OR CONVULSIONS, Had severe headache 2 yrs. ago lasting two wks. Has been dizzy since last Sept. Had worst ever attack headache - pains in back of neck & small of back
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of George Kaiser.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 ins. PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Very large & well-nourished
WOUNDS, Abnormalities and condition of Skin, Has two white circular superficial scars on right leg - says syphilitic. Engorgement of capillaries of skin over malars.
TONGUE, Coatings or Promptness of Movement, Slow. Very heavy white coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Right slightly smaller - slightly contracted - response sluggish.
SIGHT, (?)
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left pupil irregular in outline.
HEARING, Good.
COORDINATION, Arms, impaired Legs, do. Standing on one foot impossible. Grasp, Standing eyes shut - sways markedly.
TREMORS, Hands, Tongue, Facial Muscles, General, None noted
PATELLAR REFLEX, Exaggerated - 9-10 Other Reflexes, abdominal 0
ARTICULATION, Slurred, Hesitating, Slow, Hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, 1st aortic sound rough. S. Sounds somewhat feeble. Apex beat at nipple line
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

Jan 31/98
EXAMINATION URINE, Quantity, Sp. g. 1028 Reaction, Acid Color and Appearance, Reddish yellow.
Albumen, by heat & Tannic Sugar, None.
Casts and Crystals,

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is in a drowsy, semi-comatose condition. The diabetes may account for this but the breath has no acetone smell - He is no doubt syphilitic & the syphilis probably accounts for the motor signs & possibly for the glycosuria. The deputy (P. Meesen) was well acquainted with him & says that no one noticed anything wrong up to a week & a half before admission except that he was not quite so jolly as before. Patient had once drank quite hard but of late very little. Patient himself says that he had not been right since the sunstroke last Sept. Denies the delusions of persecution but Meesen gives a plain history.

1898 Personal and Medical History of George Kaiser.

This patient was brought here by Sheriff's deputy, P. J. Miesen attended by nicholas Kaiser, in good physical condition, with the following history:- No history of consanguinity or heredity: First symptoms of disease manifested about two weeks ago by melancholia + change of disposition: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by melancholia with stupor, + by ideas of persecution. No disposition to injure others: Neither suicidal, filthy or destructive. Suffered last Summer from Diabetes: Complained of dizziness: No severe disease but diabetes: Was confined one day in hospital + one day in jail: Has received no treatment.

On personal examination shows loss of memory: ideas of persecution:
Jan 17 stupor. On admission put upon Infirmary / GHN Rpt Complexion dark: hair black - partly gray. Eyes brown. Condition of skin good: First finger of right hand amputated at first joint. Is clean: Behavior good: Is quite depressed.

17 Summary Nurses Notes. very quiet and answers questions quite rationally. Temp 99° P 84 Resp. 26. On regular diet. Jan 18 Slept well last night: Rather stupid + seems sleepy this morning. Ate fair breakfast. Is quiet. Small canthorides - Collodion blister put on neck. Urine examined - Sp. gr. 1030 - Reaction acid - Color yellowish, clear - albumen none - Large amt. sugar by Haines + Bismuth. Very quiet in bed during day. Lies in stuporous condition. Talks only when spoken to - Blue ointment applied.

19 Temp. 99°-99°. Slept none last night. Has been stupid + drowsy all day. Eats but little. Complains of severe pain in back of head - Slept none. Jan 20 No sleep last night. Drowsy + slept some during day. Has to be coaxed to eat + seems to think that food is poisoned. Bowels constipated. Temp. 100 - P. 100-90 R 24-28. Jan 21 Restless all night. out of bed often. Refuses medicine during day: eats nothing. Talks more freely. Jan 22 Up on ward - Very quiet + talks only when addressed. Walks + stands around as tho at his work. Wt. 204# Quantity urine 27 ℥.

23 Restless all night. Up most of day - Stands in one place most of time. Temp 99°-99. Appetite not very good. Bowels fairly regular. Jan 24 Up on ward all day - out for a walk. Refused breakfast - Slept 3 hrs last night

25 Temp. 99°-99° P. 108-112 - R 24-30. Up during day: slept none last night - Blue ointment treatment continued. Jan 26 Urine examined. Sp. Gr. 1028 - reaction acid - Color yellow + slightly cloudy. Trace of albumen by Heat + Tannets. Slight trace sugar by Fehlings. Still refuses medicine - Has to be coaxed to eat. Jan 27 Seems to be failing physically - Bowels irregular. Went out for a walk.

28 No change Jan 29 Breath bad: tongue coated + dry: drinks but little water. Jan 30 Ate nothing during day: Has been drowsy + stupid - will not talk - complains of pain in head.

31 In bed all day. Blue ointment has been applied since 17th inst. Has kept by himself ever since admission - but does not seem to know where he is. Bowels constipated. Seems to think he is going to die. Dr. Herzog notes: It is questionable how much of the reduction of sugar in the urine is due to the dieting + how much to the mercury - Mental condition is unimproved + altho he is dull + stupid - semi-comatose - yet sleep is very slight. Physical condition failing. The thirst + excessive amount of

1898 Personal and Medical History of George Kaiser.

urine characteristic of diabetes is lacking: Summary Continued by Dr Phelps. Mch 1 98 Has
N been on Infirmary: In a rather stupid condition most of time. Had to be coaxed to eat the latter part of march, however, has begun to take food voluntarily.
Mch 6 Is more cheerful. Wt 208# 21 Visited by friends: Has become rather better natured. Seems stranger + better in every way. Apr 1 Wt 211# At times somewhat sullen + melancholy. Mental state not very good.
Apr 7 Went home

Discharged

Personal and Medical History of Axel Anderson

Whole No. 4958
Residence, State Prison, Stillwater, Minn.
Date Admission, January 20th 1898.
Admitted by Dr. P.M. Phelps. hour, 6th PM.
How Sent, J. J. Wilson Jof P. Washington Co.
Sex, male Age, 39.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Lumberman
Degree Education, Can read Norwegian.
Profession, Religion, Lutheran.
Habits, Unknown.
~~Nationality~~ Nativity, Norway - (Parents also born there)
Physicians Committing, E.O.B. Ireleigh + G.E. Clark.
Correspondents,

No. of Years, 125
Insane Relatives, Unknown.
Cause Exciting, —
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4 or 5 mos. ago.
Duration, 4 - 5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 39.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused + sluggish.
MEMORY, Past Events, fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Somewhat dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
persecutory 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, four to five months.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died, consumption
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Has been a hard drinker + smoker - Has had D.T.s.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer + woodsman
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Axel Anderson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ PRESENT WEIGHT, 188 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Scars on back of head + neck + one on right leg above knee.
TONGUE, Coatings or Promptness of Movement, Clear
Teeth four above + ten below.
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, 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, fair
Apex Beat, Regularity, Apex beat Circumscribed + not strong.
Normal.
ARTERIES,
Hard + sclerotic
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical + well developed.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
Appetite + digestion fair.
SLEEP, Present Amount and Character,
BOWELS, Present Condition, Movement once every two 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 is a strong rugged man, but believes he is sick + also believes he is being persecuted. At present he has two "black eyes" due to striking himself in face with fist.

Personal and Medical History of Axel Anderson

1898

This patient was brought here by Sheriff's Deputy Warden Wolfer from State Prison Stillwater where he was serving term for Grand Larceny in 1st degree. He was attended by Dr. Hedbeck, in fair physical condition, with the following history. No information concerning consanguinity or heredity: First symptoms manifested four or five months ago: Disease appears increasing, is variable. Derangement now manifested by delusions of persecution, by sleeplessness, headache & singing in his ears. Is disposed to injure others. Is neither suicidal, filthy or destructive: Previous peculiarities moroseness, irritability, violence, also had attack of Delirium Tremens. No history of intemperance in parents or ~~self~~: No severe disease nor injury to head: Has been confined in crank cell for violence in cell house: Has received no treatment. On personal examination complains of pain in head: & singing in ears. Can't think - wants to know what is matter in head.

Jan 20 On admission put upon P3E (G.H.U. Rpt Complexion light: hair sandy: eyes blue: Condition of skin good: Small piece left ear missing: Nose sunken: Several scars on head: Pimples on arms: Is clean: Behavior good.) Temp. 100 Pulse 96 Resp. 19

21 Summary Nurses Notes. Talks irrationally - seems confused. Slept 5 hrs. last night. Is rather surly & obstinate. Jan. 22 Temp. 99. P. 80 R. 18. Was asked to assist with work but refused. Jan 23 Helped a little with work today - Talks more rationally. Jan 24 Quite surly & stubborn - Refused to take care of his room.

25 & 26 No change. On regular diet - appetite good: Bowels regular. Jan 27 Very industrious today. Temp 101° P 94 R 19. Jan 28 Temp 101° Complained last night of being cold: was chilled - sweat profusely from 10 P.M. to 1. A.M. 29 Refused to have temp. taken

30 Went for a walk. Is quite civil now & appears rational. Jan 31 Works upon ward & is neat in dress & habits. Feb 1-2 Seems much brighter mentally - Continues to work & is quite pleasant & agreeable. Summary Continued by Dr. Phelps

Mch 1 '98 Wt. 190# Is very suspicious suspects his roommates & friends rather melancholy. At times somewhat noisy during night.

May 1 Wt. 182# Has delusions of persecution: Is somewhat surly & stubborn. Sept. 9 Seems to be improving. Has been, however, surly & troublesome. Jan 29 '99 Patient mutters to himself: Is deluded & quite troublesome.

Feb 1 - to July 31 '99 (Dr. Wanous) Wt. 168# Appetite good: bowels regular: has delusions: Says he does not belong here: Is abusive & stubborn at times Frequently gets into trouble with other patients June 28 Found smoking in room: claimed to have found match outside. July 23 Became

1900 Aug 1 maniacal & pugnacious: Aug 1 - Jan 31 1900. (Dr. Chapple) Aug 2 Wt. 165. Nov. 2 170# Con-

to Jan 31 dition about stationary. Has numerous delusions Thinks people are troubling him in various ways: Thinks they are people from the State Prison. Becomes very much excited & threatening: Often violent.

Personal and Medical History of Axel Anderson

1900 Cont'd

Jan 31 Complains frequently of headaches. Writes many letters to officials. At times

Feby 2 pounds himself with his fists causing bruises. Feby 2/1900. Wt 174#. Pulse 80.

July 20 Vaccinated. July 31. No change: health quite good. Patient works some on ward: has numerous

" 31 "delusions of persecution": very irrational in conversation, though will answer some questions quite intelligently. "Thinks people are sent here from Stillwater, to abuse him & are constantly talking against him"; "working in his head"; "taking his blood from him". Pounds himself in face very hard, causing discolorization: says "people tell him to do it". Becomes noisy & abusive: has been often pugnacious

Aug 1 to patients and nurses. Aug 1. 178#. Nov 30. No noticeable change. Still manifests delusions.

1901 Jany 31 In good health: works well on ward: "Believes that people are constantly abusing him: burning him up: taking his blood &c"; "that some one is sent from the Prison" - "Constantly requests that these people be arrested", and makes numerous threats: frequently pounds himself in face discoloring eyes & checks: also has considerable trouble, with other patients.

Feby 1 Wt 180#: May 1. Wt 184#: Aug 1. Wt 194#: Nov 2. Wt 203# - Jany 31/02. Has been in very good

1902 Jany 31 physical health: constantly delusional & noisy: "he imagines people are injuring his eyes", and says "they tell him to pound himself". Face is almost constantly bruised & swollen: at times, threatening, but rarely does any trouble: works well about ward & buildings.

Jan. 31/03. (Dr. Chapple) Health has been quite good. Is a good worker on ward and about buildings. Constantly imagines he is being persecuted by a man from the Penitentiary; that needles are being stuck into him etc.; that he is told to pound himself; with the result that his face is generally bruised and scratched; he occasionally fights with other patients.

Personal and Medical History of Henry Peterson.

Whole No. 4959
Residence, Stillwater Minn. (State Prison)
Date Admission, January 20th 1898.
Admitted by Dr. R. M. Phelps. hour, 6th P.M.
How Sent, P. D. Wilson Dep. Washington Co.
Sex, male Age, 28.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Unknown
Nativity, Nationality, Sweden (Parents also born there)
Physicians Committing, G. E. Clark. & E.O.B. Freleigh. M.D.
Correspondents, -

No. of Years, 1st
Insane Relatives, None
Cause Exciting, -
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, About 4 mos. ago.
Duration, 4 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28
Time of Leaving, Sept. 20. 1898
Time in Hospital, 8 months
Result, Discharged Feb. 8. 1899 Unimproved

EXAMINATION ON ADMISSION BY DR. H. A. Herzog Date of Jan 21 98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

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

TACKLED A BURGLAR

Halda Peterson
Wilson, S. Dakota

Louisa Peterson
#1519 Eddy St.
San Francisco.
Cal.

Sisters of Henry Peterson

the Central Park district are rented by outsiders, and at the time of the attempted robbery there was no one in the house except Miss Mabl Sloane and her mother. The former was down stairs and Miss Mable was doing the room work on the second floor. At 11 o'clock Miss Mable ran down the back stairs and called, excitedly, to her mother:

"Come quick. There is a man on the third floor in one of the bed rooms."

Miss Sloane called another lady, and the three went up stairs to investigate. A careful search was made of the third floor, but there were no evidences of an intruder. Thinking that perhaps some mistake might have been made, the ladies went down to the second floor, and were searching the rooms with a little less fear when a man was seen hiding in one of the rear bedroom closets. He was crouching down and trying to conceal himself among the skirts which hung from the nails. The ladies quickly moved to the front of the hall, and the man emerged, and made a jump for the stairs.

Mrs. Sloane is a very powerful woman, and did not hesitate to grapple with the stranger. Then commenced a struggle. Miss Sloane rushed down to the street for help. She found a mail-carrier, who went up stairs, but did nothing to assist, except offer bits of advice.

The burglar reached for Mrs. Sloane's throat, but before he could secure a hold, she had him by the wrists. He made an attempt to force her backward down the stairway, evidently expecting to secure his release when she toppled over, but she clung more desperately, and the two fell over upon the balustrade, which was wrecked. The burglar told Mrs. Sloane that he would give her one more chance to escape unhurt, and that unless she released him, he would shoot her. The threat only had the effect of making the plucky woman hang the tighter, and seeing he was powerless, the burglar offered money and jewels. Mrs. Sloane refused and the struggle commenced again.

By a desperate effort the burglar managed to tear himself free. He half fell, half ran down the back stairs. He dashed out of the rear door, climbed over a low shed which stood between him and the street and was off like a deer. But Miss Sloane was made of quite as persistent spirit as her mother. She took after the man, when she encountered Officer Christian and two firemen. The officer was nearest the fleeing man and captured him after a short chase. The burglar continued to resist, but was finally landed in the central station.

There he gave the name of Charles Wideen. He says he is 30 years of age, and was born in Sweden. He uses good English. When searched a counterfeit $50 bank note was found on his person. He also had some jewelry and

Chief Goss is sure the capture is an important one and will send Widdeen's picture to all the principal cities and seek information regarding him.

Late this afternoon, Chief Goss reported that Widdeen had been recognized as one John Peterson. He is well known in St. Paul, and has a police record. He has been in prison several times, it is said. The police found several pawn checks on him, two from Minneapolis shops, and one a St. Paul shop. The latter was for a solid gold locket, of heart shape, with a diamond in the center, and a small chain attached.

Henry Peterson.

CAL CHARACTERISTICS.

60 USUAL WEIGHT, NUTRITION, Quantity somewhat impaired
w forehead, one on cheek - Says got them skating - High arched palate -
Skin somewhat greasy -
Slight dination to right - Yellow coat - papillae red & prominent.
odation, Equal - Iris normal - Respond to light & accomodation
s,
Legs, do. Grasp,
TREMORS, neral, Tremors of hands.
PATELLAR
ARTICULA
FACIAL EX
SENSIBILI
HEART, Mu
Apex
Sounds loud
Slightly in
ARTERIES,
Circulation
Other Reflexes, Slight ankle clonus.

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, Che
Breath
Expansion
Breath sou
EXAMINATI
A
C
OPHTHALMC
BLOOD, Corp
SLEEP, Prese
BOWELS, Pre
Sp. g. Reaction, Color and Appearance,
Sugar,

Give co and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invas de, and any physical impairment). Patient in fair health except for anaemia
Refuses to Reticent in regard to the hypnotism but states that the warden
hypnotized the shoe factory persecuted him because he could write better
than Joern masturbation. Is quite well up in law applying to his
case & a rights

Personal and Medical History of Harry Peterson

Whole No. 4959
Residence, Stillwater Minn. (State Prison)
Date Admission, January 20th 1898.
Admitted by Dr. R. M. Phelps. hour, 6th P.M.
How Sent, T. D. Wilson Dep. Washington Co.
Sex, male Age, 28.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Unknown
Nationality, Sweden (Parents also born there)
Physicians Committing, G. E. Clark. & E.O.B. Twilight. M.D.
Correspondents, -

No. of Years, 12/6
Insane Relatives, None
Cause Exciting, -
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, About 4 mos. ago.
Duration, 4 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28
Time of Leaving, Sept. 20. 1898
Time in Hospital, 8 months
Result, Discharged Feb. 8. 1899 Unimproved

EXAMINATION ON ADMISSION BY DR. H. A. Herzog. Date of Jan 21/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

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

TACKLED A BURGLAR

A WOMAN'S FIERCE FIGHT WITH A MAN DISCOVERED IN HER HOUSE.

Harry Peterson

FOUGHT ON A STAIRWAY.

The Burglar Eventually Got Away, But Was Run Down by a Policeman—Suspected of Being a Member of a Gang—They Are Daylight Robbers, and Have Been Operating In Minneapolis.

Charles E. Wideen, suspected of being one of the gang of daylight prowlers who have been working Minneapolis in a wholesale manner for the past week, was captured by a woman and the St. Paul police today. Wideen's capture was attended by a sensational struggle between himself and Mrs. Sloane, of 488 Cedar street, where the robbery was attempted.

The house is a three-story section of a row of apartments, and is next to the Central Park church. The rooms are rented by outsiders, and at the time of the attempted robbery there was no one in the house except Miss Mabl Sloane and her mother. The former was down stairs and Miss Mable was doing the room work on the second floor. At 11 o'clock Miss Mable ran down the back stairs and called, excitedly, to her mother:

"Come quick. There is a man on the third floor in one of the bed rooms."

Miss Sloane called another lady, and the three went up stairs to investigate. A careful search was made of the third floor, but there were no evidences of an intruder. Thinking that perhaps some mistake might have been made, the ladies went down to the second floor, and were searching the rooms with a little less fear when a man was seen hiding in one of the rear bedroom closets. He was crouching down and trying to conceal himself among the skirts which hung from the nails. The ladies quickly moved to the front of the hall, and the man emerged, and made a jump for the stairs.

Mrs. Sloane is a very powerful woman, and did not hesitate to grapple with the stranger. Then commenced a struggle. Miss Sloane rushed down to the street for help. She found a mail-carrier, who went up stairs, but did nothing to assist, except offer bits of advice.

The burglar reached for Mrs. Sloane's throat, but before he could secure a hold, she had him by the wrists. He made an attempt to force her backward down the stairway, evidently expecting to secure his release when she toppled over, but she clung more desperately, and the two fell over upon the balustrade, which was wrecked. The burglar told Mrs. Sloane that he would give her one more chance to escape unhurt, and that unless she released him, he would shoot her. The threat only had the effect of making the plucky woman hang the tighter, and seeing he was powerless, the burglar offered money and jewels. Mrs. Sloane refused and the struggle commenced again.

By a desperate effort the burglar managed to tear himself free. He half fell, half ran down the back stairs. He dashed out of the rear door, climbed over a low shed which stood between him and the street and was off like a deer. But Miss Sloane was made of quite as persistent spirit as her mother. She took after the man, when she encountered Officer Christian and two firemen. The officer was nearest the fleeing man and captured him after a short chase. The burglar continued to resist, but was finally landed in the central station.

There he gave the name of Charles Wideen. He says he is 30 years of age, and was born in Sweden. He uses good English. When searched a counterfeit $50 bank note was found on his person. He also had some jewelry and

Chief Goss is sure the capture is an important one and will send Widdeen's picture to all the principal cities and seek information regarding him.

Late this afternoon, Chief Goss reported that Widdeen had been recognized as one John Peterson. He is well known in St. Paul, and has a police record. He has been in prison several times, it is said. The police found several pawn checks on him, two from Minneapolis shops, and one a St. Paul shop. The latter was for a solid gold locket, of heart shape, with a diamond in the center, and a small chain attached.

...ory of Harry Peterson.

PHYSICAL CHARACTERISTICS.

HEIGHT, ...GHT, 160 USUAL WEIGHT, NUTRITION, Quantity somewhat impaired
WOUNDS, ...3 scars on forehead, one on cheek - says got them skating - high arched palate -
TONGUE, ...goitre. - Skin somewhat pasty -
PUPILS, Ec... prompt - slight dilation to right - yellow coat - papillae red & prominent.
SIGHT, ... Accommodation, Equal - Size normal - Respond to light & accomodation
EYES, Nys...
HEARING, ...er troubles,
COORDINA... Legs, ds. Grasp,
TREMORS, ...neral, Tremors of hands.
PATELLAR... Other Reflexes, Right ankle clonus -
ARTICULA...
FACIAL EX...
SENSIBILIT...
HEART, Mu...
Apex
Sounds loud
Slightly irr...
ARTERIES,
Circulation,
LUNGS, Che...
Breath
Expansion
Breath sou...

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,

EXAMINATI... Sp. g. Reaction, Color and Appearance,
A... Sugar,
C...
OPHTHALMC...
BLOOD, Corp...
SLEEP, Prese...
BOWELS, Pre...

Give co... and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invas... ade, and any physical impairment). Patient in fair health except for anaemia
Refuses to ... reticent in regard to the hypnotism but states that the warden
hypnotized. ... the shoe factory persecuted him because he could write better
than form... masturbation. Is quite well up in law applying to his
case & a... rights

Personal and Medical History of Henry Peterson

Whole No. 4959
Residence, Stillwater Minn. (State Prison)
Date Admission, January 20th 1898.
Admitted by Dr. R. M. Phelps. hour, 6 45 P.M.
How Sent, F. T. Wilson J. of P. Washington Co.
Sex, male Age, 28.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Unknown
~~Nationality~~ Nativity, Sweden - (Parents also born there)
Physicians Committing, G. E. Clark, & E. O. B. Freligh, M.D.
Correspondents, -

No. of Years, 126
Insane Relatives, None
Cause Exciting, -
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or not, not.
Date of this Attack, About 4 mos. ago.
Duration, 4 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28
Time of Leaving, Sept. 20. 1898
Time in Hospital, 9 months
Result, Discharged Feb. 8. 1899
Unimproved

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Jan 21/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

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

Personal and Medical History of Henry Peterson

Chairman Rosing and the other members of John Lind's campaign committee are now wishing they had not pushed him against state issues.
They had it figured out that they could do this safely enough, if Lind would begin back in territorial days and leave off at a point so far back that the present state officers would not be interested. Besides in digging up so much ancient history, they felt that they would not need to be accurate, believing that the public generally would take their word for all that was said and not attempt to look into the facts.
Had they adhered strictly to this plan, they might have fared better, but they grew too venturesome and tackled the banking department of the present day.
Now the alarm is [illegible]
[illegible] to the [illegible] of the [illegible] Lind [illegible] before election [illegible] committees [illegible] that [illegible]

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 160 USUAL WEIGHT, NUTRITION, Anaemic somewhat impaired
WOUNDS, Abnormalities and condition of Skin, 3 scars on forehead, one on cheek - Says got them skating - high arched palate - retreating chin - has small goitre - Skin somewhat greasy.
TONGUE, Coatings or Promptness of Movement, prompt - Slight dination to right - yellow coat. papillae red & prominent.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Respond to light & accomodation
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Tremors of hands.
PATELLAR REFLEX, 10 equal - Other Reflexes, Slight ankle clonus.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Mitral sound rough
Sounds loud but not clear. Apex beat forcible
Slightly irregular
ARTERIES,
Circulation poor - Hands cold & clammy
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion poor.
Breath sounds all harsh.

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

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

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient in fair health except for anaemia Refuses to discuss his relatives. To reticent in regard to the hypnotism but states that the warden hypnotized him - that foreman of the shoe factory persecuted him because he could write better than foreman supposed - Denies masturbation. To quite well up in law applying to his case & a stickler for his rights

Personal and Medical History of Henry Peterson.

1898

This patient was brought here by Warden Wolfer, from State Prison, Stillwater, where he was serving a term of four years for Grand Larceny in second degree. He was attended by Dr. Hedbert, & was in fair physical condition:-
No information concerning consanguinity, no history of heredity:-
First symptoms of attack manifested about four months ago:
Disease appears increasing: Derangement now manifested by delusion that he is hypnotized & oppressed: Only once threatened to injure someone, on an imaginary provocation: Not suicidal: No information concerning intemperance in parents or self: nor concerning severe diseases nor injury to head. No confinement or restraint employed: Has received no treatment: On personal examination shows delusions of persecution.
Jan 20 On admission put upon B³E (G.H.N. Rpt. Complexion light: hair dark: eyes blue. Condition of skin good: Eruptions & pimples on arms & shoulders: Is clean. Behavior good.)
21 Summary Nurses Notes Talks rationally: Seems neat in habits & dress: Made bed neatly on arising - Jan 22 Works upon ward very willingly Temp. 98 P 72 Bowels regular: Appetite good. Jan 23 Is quite agreeable & sociable: Reads & plays cards when not at work. Jan 24 Has shown no delusions so far: Manners & deportment good. Sleeps well. Jan 26 Patient says a certain man has some strange power over him - first delusion noted since admission -
27 to Feb 2. Talks very freely about power people have had over him: Has had trouble several times with patients, nudging them in passing - says someone is trying to get upper hand of him. Is somewhat disagreeable of late. Habits & dress neat. Pulse irregular. Eats & sleeps well.

Personal and Medical History of

Personal and Medical History of George Robinson

Whole No. 4960
Residence, State Prison, Stillwater, Minn.
Date Admission, January 20th 1898.
Admitted by Dr. F. M. Phelps hour, 6:45 P.M.
How Sent, F. J. Wilson J. of P. Washington Co.
Sex, Male Age, 21
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, None
Profession, Religion, Baptist
Habits, Not intemperate.
~~Nationality~~ Nativity Georgia. (Parents also born there)
Physicians Committing, Ft. Clark & E.O.B. Freleigh.
Correspondents,

No. of Years, 127
Insane Relatives, Unknown.
Cause Exciting,
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, Digestion disturbance.
Suicidal or not, Not.
Date of this Attack, -
Duration, -
No. of Attack, 2
No. of Admission, 1st
Age First Attack, 21
Time of Leaving, Aug. 24, 1898
Time in Hospital, 7 mo. 4 da.
Result, Died Tuberculosis Pulmonalis.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Jan 21 98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear & quick.
MEMORY, Past Events, Fair but not good.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert & correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent & slightly depressed.
DELUSIONS, ~~Systematized~~ Not, ~~Transitory~~ Fixed, Special Subjects, of persecution, poisoning etc.
Examination voluble & coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Knows nothing of relations,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Mrs. Josephine Calaway
Columbus,
Ga.
Sister of Pres. Robinson
(alias Asst. Calaway

ARACTERISTICS.

USUAL WEIGHT, NUTRITION, Fair - somewhat under weight
ria Syphilis - denies infection; large scar on calf of left thigh.
aw - prompt.
Equal - Rise slightly dilated - Respond to light & accom-

COORDINATION, Arms, Slightly impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands.
PATELLAR REFLEX, 10 equal. Other Reflexes, Abdominal reflex exaggerated.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Sounds quite good - Apex beat at nipple line
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Examination unsatisfactory
Nothing definite revealed.

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

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

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

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

Patient a negro with assymmetrical head - excessively prognathous, little educated, enduntly of low morality. Has delusions of persecution by officers of reformatory & prison - Says they put blue ointment & other drugs in his food, etc.

Personal and Medical History of George Robin[illegible]

Whole No. 4960
Residence, State Prison, Stillwater, Minn.
Date Admission, January 20th 1898.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, F. T. Wilson J. of P. Washington Co.
Sex, Male Age, 21
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, None
Profession, Religion, Baptist
Habits, Not intemperate.
~~Nationality~~ Nativity Georgia. (Parents also born there)
Physicians Committing, G. C. Clark & E. O. B. Freleigh.
Correspondents,

No. of Years, 127
Insane Relatives, Unknown.
Cause Exciting,
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, Digestive disturbance.
Suicidal or not, Not.
Date of this Attack, –
Duration, –
No. of Attack, ?
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, Aug. 24, 1898
Time in Hospital, 7 mo. 4 da.
Result, Died Tuberculosis Pulmonalis.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Jan 21/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear & quick.
MEMORY, Past Events, Fair but not good.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert & correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent & slightly depressed.
DELUSIONS, Not Systematized, ~~Transitory,~~ Fixed Special Subjects, of persecution, poisoning etc.
Conversation voluble & coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Shows nothing of relatives.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

[illegible]al and Medical History of George Robinson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fair - Somewhat under weight
WOUNDS, Abnormalities and condition of Skin, Scars on shins like syphilis - denies infection, large scar on calf of left thigh. Skin dry & harsh
TONGUE, Coatings or Promptness of Movement, dry - clean - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size slightly dilated - Respond to light & accom-
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Do.
COORDINATION, Arms, Slightly impaired Legs, Do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands.
PATELLAR REFLEX, 10 equal. Other Reflexes, Abdominal reflex exaggerated.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs
Sounds quite good - Apex beat at nipple line
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Examination unsatisfactory
Nothing definite revealed.

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

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

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

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

Patient a negro with assymmetrical head - excessively prognathous, little educated, endently of low morality. Has delusions of persecution by officers of reformatory & prison - Says they put blue ointment & other drugs in his food, etc.

Personal and Medical History of George Robinson

1898

This patient was brought here by Warden H. Wolfer from State Prison Stillwater minn, where patient was serving term for grand larceny:-
Patient attended by Dr Fedenk, in fair physical condition, with the following history:- Nothing known concerning consanguinity & heredity
Has had several attacks of disease: First symptoms of present attack manifested by resistance of authority, became unmanagable.
Disease appears increasing: Not variable: No rational intervals.
Derangment now manifested by delusions of persecution: Thinks food is poisoned & will not eat: Has shown disposition to injure others: Neither filthy nor destructive in habits.
Previous peculiarities: was sullen, morose, violent, irrational talk
No information concerning severe diseases & injuries to head:
Has been in confinement for over 4 weeks at a time for year past. Has received no special treatment.
On personal examination shows, digestive disturbances, Moroseness - No uncommunicative.
Jan 20 On admission put upon Infirmary East (G.H.L. Rpt. Complexion black: Hair & eyes black: Scar on calf of leg: 6 small scars on left leg: one on right side of forehead & several small scars on top of head & back: Tongue clean: Behavior good.) Temp. 100 P. 96 R 20.
21 Temp. 99⁸-99. Complained of severe headache during night: Expectorations streaked with blood this morning. Answers questions rationally: Habits clean: behavior good. Jan 22 Quiet today: Works on ward. Appetite very hearty.
23 Trans. to B 2 E Complains of soreness in joints. Liniment applied. Jan 25 Out for walk today: Still complains of soreness in joints. Jan 26 Temp. 102⁴ P. 108 Rsp. Complains of fever & pain in chest - Mustard plaster to chest. Jan 27 Says he feels well this A.M. Does considerable work upon wards.
28 Worked upon ward during day - toward evening complained of being ill
29 Complains of sore-throat & pain in chest. Trans. to Infirmary. Temp. 101⁶ P. 100 R 24 Is quiet in bed & sleeps most of time - on soft diet. Jan 30. Quiet in bed - Dr Herzog notes - Right apex of lung has hollow cavernous breathing - expiratory sounds lengthened - slight increase of resonance. Loud hollow cough. Sputum mostly frothy. Complains of pain in regions of right apex of lung - Throat sore - tonsils & glands of neck slightly swollen. Put on extra diet. Jan 31 Restless while awake during night - Slept 2 hrs. Slept most of day. Pills & emulsion T.I.D. Feb 1 Wt. 130 - Quiet in bed. Refuses to eat but says he will drink milk rather than be fed by tube - Habits clean: bowels regular. Sleeps well - Sputum examined shows a number of tubercle bacilli.
Summary continued by Dr Phelps. Mch 1 Wt. 130# Patient now up on ward. Has been on Infirmary Has rise of temperature still. Has delusions of persecution. June 2 Wt. 145# Is noted as failing somewhat. Coughs & expectorates. June 23 Trans. to B 1. Aug 13 Patient quite weak. Complains a good deal. Trans. to Infirmary - Aug 24 Died today, having failed quite steadily with symptoms common to tuberculosis of lungs.

Died.

Personal and Medical History of

Personal and Medical History of Ole T. Stromset

Whole No. 4965
Residence, Freeman, Minn.
Date Admission, Feb. 1st 1898.
Admitted by Dr R. M. Phelps hour, 6th P.M.
How Sent, H Blackmer J of P. Freeborn Co.
Sex, male Age, 56
Civil Condition, married
Children, one
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Temperate
~~Nationality,~~ Nativity Norway (Parents also born there)
Physicians Committing, J. W. Barck & H H Wilcox M.D.
Correspondents,

No. of Years, 132
Insane Relatives, Father
Cause Exciting, Epilepsy
Cause Predisposing, Heredity
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, not but homocidal -
Date of this Attack, Jan 29 '98.
Duration, 3 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 56 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,
dull & confused
MEMORY, Past Events, not good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Quiet & indifferent generally.
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, Cannot get clearly.
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 Ole T. Stromset

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ in. PRESENT WEIGHT, 218 USUAL WEIGHT, NUTRITION, Good
... arm - Large scars on thighs & left nates
... responds to light - to accom. at times.
... be dull & gray in iris & pupil small - probably has been injured -
Grasp,
Reflexes,

Copy of notice of hearing petition for appointment of Ole K. Flaskrud as guardian for Ole T. Stromset served in September 1899 & filed in commitment papers.

SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal

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

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

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

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

Patient is an epileptic: is fat: sings a good deal.

Personal and Medical History of Ole T. [illegible]

Whole No. 4965
Residence, Freeman. Minn.
Date Admission, Feb. 1st 1898.
Admitted by Dr R.M. Phelps. hour, 6th P.M.
How Sent, H Blackmer J of P. Freeborn Co.
Sex, male Age, 56
Civil Condition, married
Children, one
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Temperate
~~Nationality,~~ Nativity Norway (Parents also born there)
Physicians Committing, F.W. Barck + H H Wilcox M.D.
Correspondents,

No. of Year[illegible]
Insane R[illegible]
Cause[illegible]
Cause Predi[illegible]
Form,
Accompanying Bodily Di[illegible]
Suicidal or not, Not. Cu[illegible]
Date of this Attack, Jan 29'98.
Duration, 3 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 56 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,
dull + confused
MEMORY, Past Events, not good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Quiet + indifferent generally.
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, Cannot get clearly.
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 Ole T. Stromset

PHYSICAL CHARACTERISTICS.

[illegible]GHT, 5 ft 7½ in. PRESENT WEIGHT, 218 USUAL WEIGHT, NUTRITION, Good
[illegible]S, Abnormalities and condition of Skin, Vaccination scars on left arm – Large scars on thighs + left nates on right knee + lower portion of right leg.
[illegible]JE, Coatings or Promptness of Movement,
fire above + three below.
[illegible]LS, Equality, Size, Response to Light, and Accommodation, unequal. responds to light – to accom. at times.
[illegible]HT, Fair
[illegible]ES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left eye seems to be dull + gray in iris + pupil small – probably has been injured –
[illegible]EARING, Good
COORDINATION, Arms, fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal

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

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

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

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

Patient is an epileptic: is fat: sings a good deal.

Personal and Medical History of Ole T. Stromset.

1898

This patient was brought here by Sheriff's deputy W.C. Mitchell attended by E.K. Flaskrud, in fair physical condition, with the following history:-
Father & mother were cousins & father was in Insane asylum three times. This is first attack of insanity but has had epilepsy off & on since 16 yrs. old. First symptoms manifested Jan. 29'98 threatened to kill his son & imagines other men & boys are intimate with his wife: Disease appears increasing. Is variable, at times seems to be all right, at others sings & talks in a wandering way while walking about: Not suicidal. Neither filthy nor destructive in habits: Has had epilepsy, as above stated. No injury to head: Has confinement or restraint has been necessary: Has received no treatment: On personal examination looks dejected & talks in a wandering, irrational way.

Feb 1 On admission put upon B&E (G.H.U. Rpt Complexion light: Eyes blue hair gray: Skin normal: Varicose veins left leg. One scar on Rt. thigh Is clean: Behavior good.)

2 Summary Nurses Notes. Had a convulsion during night. Very quiet during day. Another convulsion at supper-time. became violent & maniacal. Trans. to C.

3 Appetite is good. Bowels costive. Given dose salts. Had convulsion while out walking & had to be carried home. Feb 4 Habits filthy. Convulsion at noon Trans. to B'. Feb 5 Six convulsions during day & one at night. Resisted being bathed. Slept 3 hrs. Put upon Bromide mixture. Feb. 6 Habits filthy. Restless & would not stay in bed. was held by nurses. Slept one hour during night. Feb 7 Inclined to be noisy, sings loudly. Bowels irregular. Feb. 8 Behavior more quiet: Has a slight cough. Feb 9 No change. Feb. 10 Struck in face by M. Lensch. - No marks visible.

11 Does not speak English but those who understand him say his remarks are incoherent & irrational. Feb 12 Does not go out with crowd as he is quite feeble: Eats & sleeps on hall. Appetite fair - Sleeps fairly well. Continued by Dr Phelps.

Mch 2 '98 Wt. 180# An epileptic & has a mental state characteristic of epilepsy: Is irritable, noisy & mildly demented. Mch 14 Visited by son. June 8 Transferred to Infirmary. Complains of being sick. Is quite stubborn Jan 28'99 Still noisy & demented & rather irritable. Has frequent convulsions.

Feb. 1 - July 31'99. (Dr. Wanous.) Wt. 209. Troublesome & irritable & has convulsions laughs some, examined & transferred to Infirmary Apr. 30. May 6 Visited by friends but did not recognize friend. May 24 Dressed & transferred to B'. Mental condition continues about same. Is subject to very hard convulsions. Aug 1 - Jan 31'1900. (Dr. Chapple) Aug 2. Wt. 218.

1900 Aug 1 - to - Jan 31 Nov. 2. Wt. 209# Very little change during period. Has occasional convulsions, frequently bruising himself. Talks very little but sings a good deal. Quite dull in manner. Irritable, at times violent. Habits clearly.

Mar 30 Does no work. March 30/1900. Nothing special to report regarding patient, at this date.

Personal and Medical History of Ole T. Stromset

1900

May 1/10 July 20/31 Wt 202#. P76. May 10. Visited by friends. Transferred to B'. July 14. Had severe convulsion at table, and a severe "choking spell". July 20. Vaccinated; result good. July 31. Becoming more demented and feeble: has quite frequent "Epileptic Seizures": behavior very troublesome; becomes very confused & pugnacious, at other times, talks loudly & sings. Personal habits fairly clean, but he expectorates everywhere. -

Aug 1 1901 July 31 Wt 207# - Oct 6. Visited by a lady. Jany 31/1901 Has occasional epileptic seizures: some of them very severe. Is very dull & inactive: habits very dirty. Is irritable & pugnacious, at times; frequently sings noisily. Is much demented. Physical condition not good - Senile. Feb 1. Wt 210#

Feb 1 May 1 1902 Wt 213#: Aug 1. Wt 212# Nov 1 Wt 216#: Jany 8/02 - To T.W. Very stupid & filthy, following convulsions.

Jany 17/21 31 Ref. onward: Condition improved: Jany 21. Moved back to B'. Jany 31. Is gradually growing more demented & stupid: inactive: has very frequent "Epileptic Seizures", during which he bruises himself constantly. Is ugly & fights, if molested. At times, very noisy.

Apr. 24/02. Visited by relative. July 31/02 Becoming somewhat more feeble; is not able to take much out door exercise; has epileptic seizures quite frequently - usually falling & bruising his face. Much demented.

Jan. 31 '03 Has frequent convulsions; is stupid at all times. Noisy a good deal. Thoroughly demented - often falls and strikes on his face.

Personal and Medical History of Joseph Martin.

Whole No. 4967

Residence, Northfield. Rice Co. Minn.

Date Admission, February 2nd 1898

Admitted by J.M. Phelps M.D. hour, 3 PM.

How Sent, T.A. Mott Jap. Rice Co.

Sex, male Age, 71

Civil Condition, Married.

Children, 3 boys.

Age Youngest Child, -

Occupation, Farmer.

Degree Education, None

Profession, Religion, Methodist.

Habits, Not intemperate.

~~Nationality~~ Nativity, Switzerland. (Parents also born there) Became resident of U.S. in 1850.

Physicians Committing, T.A. Hunt & J.P. Phelps.

Correspondents,

No. of Years, 13+

Insane Relatives, None

Cause Exciting, old age, hard work & physical & mental decay

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not. possibly homicidal

Date of this Attack, One yr ago.

Duration, At least one year

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 70

Time of Leaving, June 9. 1898

Time in Hospital, 4 mo. 6d.

Result, Died. Old age.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Martin

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1020 Reaction, acid Color and Appearance, Yellow.

Albumen, None Sugar, None.

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Joseph Martin.

1898

This patient was brought here by sheriff's deputy W.E. Hibbard, in fair physical condition, with the following history: No information concerning consanguinity, no history of heredity: This is first attack: First symptoms manifested at least one year ago by melancholia with delusions: Disease appears increasing: Variable with irregular rational intervals: Derangements manifested concerning his social standing & his physical condition: Has shown disposition to injure others - struck his wife with shovel - Neither suicidal, filthy nor destructive in habits: No previous peculiarities noted: Had a runaway about 22 yrs ago & hurt head, but apparently recovered: Tonic treatment pursued without noticeable effect.

On personal examination no further facts noted.

Feb 3 On admission put upon Infirmary Ward (G.H.M. Rpt. Complexion light: hair gray: Eyes blue: Condition of skin good: Vaccination marks on left arm Varicose veins on left leg: Several scars on left leg: Is clean Behavior good: Complains of soreness in abdomen.)

4 Summary Nurses Notes. Quiet when awake last night. Bowels costive: Sat up on side of bed part of day. Eats well. Feb 5 Up on ward most of afternoon: Walks about & appears contented. Slept 7 hrs. Feb 6 Temp 99³-100⁴. Put upon medicine Asks to be allowed to get up but when given clothes changes his mind.

7 Quiet while awake last night. Up & about ward today - Complains of pain in abdomen & back. Wants to go home. Answers questions fairly rationally Bowels costive. Feb 8 Up most of day: Rather discontented. Habits clean.

9 Temp. 102-101⁴. No change. Feb 10 Has been in bed all day. Lies quietly & complains none. Feb 11 Temp. 97⁸-98⁶ Up & about ward most of day. Feb 12 Still complains of pain in back & abdomen. Bowels costive. Habits clean.

13 Physically & mentally he seems to remain the same. Some sub-normal temperature. Feb 15 Can notice no change or improvement in patient.

16 Dr Herzog notes. Patient has a fair memory for a senile but dementia is shown by his wandering about the ward. Says he likes it better here than at home but wants to go down town. Has no idea how he would get along outside but wants to leave anyway. Can see no other cause than senility for his dementia.

17 Patient up on ward. Feb 19 Medicine discontinued. Feb 21 On medicine t.i.d. Feb 28 Lies about on settees greater part of time: Appetite is good: Bowels costive: Is quite childish & wants to go home: Talks quite intelligently. Does not sleep well. Mch 3 Remained in bed this morning. Appears quite feeble:

Mch 4 Temp. 97²-98² Bowels constipated: Coughs some: Seems quite depressed says he wants to die.

5 Complains of pain in side. Mch 6 Visited by friend. Mch 7 Coughs - Is quite depressed & childish

8 Up on ward part of day. Mch 12 Was up on ward today: Is not very active: Spends most of time lying on couch. Mch 19 Has been in bed since last note. Allowed up today: Seems to have no ambition: Lies around most of time: Is well-behaved.

Personal and Medical History of Joseph Martin.

1898

Apr. 1 Wt. 130 lbs. Lies quietly in bed: Is quite feeble & depressed. Apr. 2 Temp. 99⁴-99⁶. Right foot slightly swollen: Extremities cold: Apr 6 Feels better today: Coughed a good deal during night. Apr 11 Up most of day. Is quite feeble. Apr 13 Visited by son: Considerably disturbed: Apr. 20 Complains of feeling nauseated vomited once. Apr 26 No change from day to day: Visited by minister. May 1 Eats fairly well: Bowels regular: Sleeps well. Habits clean. Will answer questions but does not care to talk.

May 2 Wt. 129 lbs. P. 60. May 20 Lies about on couches: Appetite poor: Has been failing somewhat in strength. May 21 Remained in bed today. May 22 Looks sick: Vomited A.M. Eats but little - No fever. May 24 Seems to be growing weaker: Talks about home.

26 Looks very bad today: Abdomen bloated: vomited. Bowels costive. May 27 Complains of pain in side: Visited by minister: Seems to be failing - May 28 Will take no nourishment today - says his stomach is too weak. May 30 No chang. Temp. 97⁸-99² P 70-102 R 20-24.

May 31 Left leg & foot swollen: Says right leg is very painful. Is cold to knee: Dark spots on outer side of leg. Massaged 3 times Turpentine stupe applied to abdomen: Vomited. Seems to be failing quite rapidly today: Coughs some. June 2 Right leg continues cold & dark Habits filthy: Takes only malted milk Lies in bed in stupid condition: Talks in whisper Expectorates considerably: Has diarrhoea. June 11 Right leg painful Lies quietly in bed all day: Habits filthy. June 3 Appears very weak: Cannot keep milk on stomach. Complains of pain in legs: Wants to go home. June 5 Continues to grow weaker: Temp 100²-99 P. 120-108. Takes but little nourishment: Leg growing worse.

June 7 Is gradually failing: Can be coaxed to take but little nourishment. Habits filthy: Right leg cold & dark to body. June 9 Restless during night: Gradually failing. Respiration labored. Pulse weak. Refuses nourishment: Talks only in whisper. 2³⁰ P.M. Very weak - Gradually failed & died at 4¹⁰ P.M. Dr Herzog notes. Exhaustion in Senile dementia.

Died.

Personal and Medical History of Charles Anderson #3

Whole No. 4968

Residence, Believed to be St. Paul, Minn.

Date Admission, February 5th 1898.

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

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

Sex, male Age, 42

Civil Condition, Widowed.

Children, none living.

Age Youngest Child, –

Occupation, Laborer.

Degree Education, Can only read & write.

Profession, Religion, Lutheran

Habits, No information.

~~Nationality~~ Nativity, Nativity Norway (Parents also born there)
Because resident of State & Co in 1870.

Physicians Committing, Talbot Jones & J.B. Brimhall M.D.

Correspondents,

No. of Years, 135

Insane Relatives, None so far as known.

Cause Exciting, ?

Cause Predisposing, ?

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not (?)

Date of this Attack, Dec. '97

Duration, About two months

No. of Attack, 1st (so far as known)

No. of Admission, 1st

Age First Attack, 42

Time of Leaving, Mar. 15. 1898

Time in Hospital, 1 mo. 10 d.

Result, Discharged Mar. 15. 1898
Recovered.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Feb. 6/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good

Recent Events, do Special Subjects, does not remember past few days.

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

REASONING POWER, Ordinary Subjects, Good.

Special Subjects,

Own Mental State,

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

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

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, died accident

Paternal Relatives,

Mother, died childbirth

Maternal Relatives,

Brothers and Sisters, one sister living – healthy – One died phthisis

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

HABITS, Drinking and Smoking, hard drinker

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles Anderson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 in. PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Vertical scar 1 in. in length over left eye. Small scar below. 18 yrs. ago, skin wound

TONGUE, Coatings or Promptness of Movement, bright red – prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, light dilated – left normal. Excessive response to light & accom.

SIGHT, Good (Says noticed inequality of pupils has always existed.

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

HEARING, Good.

COORDINATION, Arms, Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, of hands, tongue, & general. None of facial muscles.

PATELLAR REFLEX, 8 equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs noted – All sounds feeble heart rapid & slightly irregular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient shows no signs of alcoholism Says had hallucinations of sight shortly before his arrest Does not remember what he said or did after going to the police. Says the recollection of people suicidating from the high bridge frightened him & he gave himself up expecting a work-house sentence. Had been on a month's drunk. Had received 10 days in workhouse – one year ago for drunkenness. Has drank hard for 10 years.

Personal and Medical History of Charles Anderson #3

1898

This patient was brought here by Sheriff's deputy J.B. Arend, in good physical condition, with the following history:- First symptoms manifested in December last by headaches & desire to jump from bridge: Disease appears increasing: Is variable: Derangement now manifested by delusions that "God told him not to eat" & that "Queen Victoria is sending him a letter ordering him to commit suicide." Not inclined to injure others (so far as known. Neither filthy nor destructive in habits: Nothing known concerning previous peculiarities, diseases or injuries to head: Has not been confined or restrained: Has received no treatment.

On personal examination has appearance of a tramp, no further information

Feb. 5 obtained On admission put upon B3 E (G.H.U. Rpt. Complexion: hair brown, eyes blue. Skin good condition: Vaccination marks on both arms: Left arm slightly crooked & enlarged below & close to elbow, from fracture: Is dirty: has vermin: Behavior good.)

6 Summary Nurses Notes Patient talks rationally: Behavior is good: Is neat & clean in habits & dress. Feb. 7 Behavior good: Works upon ward: Bowels regular: Appetite good: Sleeps well. Feb 8 Patient continues sociable & agreeable:

9 No change. Feb 10 Appears rational: Conduct very good, works upon ward.

11 Appetite continues good: Bowels regular. Feb. 18 No change in patient either mentally or physically: Trans. to A3. March 1 No change in patient since last note: Behavior remains good: Habits neat & clean: works upon ward: Is on parole: Eats & sleeps well: Bowels regular. Mch 15 Was sent home today.

Discharged.

Personal and Medical History of

Personal and Medical History of Erick Erickson

Whole No. 4970
Residence, Leon, Goodhue Co. Minn.
Date Admission, February 8th 1898.
Admitted by Dr. R.M. Phelps hour, 6 30 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 46
Civil Condition, married.
Children, Ten
Age Youngest Child, -
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, not intemperate
~~Nationality~~ Nativity Sweden - (Parents also born there) Became resident of State - to in 1877.
Physicians Committing, J. V. Anderson & H.L. McKinstry
Correspondents,

No. of Years, 137.
Insane Relatives, Do not know.
Cause Exciting, Grippe
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, -
Suicidal or not, Has threatened suicide.
Date of this Attack, two yrs ago.
Duration, About 2 yrs.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 31 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,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Erick Erickson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 4½ PRESENT WEIGHT, 142 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,

Feb 10/98
EXAMINATION URINE, Quantity, — Sp. g. 1022 Reaction, acid Color and Appearance, Reddish yellow - cloudy
Albumen, ✓ Sugar, ✓
Casts and Crystals, Amorphous granules in clusters. a few pus cells - some oxalate lime crystals.

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

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

Personal and Medical History of Erick Erickson

1898

This patient was brought here by Sheriff's deputy. P.J. Lundquist, in fair physical condition, with the following history:- No history of consanguinity: No information concerning heredity: First attack occurred 15 yrs. ago: First symptoms of present attack about two years ago by fear of death & also fear that sheriff was after him: Disease appears increasing: Is variable: Derangement now manifested by suspicions of his family: Is jealous of wife: Runs away & hides in haystacks: Not disposed to injure others: Has threatened but never attempted suicide: Neither filthy nor destructive in habits: No information concerning previous peculiarities: Sixteen years ago was injured by bricket falling 20 ft. & striking his head: No confinement or restraint employed: Has been treated by several home physicians - no results:

On personal examination is nervous, quick pulse, flushed face, tremulous tongue, voluble when talking about his ailments, murmurs to himself.

Feb 8 On admission put upon B³E (Gst.N. Rpt. Complexion light: Hair brown: Eyes blue: Marks on chest & back: Is dirty: Behavior good: Complains of pain in right side.)

9 Summary Nurses Notes - Answers questions fairly rationally. Complains of pain above right groin. Slept 2 hrs. Feb 10 Seems at ease when alone, but when approached becomes very uneasy & always complains. Trans. to I.E. put to bed. Quite restless. Talks no English. Put on Alkolithia. 4 x day. Wt. 142 lbs.

11 Restless & talks a great deal. writes letters & reads bible - Complains of pain in chest. Feb 12 Is considerably confused & restless in bed: Bowels irregular: Appetite fairly good. Slept 2 hrs. Feb 13 Lies quietly in bed: Is confused

Continued by Dr Phelps. April 1 Wt. 130# Patient restless & nervous, still in bed: Is quite depressed. Mch 1 Wt. 140# May 1 Complains steadily & lies in bed

1899 Jan 29 No prominent symptoms noted however, Jan 29'99 Patient stays in bed a good deal

Feby of the time: Complaints are frequently hypochondriacal. Feb 1 - July 31'99 (Dr. Wanous) Wt. 144#

to Has been in bed a great deal: wants medicine: Eats ravenously once or twice a

July 31 day & then returns to bed: wants cathartics daily: not satisfied unless

Aug 3 taking medicine. Aug 3. Wt 136# p 72. Oct 30. Always complaining & asking Dr for medicine: physical

Oct 30 Examination reveals nothing. Jan 31/1900. no change noticeable, in patient's condition, from month to month.

1900 Jan 31 Still always complaining. March 30. Above notes hold good, at this date. July 6. Wt 135# Pulse 96.

July 6/20 July 20. Was vaccinated unsuccessfully. Condition remains about the same. Aug 1 "Thinks he is

Aug 1 dangerously ill," most of the time: asks for medicine: does some work on ward. Nov 1. 148# P80

1901 Jany 31 dislikes going out walking - Jany 31/1901. No apparent change in his condition -

Feby 1 Wt 139# P 72. May 31 Continually complains of stomach trouble & wants medicine.

May 31 Physical condition seems good. July 31. No change to report. Does some work on ward -

July 31. Still given to complaining - Augt 1. Wt 131#. Nov 30. Nothing special to note. Jany 1/02. 146#

1902 Jany 31 Patient is continually complaining. "Thinks his stomach and chest are diseased" -

Personal and Medical History of Erick Erickson

1902 contd

Jany 31 always looks extra-healthy; otherwise, quite well behaved -

Apr. 30/02 To Annex, Jan. 31, 03 No apparent change during the year; health good tho' he constantly complains of stomach trouble and various other ailments. He eats and sleeps well; does a little work on ward during the day. Habits quite tidy.

Personal and Medical History of James Simpson

Whole No. 4972
Residence, St. Paul, Minn.
Date Admission, February 11th 1898.
Admitted by Dr. C.B. Eby hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Male Age, 26 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Plumber.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate.
~~Nationality~~ Nativity Minn. (Father Ireland - Mother Winnipeg.
Born in Ramsey Co.
Physicians Committing, J. Hawkins & H. Hahn.
Correspondents,

No. of Years, 139
Insane Relatives, None
Cause Exciting, Epilepsy + drink.
Cause Predisposing, Previous Attacks.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Yes.
Date of this Attack, Feb. 10/98.
Duration, One day
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 25 yrs.
Time of Leaving, Apr. 7. 1898
Time in Hospital, 1 mo. 27 da.
Result, Discharged Apr. 7. 1898.
Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of James Simpson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9in PRESENT WEIGHT, 151 lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of James Simpson.

1898

This patient was brought here by Sheriff's deputy J.B. Arend attended by Frank J. Egar in fair physical condition with the following history:- No history of consanguinity or heredity. First attack occured in April 97. Patient was in this (Rochester) hospital from Apr. 30/97 to June 2/97 (For further information see Vol. 35 Fol. 359 No. 4758 First symptoms of present attack manifested Feb. 10/98 by depression followed by violence: Disease appears increasing. Is variable with irregular rational intervals: Derangement now manifested by depression followed by violence & tendency to commit suicide: Not disposed to injure others: Attempted suicide by striking head against wall: Neither filthy nor destructive in habits: No previous peculiarities known: No history of intemperance in parents or self: Has Epilepsy: No injuries to head sustained: Has been confined in jail three times: In workhouse one year & in Rochester State Hospital as above stated.

Feb. 11/98 On personal examination shows general depression: refuses to answer any questions. On admission put upon B°E (Gen. N. Rpt. Complexion light, hair & eyes brown: Condition of skin good: Vaccination marks on left arm: Scar on left knee: Has vermin, is dirty: behavior good)

12 Summary Nurses Notes. Talks & appears quite rational: Habits & dress neat. Appetite good: Bowels regular. Feb. 13 Behavior good: Continues rational: Works upon ward. Feb. 18 No change in patient from day to day. Appetite continues good Bowels regular. Seems rational. behavior good: Sleeps well at night. Transferred to A' Today. Feb. 24 Last note still holds good.

March Wt. 151 lbs. Pulse 76. March 30 Patient is quiet & well-behaved: works on ward: Talks rationally & intelligently: Very desirous of going home: Habits clean Dress neat: Health good. April Wt. 152 lbs Pulse 72. No change in condition, either mentally or physically. Apr 7 Sent home today

Discharged.

Personal and Medical History of

Personal and Medical History of Lars J Brown

Whole No. 4974	No. of Years, 141
Residence, Redwing Minn.	Insane Relatives, Son + daughter admitted same day.
Date Admission, February 12' 98.	Cause Exciting, Morphine + Cocaine Habit.
Admitted by Dr. H H Herzog hour, 6th P.M.	Cause Predisposing, —
How Sent, Axel Haller J. of P. Goodhue Co.	Form,
Sex, male Age, 57.	Accompanying Bodily Disorder, —
Civil Condition, married	Suicidal or not, Not.
Children, 7.	Date of this Attack, About 2 yrs. ago.
Age Youngest Child, —	Duration, 2 yrs.
Occupation, Veterinary Surgeon.	No. of Attack, 1st
Degree Education, High school.	No. of Admission, 1st
Profession, Religion, Lutheran	Age First Attack, 55
Habits, Intemperate - addicted to morphine + cocaine habit.	Time of Leaving, Apr. 1. 1898
Nationality, ~~Native~~ Denmark (Father Norway, Mother Denmark. Became resident of state + Co. in 1886.	Time in Hospital, 1 mos. 20 d.
Physicians Committing, J.V. Anderson + M. Thrane.	Result, Discharged May 4. 1898 Recovered.
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,	HISTORICAL.
	LENGTH INVASION,
MEMORY, Past Events,	ONSET, Gradual or Sudden,
Recent Events, Special Subjects,	HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
PERCEPTIVITY, Alert or Dull, Correct or Illusive,	Father,
	Paternal Relatives,
REASONING POWER, Ordinary Subjects,	Mother,
Special Subjects,	Maternal Relatives,
Own Mental State,	Brothers and Sisters,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,	PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
DELUSIONS, Systematized, Transitory, Special Subjects,	HABITS, Drinking and Smoking,
	HEADACHES, VERTIGO, OR CONVULSIONS,
HALLUCINATIONS,	OCCUPATION, Healthy or not,
ILLUSIONS,	Detail Date, Duration, and Character of Previous Attack, if any,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,	Sleep, Appetite, and Bowels,

OFFICE OF
ALBERT JOHNSON,
COUNTY ATTORNEY.

RED WING, MINN. Feby. 12thI898

Dr. Kilbourne

upt. Hospital for Insane

I have attended a very pitiable case of

at the Probate office. It is the case of a certain Dr.

ole family, who are claimed to be insane. The law makes

unty attorney, to appear for the insane. ~~There~~ In that

ttended the hearing. I do not know whether the jury wil

or not . They are all of them addicted to the use of

ne to such an extent, that if they are kept away from

deathly sick. It seems that they have lost all power

ir craving for these drugs and it also seems that

ie that they can not quit the use of them abruptly.

The old gentleman had a severe spell today, not having received any of the drugs for a day or so. The physicians had to administer to him small doses of morphine or cocaine to pull him out. I write these particulars in case they are sent to you . I will on behalf of these unfortunate people ask you to give them your best judgment. They were at one time of a very fine disposition, very nice people, and they are not the authors of their present condition. They were at one time treated by a doctor or a fool rather that gave them the habit and they never had the stamina to break it up. Thanking you in advance for any efforts you make for these people

I am yours very truly

Albert Johnson Co Atty.

VICTIMS OF COCAINE. 1901 St Paul Pioneer Press, May 14

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.

ce, Yellow- clear

+ Trace Albumen by tests

Personal and Medical History of Lars J Brown

Whole No. 4974

Residence, Redwing Minn.

Date Admission, February 12' 98.

Admitted by Dr. H H Herzog hour, 6th Pm.

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

Sex, male Age, 57.

Civil Condition, married

Children, 7.

Age Youngest Child, –

Occupation, Veterinary Surgeon.

Degree Education, High school.

Profession, Religion, Lutheran.

Habits, Intemperate - Addicted to morphine + cocaine habit.

Nationality, Denmark (Father Norway, Mother Denmark) Became resident of state + Co. in 1886.

Physicians Committing, J.V. Anderson + M. Thrane.

Correspondents,

No. of Years, 141

Insane Relatives, Son + daughter admitted same

Cause Exciting, Morphine + Cocaine [illegible]

Cause Predisposing, –

Form,

Accompanying Bodily Disorder, –

Suicidal or not, Not.

Date of this Attack, About 2 yr

Duration, 2 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 55

Time of Leaving, Apr. 1. 1[illegible]

Time in Hospital, 1 yrs. 20 d.

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,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

OFFICE OF
ALBERT JOHNSON,
COUNTY ATTORNEY.

RED WING, MINN. Feby. 13thl898

Dr. Kilbourne

Supt. Hospital for Insane

I have attended a very pitiable case of alleged insanity at the Probate office. It is the case of a certain Dr. Brown and his whole family, who are claimed to be insane. The law makes it my duty, as county attorney, to appear for the insane. ~~THEXE~~ In that capacity I have attended the hearing. I do not know whether the jury wil find them insane or not . They are all of them addicted to the use of morphine and cocaine to such an extent, that if they are kept away from these drugs they become deathly sick. It seems that they have lost all power of controlling their craving for these drugs and it also seems that they are so far gone that they can not quit the use of them abruptly. The old gentleman had a severe spell today, not having received any of the drugs for a day or so. The physicians had to administer to him small doses of morphine or cocaine to pull him out. I write these particulars in case they are sent to you . I will on behalf of these unfortunate people ask you to give them your best judgment. They were at one time of a very fine disposition, very nice people, and they are not the authors of their present condition. They were at one time treated by a doctor or a fool rather that gave them the habit and they never had the stamina to break it up. Thanking you in advance for any efforts you make for these people

I am yours very truly

Albert Johnson Co Atty.

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 Med

Whole No. 4974
Residence, Fed
Date Admission, 7
Admitted by Dr.
How Sent, Au
Sex, mo
Civil Condi
Children
Age Y
Occ
I

EXAMI...

MENTAL ACTIVITY, Clear o...

MEMORY, Past Events,

Recent Events, Special Subject...

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,

...sanity, Consanguinity, Epil-
...teria, Inebriety, Consumption),

Fa...
Mother,
Maternal Relatives,
Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

...onal and Medical History of Lars J Brown

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 143 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,

Feb 22/98
EXAMINATION URINE, Quantity, Sp. g. 1030 Reaction, acid Color and Appearance, Yellow. clear.

Albumen, None Sugar, Slight trace by bismuth.

Casts and Crystals,

(Feb. 16'98 Sp. gr. 1025 Color yellow - Reaction acid - Excess of mucus. Slight trace albumen by Heller's Sugar - slight trace by Fehlings.)

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 Lars J. Brown.

1898

This patient was brought here by Sheriff's deputy P. J. Lundquist attended by Ar. Anderson in poor physical condition, with the following history: No history of consanguinity, or heredity. First symptoms of attack manifested about two years ago after an attack of Typhoid fever: by delusions in regard to the usefulness of cocaine + morphine: Disease appears increasing: Is not variable: Derangement now manifested as follows:- Having acquired the cocaine + morphine habit from their having been administered to him during an attack of Typhoid fever: He believes that they are essential to the welfare of his family + gives them to family in an irrational + reckless manner: Endangering their lives in this manner: 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 restless, sensibilities blunted: has tumor of tongue.

Feb 12/98 On admission put upon B^c E (G.H.N. Rpt. Complexion light: Hair brown: Eyes blue: Condition of skin good: Hypo. injection marks on both arms: Is deity: behavior good.)

13 Temp. 100^4-101 Restless while awake last night: remained in bed this morning: Trans. to Infirmary. + put to bed. Is weak + emaciated. Talks freely + quite rationally: hypos. of morphine also strychnine given. Put upon bromide mixture.

14 Temp. 100-101. Lies quiet in bed - restless while awake last night - Says he is not crazy + that he was working every day up to time he came here. Has some diarrhoea.

15 Temp. 97^8-99^6. Eats well. Restless: No change. Medicines continued as above.

16 Rested fairly well last night. Dressed + up on ward most of day. walks up + down hall with son. Feb 17 Upon ward all day. No change.

18 Up during day + out for walk. Bromide, strychnine + morphine continued.

19 Habits clean: Is not feeling well. Was out for a walk. Feb. 20 Visited by daughter on Infirmary. Is apparently improving. Feb 21 Not so restless as yesterday - wants a great many favors. Feb. 22 Vomited last night. restless while awake. On sofa most of A.M. Feb 23 Some diarrhoea: Out for a walk: Slept 3 hrs. Feb 24 Still given hypos. Diarrhoea still continues. Talks quite rationally - Feb. 25 Appears to be gaining some physically - Is quiet on ward, Reads a good deal. Dr. Herzog notes - "Has stood cutting off of the Morphine fairly well but cannot give up the last 1/8 gr. as yet. Has made no loud complaint but is rather querulous, shows no delusions but is slightly demented. Is somewhat childish." Feb 26 No change noted.

27 Vomited at 8^45 last night. Diarrhoea continues. Complains of some pain in abdomen.

28 Continued to be restless part of night. Diarrhoea some better. Mental state the same.

Mch 1 Patient on regular + extra diet: Appetite good: Still upon Bromide: Bowels very loose.

3 Trans. to B^3. Mch 5 Wt. 153 Pulse 108 Bromide + capsules discontinued. Bowels normal. Says he feels perfectly well. Appetite good: Mch 29 On parole. Apr 1 Sent Home.

Discharged.

Personal and Medical History of

Personal and Medical History of Willie Brown.

Whole No. 4975
Residence, Redwing. Minn.
Date Admission, Feb. 12' 98
Admitted by Dr. H H Herzog. hour, 6 45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male. Age, 18 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, No occupation.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, addicted to morphine & cocaine habit.
Nativity, Denmark (Parents also born there.)
Became resident of State & Co. in 1886.
Physicians Committing, J. V. Anderson & M. Thrane.
Correspondents,

No. of Years, 1
Insane Relatives, Father & sister here.
Cause Exciting, morphine & cocaine habit.
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, –
Suicidal or not, Not.
Date of this Attack, About 2 yrs. ago
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 16 yrs.
Age First Attack,
Time of Leaving, Apr. 1. 1898
Time in Hospital, 1 mo. 20 d.
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,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Willie Brown.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft PRESENT WEIGHT, 148 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,

Feb 16/98
EXAMINATION URINE, Quantity, Sp. g. 1005 Reaction, acid Color and Appearance, Very light-yellow-clear

Albumen, Slight trace by Taurets - probably due to morphine Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Willie Brown.

1898

This patient was brought here by Sheriff's deputy P. J. Lundquist attended by A. Grosse in fair physical condition, with the following history:- No history of consanguinity: First symptoms of attack manifested two yrs. ago became addicted to cocaine & morphine habit - the drugs being first administered by a physician during attack of diphtheria: Disease appears increasing: Not variable: Derangement manifested by maina for cocaine & morphine & tendency to give them to his sisters: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injury to head: Has not been confined or restrained: Has received no treatment: On personal examination no further particulars noted.

Feb. 12 On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair black: eyes blue: Condition of skin good: Hypo. marks on both arms. Is dirty Behavior good.)

13 Summary Nurses Notes - Restless when awake last night: Refused breakfast this morning & remains in bed: Trans. to Infirmary & put to bed. Is quite emaciated. Answers questions quite rationally: Quiet in bed during day bowels regular: Habits clean. Feb 14 Restless & out of bed often during night: Quiet during day, slept some. Hypos. of morphine also strychnine given. Bowels irregular. Temp. sub-normal. this A.M. Feb. 15 On bromide 3 x day. Appetite somewhat improved. Talks quite rationally. Feb. 16 Dressed & up on ward this P.M. says he feels good. walks about ward with his father. Feb 17 Bowels quite regular Habits clean: Answers questions rationally. Eats well. Hypos. & bromide continued.

18 Upon ward all day. no change. Feb 19. Has diarrhoea. Complains of being weak: Restless. Out for a walk. Feb 20 Diarrhoea still continues, given castor oil. Walks ward with his father most of time. Feb. 21 Restless while awake last night slept 5 hrs. Is better today. Feb 22 Visited by sister today. Seems to be gaining physically. Pulse rather rapid at times. Feb 23 Out for walk. Works some on ward. Is quiet & neat. Feb 24 No change of note. Feb 25 Dr. Herzog notes. Has done fairly well. Has not suffered much by cutting off of morphine. Appetite good has gained flesh. Pulse high at times without any definite reason. Is slightly feeble-minded. It is very hard to point out of just what the defect consists.

28 Strychnine discontinued: Diarrhoea some better. Appetite good.

Mch. 1 Patient assists with ward work: Is always very obliging: Appetite good: Medicine for diarrhoea discontinued today. Mch 3 On Bromide 3/4 t.i.d. On regular diet. Has some rise of temperature: pulse high Trans to B³. Mch 6 Bromide discontinued: Says he is feeling well: Appetite good: Bowels regular. Mch 29 On parole. Apr. 1 Home today

Discharged.

Personal and Medical History of

Personal and Medical History of Nels Nelson #4

Whole No. 4977
Residence, Newburg. Minn.
Date Admission, February 16th 1898.
Admitted by Dr. R.M. Phelps. hour, 2:00 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age, 25 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Farm laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, not intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there)
Physicians Committing, Because resident of State 4 yrs ago - Of Co. 10 mos. ago. J.H. Phillips + G.A. Love M.D.
Correspondents,

No. of Years, 144
Insane Relatives, 2 brothers + 1 sister.
Cause Exciting, unknown.
Cause Predisposing, Heredity probably.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Feb. 11 '98.
Duration, 5 da.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving, Nov. 30. 1898
Time in Hospital, 9 m. 4 d.
Result, Discharged May 3. '99 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Nels Nelson.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of Nels Nelson #4

1898

This patient was brought here by Sheriff's deputy E. J. Blexrud attended by Alb Erickson in fair physical condition, with the following history:- No history of consanguinity: Two brothers & one sister insane: One in asylum in Norway. Had a similar attack in 1891 lasting six months: First symptoms of present attack manifested Friday Feb. 11th 98. began by praying all the time: Disease appears increasing Is not variable: Derangement manifested on subject of religion: He sees demons in people & attempts to drive them out, using great violence: Attempted to choke a sleeping man: Is disposed to injure others: Neither filthy nor destructive in habits: People with whom patient lived say he was alway queer, but cannot describe it: No history of intemperance in parents or self: No severe diseases nor injury to head: No confinement or restraint employed: Has received no treatment.

Feb 16 On personal examination patient has hallucinations & delusions: Says he does not intend to kill anyone only wishes to drive the devils out. Commitment recommended because he is dangerous to others & has dangerous tendencies or uncontrollable propensities to commit crime.

Feb 16 On Admission put upon C E (G.H.N. Rpt. Complexion light: eyes blue: hair light: Condition of skin dirty: I scars on head: Is dirty: has vermin: Behavior violent: Was put in restraint sheet.)

17 Summary Nurses Notes. In restraint 9 hrs. yesterday slept none: Hot bath 105° for 10 min. Very violent: Changed 3 times during day. Temp. 104°-P103. Light nourishment given also milk & eggnogs. In restraint 24 hrs. Slept 3 hrs. Feb 18 Temp. 101 In restraint 24 hrs. Slept none. given four baths for cleanliness: Alcohol on back.

19 On milk & eggnog diet. Habits filthy has to be bathed frequently during day. In restraint 24 hrs: Slept. None. Feb 20 No change. Feb 21 Just as noisy & violent as ever. In restraint 24 hrs. Slept 5 hrs. Temp. 100-101. Feb 22 Sheet loosened & man allowed more freedom in bed: In sheet 18 hrs. Slept 3 hrs.

23 Temp. 100°-100. On regular diet & egg-nog. Bowels regular: Slight burn on arm from radiator: In restraint 18 hrs. Slept 5 hrs. Feb 24 Temp. 100-99°. Up & dressed today: Behavior not good: In restraint 10 hrs. at night - Slept 3 hrs.

25 Behavior very bad, has to be held by two nurses part of time: In restraint 10 hrs. Slept 8 hrs. Mch 1 No change since last note. Still in restraint at night. Continued by Dr Phelps. Apr. 1 Wt. 151# Patient in appearance is rather emaciated Appears to have but little strength: Trans. to Infirmary. Has been at times very active since coming in & has been in restraint sheet. Apr 6 Is tumbling around in bed, quite restless: Temp. about normal. July 6 Trans. to Infirmary. Has a cut on back of head: Oct 1 Now working somewhat on ward: Behavior much better: Reads papers. Nov 20 Eloped: Climbing down through dumb waiter: Has lately been anxious to get out: Behavior has been fairly good.

Discharged.

Personal and Medical History of

Personal and Medical History of Joseph Salmon

Whole No. 4978
Residence, St. Paul, Minn.
Date Admission, February 16' 1898.
Admitted by Dr. R. M. Phelps hour, 2.20 P.M.
How Sent, Willrich Jr. of St. Ramsey Co.
Sex, male Age, 38.
Civil Condition, married.
Children, none
Age Youngest Child, –
Occupation, Painter.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate?
Nationality, Canada
Became resident of State 19 yrs ago Cy?
Physicians Committing, Talbot Jones - G Stamm.
Correspondents,

No. of Years, 145
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Propensity active.
Date of this Attack, 2 mos ago
Duration, about 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, 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, to excess -
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Painter.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Salmon.

Mrs. Joseph Salmon
118 Martin St.
St Paul.
Correspondent Jos. Salmon

ERISTICS.

WEIGHT, NUTRITION, good -
stated. Skin pale -
normal.
Grasp,
, Facial Muscles, General, steady
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred + hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, Size, good
Apex Beat, no Regularity, regular
ARTERIES,
full + compressible -
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good
B. sounds clear -

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition, 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 only of fair mental development. Appears dull + seems to be meditating. In all probability is suffering from acute melancholia - due to troubles at home. Drank to excess at times. Was rather unsteady + of a nervous temperment. Physically well nourished. Heart + lungs are good. Has a good appetite + sleeps well.

Personal and Medical History of

Whole No. 4978
Residence, St. Paul, Minn.
Date Admission, February 16' 1898.
Admitted by Dr. R. M. Phelps hour, 2.20 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 38.
Civil Condition, married.
Children, none
Age Youngest Child, –
Occupation, Painter.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate ?
~~Nationality~~ Nativity, Canada
Became resident of State 19 mo ago Cy.?
Physicians Committing, Talbot Jones - G. Stamm.
Correspondents,

No. of Years,
Insane Relatives,
Cause Exciting, [illegible]
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None [illegible]
Suicidal or not, Propensity active.
Date of this Attack, 2 mo ago
Duration, about 2 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, 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, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, painter.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Salmon.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, left hand amputated. Skin pale.
TONGUE, Coatings or Promptness of Movement, clear -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, steady
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, good Size, n.
Apex Beat, n. Regularity, regular
ARTERIES,
full & compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good
B. sounds clear.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition, 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 only of fair mental development. Appears dull & seems to be meditating. In all probability is suffering from acute melancholia due to troubles at home. Drank to excess at times. Was rather unsteady & of a nervous temperment. Physically well nourished. Heart & lungs are good. Has a good appetite & sleeps well.

Personal and Medical History of Joseph Salmon

1898

This patient was brought here by Sheriff's deputy A.W. Salmon in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms of attack manifested 2 weeks ago by loss of memory: disease appears increasing: Is not variable: Derangement now manifested by various delusions: Has never attempted suicide but propensity is active: Neither filthy nor destructive in habits: No previous peculiarities noted: Has scars on scalp: No restraint or confinement employed: No treatment pursued.

On personal examination is very stupid.

On admission put upon Infirmary East. (G.H.U. Rpt. Complexion dark: hair dark brown: eyes brown: Skin clear: Left hand amputated at wrist: Vaccination marks on left arm: Is clean: Behavior good:

Feb 16 Summary Nurses Notes Complains of pain in head, abdomen & lower extremities Articulation somewhat impaired: Says he does not feel well. Feb 17 Is quite restless & out of bed often: Seems bewildered: Habits clean: Appetite good: Complains a great deal: Feb 18 Up & dressed today: Quite restless & bewildered walks rather unsteadily. Feb. 18 Bewildered, walks from door to door pushing on them, or going into rooms. Says he cannot see clearly. Feb 19 Complains of many pains & aches: Is kept in bay on ap of being troublesome.

20 Goes out walking with crowd: Appetite good. Feb 21 Is generally restless - is demented: Appetite good. bowels fairly regular. Feb 27 Patient talks irrationally & seems to be bewildered. Slept on B³ & was out of bed greater part of night. Continued by Dr Phelps. Mch 2 Patient rather paretic in appearance: Is quiet & well-behaved plays cards & billiards & is agreeable:

Mch 19 More stupid, trying door to see if it is locked etc. Mch 1'98 Appetite is good: Talks freely but is still rather irrational June 9 Complained of pain in right side Transferred to Infirmary June 14 Trans. to B³. Has had slight swelling in hand & foot, has been quite paretic. Jan 31'99 Patient seems to have gradually improved in health. & is on the whole brighter.

1899 Feb 1 - July 31'99. (Dr Wanous) Wt. 191# Is well-behaved: Clean in dress & habits: Is easily irritated.

Aug 3/31 Wt 193# p. 96. Aug 31. Patient generally well-behaved & quiet, but easily provoked: No delusions noticeable. Attends services in chapel, also amusements, which he appears to enjoy very much.

Nov 30 Nov 30. Keeps about same, all the time. Talks frequently about going home. Clean & neat in habits.

1900 Feb 28 Has been confused, the last week; has hallucinations; memory very poor: March 12. Complains of

Mar 12 rheumatic pains: Was put on treatment & improved. May 30. When out of "Spell" patient is quite

May 30 normal. July 3. Transferred to A¹ July 9. Wt 185# p 76. July 20. was vaccinated successfully.

July 30 Patient seems in good physical health. Seems some brighter, at times. Still talks of going home.

Aug 1 Is rather dull mentally: Sep 19. "Confused Spell". walks about: paces hall with hat on: Says

Dec 1 "he is going to work". Dec 1. Wt 182#. Makes preparation to go home. Jany 31/1901 No change

1901 Jany 31 noticeable. Confused & dull at times. Feby 1. Wt 182# P 80. May 31. Patient does

Personal and Medical History of Joseph Salmon

1901

May 31 not appreciate condition: has "Spells" when he becomes very much confused, lasting from 1 to 3 days

July 31 no change to report. Aug 1. Wt 194#. Aug 15. Visited by brother: Dec 26 Visited by wife.

1902 Jan 1 Wt 184#. Jany 31. Good health: has shown little change - quite demented, mentally -

31 tho' neat & well-behaved. Speech hesitating & very difficult. Incoordination great. - Feb 1/02 Wt. 185# Well behaved, quiet, dull. Aug 1. Wt. 176# Is growing very unsteady and failing: Oct. 1/02 Wt. 165# Is hardly able to be around.

03 Jan. 31. Growing steadily more stupid; has been part of the time, in bed.

Personal and Medical History of John Driscoll

Whole No. 4979
Residence, Wabasha Co. Minn.
Date Admission, Feb. 16th 1898.
Admitted by Dr. Wm Phelps. hour, 6th P.M.
How Sent, Malcolm Kennedy J. of P. Wabasha Co.
Sex, male Age, ?
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farm laborer.
Degree Education, None
Profession, Religion, Church of Rome.
Habits, Unknown
~~Nationality~~ Nativity, New York – (Father New York – Mother ?)
Became resident of State & Co. in 1859 or 1860
Physicians Committing, J. F. A. Low. & P. N. Kell.
Correspondents,

No. of Years, 146
Insane Relatives,
Cause Exciting, said to be self-abuse.
Cause Predisposing, always unbalanced mentally
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 10 days ago.
Duration, 10 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Trans. to Hastings. OK Jm

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear – sluggish
MEMORY, Past Events, not good.
Recent Events, do Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Rather dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal
DELUSIONS, Systematized, Transitory, Special Subjects, on various subjects –
Is dull & weak-minded.
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),
Doesn't know much about family –
Father, dead
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says never sick.
HABITS, Drinking and Smoking, Some –
HEADACHES, VERTIGO, OR CONVULSIONS, –
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Fair.

Personal and Medical History of John Driscoll

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ PRESENT WEIGHT, 136 USUAL WEIGHT, NUTRITION, fairly good.
WOUNDS, Abnormalities and condition of Skin, Varicose veins of legs. has high narrow palate. Skin healthy –
TONGUE, Coatings or Promptness of Movement, Clean – prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size normal. responses slow.
SIGHT, Impaired –
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Poor.
COORDINATION, Arms, Quite good Legs, quite good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, N. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal –
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds good, Size, N.
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds normal.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Usually sound –
BOWELS, Present Condition, Regular

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

In quite good physical condition. Probably always has been rather weak-minded – is rather rambling & silly. Thinks this is the soldiers Home – Has various delusions

Personal and Medical History of John Driscoll.

1898

This patient was brought here by Sheriff D.C. McKenzie in fair physical condition with the following history: No history of consanguinity given: First symptoms occurred 10 days ago thinks he is full of electricity: Disease appears increasing: Not variable: Derangement now manifested by great incoherence: Talks a great deal about his U.S. Pension, Electricity: post-offices etc. Not disposed to injure others: Neither filthy nor destructive in habits: No knowledge concerning heredity or intemperance in parents or self No severe disease nor injury to head: Has received no treatment: No confinement or restraint employed: On personal examination - personal appearance filthy: Conversation rambling & is rather garrulous -

Feb 16 remains quiet. On admission put upon B&E (G.H.u.Rpt. Complexion sandy: Eyes blue hair light brown: Varicose veins on left leg: Is dirty: Behavior good.)

17 Summary Nurses Notes. Maniacal & very irrational all day. Speech incoherent.

18 Appeared very stupid this A.M. brightened up some & became very maniacal at suppertime. Restless & out of bed four hours during night. Feb 20 Refused to stay in bed - put on floor at 11:30 P.M. Appetite good: bowels regular.

21 Noisy 3 hrs. during night. Restless during day. Feb 22 Noisy 3 hrs. during night. Wanders about upon ward, knocking his heels against baseboards.

23 No change. Feb 24 Quite noisy all day: also restless: Wanders aimlessly about ward.

27 Transferred to Annex. Feb 28 Slept 7 hrs - Restless during day. Talks incoherently -

Mch. 1 Very restless all night & day. Talks incoherently.

Continued by Dr. Phelps. Apr 2 Has been at Annex Ever since second week. Is noisy at night, rambling, incoherent & demented. July 1 Works on farm. Noisy & untidy. Jan 31 '99 No change during intervening time.

Feb. 1 - July 31 '99 - (Dr. Wanous) Wt. 155. Mch. 17 Visited by friend. Apr 1 Engaged in a fight with another patient: no serious injuries. No change in general condition from day to day - Aug 1 - Jan 31 1900. (Dr. Chapple) Wt. 142# Nov. 1 Wt. 155#

Aug 1 No change of importance: Physical condition fairly good. Has worked on farm most of time: Habits untidy: Is much demented: Talks much to himself in a mumbling, deluded manner: Behavior usually good: Quite noisy at night. Febys Wt 149# P78. Feby 10. Ten days Temperature was as high as 100 4/10 - Apl 26. No change: Physical health appears very good: is quite muscular - Is demented: very rambling & incoherent in conversation: works on farm and at barn: Habits untidy. A quiet, inoffensive individual -

-To- 1900 Jan 31 Feb 1 Apl 26

Was, today, Transferred to Hastings Hospital

Personal and Medical History of

Personal and Medical History of Michael Dwyer.

Whole No. 4980
Residence, St. Paul, Minn.
Date Admission, February 17th 1898.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 33
Civil Condition, married
Children, -2-
Age Youngest Child, -
Occupation, Blacksmith
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate.
~~Nationality~~ Nativity, U.S. - (Parents born in Ireland.)
Became resident of State in 1860. of Co. in 1890
Physicians Committing, H. J. O'Brien & C. P. Arzt.
Correspondents,

No. of Years, 147
Insane Relatives, Unknown.
Cause Exciting, Intemperance? & Syphilis?
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, a few days ago -
Duration, a few days.
No. of Attack, ?
No. of Admission, ?
Age First Attack, ?
Time of Leaving, Died Mch. 10/98.
Time in Hospital, 21 days.
Result, Epileptiform attack in Gen. Paresis.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Feb 18/97

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, No history
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says had syphilis 10 yrs. ago - fairly clear 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 Michael Dwyer.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Good
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slow. yellow coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, left slightly larger - size normal. - left pupil irregular response to light & accomodation sluggish
SIGHT, impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, much impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, general hands quite marked - Tongue coarse & fine - marked twitching of lips
PATELLAR REFLEX, 10 equal. Other Reflexes, abdominal exaggerated
ARTICULATION, Slurred, Hesitating, Slow, Slurred - & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs - strength sounds good.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

Feby 18/98
EXAMINATION URINE, Quantity, Sp. g. Reaction, alkaline Color and Appearance, yellow, pale.
Albumen, none Sugar, ✓
Casts and Crystals, Spermatozoids - Oxalate Lime crystals.

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

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

Typical case of General paresis - Worth 500 trillions: Has 4 wives etc.
No attempt at explaining delusions: Simple assertions: Feels first rate.

1898 Personal and Medical History of Michael Dwyer

This patient was brought here by Sheriff's Deputy F. J. Egan attended by F. W. Buck, in fair physical condition, with the following history:- No knowledge concerning consanguinity, heredity, previous attacks nor previous history in regard to diseases, peculiarities or head injuries: A few days ago wanted to fight & harm people: Disease seems to be increasing: Is not variable: Derangement manifested by visions of wealth, power, etc. Is disposed to injure others: Habits unclean: No further facts noted on personal
Feb 17 examination On admission put upon Infirmary (G.H.N. Pt) Complexion dark: hair black: eyes blue: Condition of skin good: Marks on left side of neck: Is dirty: Behavior good.)
Feb. 17 Summary Nurses Notes: Talks irrationally & incoherently: Habits filthy: Urinates often: Symptoms of General Paresis appear. Restless & out of bed most of time
18 Restless while awake last night, out of bed often: wanders about hall. Is inclined to be pugnacious. Feb. 19 Restless while awake last night: wanders about on hall: Is inclined to be pugnacious: Slept 6 hs. Appetite good: Specimen of urine taken: Bowels constipated. Feb 20 Continues to talk incoherently: Bewildered & nervous: Has exalted ideas as to his powers both physical & financial: Habits still filthy: Is wilful & contrary. Feb 21 No change - Is restless in bed. Feb 22 Mental condition does not seem to change. Up & dressed & trans. to B'. Feb 23 Slept only 2 hrs last night. Very restless & troublesome all day: wanted to go home. Is pugnacious. Feb 24 Slept 2 hrs. last night. Behavior good all day: Is weak & unable to go out with crowd: Eats & sleeps on hall. Feb 25 Remarks are incoherent & irrational: Has a slight impediment in speech: Is unsteady
26 Mental condition does not seem to change. Feb 27 More demented: Has to be dressed & undressed. Habits dirty & untidy: Appetite is good: Bowels rather irregular. March 1 Had a spell today: Fell to floor was put to bed - enema given - Vomited - Mch 2 In bed - refused breakfast. Temp. 100° Pulse 95 Resp. 20. Restless - keeps pulling at bed-clothes. Seems unable to talk. Very unsteady on feet - struck head against wall, causing slight lump on forehead. Trans. to Infirmary - Quite weak & scarcely able to walk: Is quite stupid. Answers some questions. Has some difficulty in swallowing Appetite poor: Refused nourishment. Mch. 3 Quite restless & out of bed often: Is quite stupid: Fed by nurse. Bowels irregular. Mch. 4 Fairly quiet during day: Slept some: Is quite stupid. Mch. 5 Seems some better today: Ate quite well: Visited by Father Riordan. Mch. 6 Very restless & tumbles around in bed. Filthy in habits: Is growing more helpless. Mch. 7 Unable to help himself. Cannot talk but appears to understand. Mch. 8 Temp. 100° P. 162 R. 29 - in morning - In P.M. Temp. 101° Pulse 120 R. 23. Had numerous convulsions during day - Vomited everything he ate. Was in an unconscious condition both day & night. Had convulsive movements. Respiration becoming more labored. Mch 9 Patient is failing fast: Has con-

Personal and Medical History of Michael Dwyer.

vulsive movements very often: Lies in an unconscious condition & is growing weaker gradually. Has taken no nourishment today: Visited by wife & sister
Mch 10 Failed gradually during night & died at 7:35 AM.
Dr Herzog notes: Died of exhaustion after epileptiform attacks in general paresis.

Died

Personal and Medical History of Patrick R. Smith

Whole No. 4981
Residence, St. Paul, Minn
Date Admission, February 17th 1898.
Admitted by Dr. R. M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J of P. Ramsey Co
Sex, male Age, 55.
Civil Condition, widowed.
Children, one
Age Youngest Child, –
Occupation, Professional & mercantile.
Degree Education, Common school.
Profession, Religion, none.
Habits, Not intemperate.
~~Nationality~~ Nativity, Ireland (Parents also born there) Became resident of state & Co in 1895
Physicians Committing, B. F. Paxton & Fred'k Leavitt.
Correspondents,

No. of Years, 148.
Insane Relatives, None.
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, 53.
Time of Leaving, Mar. 20, 1899
Time in Hospital, 1 yr. 1 m. 3 d.
Result, Died. Valvular Heart Disease.

EXAMINATION ON ADMISSION BY DR. H H Herzog. *Date of* Feb. 21/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - quick.
MEMORY, Past Events, Fairly good.
Recent Events, So. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert. correct.
REASONING POWER, Ordinary Subjects, Good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, Systematized, ~~Transitory~~, Special Subjects, Yes. Persecution
Fixed
Conversation - voluble - coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, died Typhoid fever at. 45
Paternal Relatives,
Mother, died accident at. 87
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, does not drink.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Bowels constipated for a long period.

Personal and Medical History of Patrick R. Smith

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Fairly good - flesh anaemic
WOUNDS, Abnormalities and condition of Skin, Veins of left leg varicose. Skin clear - pale.
TONGUE, Coatings or Promptness of Movement, Bright red - clean prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, left very slightly larger. Size normal. Response to light & accom. somewhat excessive.
SIGHT, impaired - has worn glasses two years.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Very slight irregularity of pupils.
HEARING, Good.
COORDINATION, Arms, Fairly good Legs, fairly good Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Very sligh of hands & tongue.
PATELLAR REFLEX, 8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No Murmurs, all sounds feeble but sharp. Area of superficial dullness much increased - Apex beat almost imperceptible - Very irregular.
ARTERIES,
Somewhat stiff - pulse small & irregular.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion 39 - 38 - 40½
Sounds all somewhat harsh.
Short of breath.

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. 1020 Reaction, Acid Color and Appearance, Yellow - clear.
Albumen, None. Sugar, ✓
Casts and Crystals,

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Says he has been persecuted for 14 years & more by the Union Pacific on account of right of way suit. At that time assaulted a man whom he claims was bribed to kill him. He got a sentence of 16 mos. in penitentiary & was pardoned in 6 wks. Also persecuted by C D O'Brien & R. T. O'Connor of St. Paul. Attempted his life by making noises & disturbances. Landlady bribed to poison his sugar. Quite characteristic is the fact that he uses peculiar expressions to call the scheme. He calls it a "comedy". Physical health much impaired by heart trouble. Breath short on exertion.

Personal and Medical History of Patrick A. Smith.

1895

This patient was brought here by sheriff's deputy Nick Agnes, attended by Pt. Byrne in fair physical condition with the following history:- No history of consanguinity or heredity: First symptoms of attack manifested about two years ago by mild delusions, gradually growing worse; Disease appears increasing: Is not variable: Derangement now manifested by by thinking he is the object of a plot to do him injury or to take his life: Is disposed to injure others: No previous peculiarities noted. No severe diseases or injury to head sustained: Has confined one week in County jail: Has received no treatment.

On personal examinations shows decided & persistent delusions.

Feb. 17 On admission sent upon Infirmary (~~Gen Pt~~ Complexion light: hair gray: eyes blue: Condition of skin good: Various scars on both legs: Several knife scars on back: Is clean: Behavior good.)

Summary 14 da. record. On admission talked quite intelligently & freely: said friends were plotting against him; that he was sent here for meanness. Said heart troubled him some: Physical condition appeared fair. Feb 18 Visited by son-in-law talked freely with him: Slept fairly well during night. Bowels costive: appetite fair: During first week rather wakeful at night - said mob were after him; but remained quiet when awake: Seemed quite sensible aside from his delusions: Went out daily for exercise: During second week little change: appetite fair: Habits clean: quiet & agreeable on ward. Reads a great deal: seems somewhat demented. Wt. Mch 1, 186 lbs.

Mch 3 '95. Still entertains delusions concerning "mob" & his detention here. Says he bought a revolver & threatened to shoot them so was sent down here: Takes an interest in current events & reads a great deal. Apr 1. Wt. 194 lbs. Apr. 13-16-xx. Gets vapor baths.

Apr 30. Has complained of pain in chest & side, last few days.
Exam. of urine shows. S.g. 1010. Reaction acid: no albumen. no sediment.

May 30. Retires at night: says "mob" still bothers him: Bowels regular: Appetite fair: has eaten no meat for a month. Bowels fairly regular. Has recently showed delusions of grandeur. Wt. July 2 - 196 lbs.

July 4 Has small sore on left foot. Does not seem as contented as formerly. Aug 10 Delights in bothering other patients. Aug. 20 Visited by friend.

Oct 3. Oct. 1st Seems gaining physically. Is very deluded. During December was at intervals very noisy & abusive. Jan. 1 '96 Slammed door into water closet catching Patient's Davidson's arm, bruising it tho not seriously. Thinks bed is connected with electric wires: calls it an "Infernal machine" Thinks everyone is plotting against him. Insane & D.T.'s progressive When viewed Feb 1 '96. Wt. 143 lbs Patient inclined to be pugnacious

Personal and Medical History of

Does not want other patients about him. Mch 8 Has a bad cough & seems to be failing. Mch 13 Refused nourishment: given milk.
Mch 16. Trans. to Infirmary. Refused to take nourishment or stimulants. Continues to grow weaker. Mch. 20 Died at 6:15

Condition of body:- Small black mark at corner of lower lip: cause unknown Three small bruises on left leg caused from striking it on bed: small mark on R. middle finger. Teeth in fair condition: Body badly discolored before death.

Died.

Personal and Medical History of Charles Wildenower

Whole No. 4982
Residence, St. Paul, Minn.
Date Admission, February 21 '98.
Admitted by Dr. R. M. Phelps hour, 6 45 Pm.
How Sent, G. Willrich J of P. Ramsey Co.
Sex, male Age, 39
Civil Condition, married
Children, 5
Age Youngest Child, -
Occupation, Shoemaker.
Degree Education, Common school.
Profession, Religion, Catholic
Habits, unknown.
~~Nationality~~ Nativity, Germany. (Parents also born there.)
Became resident of State & Co in 1885
Physicians Committing, Haldor Sueve & Jno. B. Brimhall
Correspondents,

No. of Years, 149
Insane Relatives, unknown
Cause Exciting, -
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Seven months ago.
Duration, 7 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 39
Time of Leaving, Feb. 25. 1898
Time in Hospital, 4 da.
Result, Died. Exhaustion in General Paresis.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Feb 25/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish -
MEMORY, Past Events, P
Recent Events, Poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Not so depressed as his condition would warrant
DELUSIONS, Systematized, Transitory, Special Subjects,
Incoherent, wandering talk.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

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

Personal and Medical History of Charles Wildenower

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Very much impaired
WOUNDS, Abnormalities and condition of Skin, beginning bed-sores. - Has petechiae all over limbs & face.
TONGUE, Coatings or Promptness of Movement, Very heavy yellow coat - Mouth foul - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Right very slightly larger - Size slightly dilated - Responds to light & accomodation -
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Left pupil slightly irregular.
HEARING,
COORDINATION, Arms, Impaired Legs, So. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, yes chorea form - of hands. Fine & coarse of tongue.
PATELLAR REFLEX, Not tested. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, yes Hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs noted - Sounds weak.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Both apices sunken.
Examination not satisfactory.

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

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

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

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

Patient in a very poor physical condition - much emaciated scorbutic. Breath very foul. Shows considerable dementia examination quite unsatisfactory. May have general paresis but paretic symptoms may be due to weakness -

Personal and Medical History of Charles Wildermuer

1895

This patient was brought here by Sheriffs deputy E. B. Arnd in fair physical condition, with the following history:- No history of consanguinity. First symptoms manifested seven months ago by restlessness, weakness, insomnia & tremor. Disease appears increasing: Derangement now manifested by delusions - believes himself to be rich, talks constantly about his teeth & is very forgetful: Not disposed to injure others: Not suicidal: Personal habits filthy: No knowledge concerning heredity as intemperance in parents or self: No previous peculiarities noted: No severe diseases: No injury to head: Was confined for 5 weeks in city Hospital St. Paul. Has received no treatment: On personal examination shows insane habitus, delusions about teeth & money, forgetfulness & stumbling.

Feb. 21 On admission put upon Infirmary East (G.S.N.Pt) Complexion light: Hair & eyes gray: Condition of skin poor: Vaccination marks on right arm: Ulcers scars on back of legs: Scars from operations on both groins: Pimples on face & body: Mouth sore & dirty: Is clean: Behavior good: Very emaciated & weak.) Feb 22 Talks irrationally & incoherently: Slept some during night: Temp. 100° - 102°. P. 96-114. Resp. 26-32. On liquid diet. Restless during day. Takes very little nourishment. Mouth washed out often.

23 Temp. 100°-100° P. 120-108. Enema given: Slept some last night was very restless. Fairly quiet in bed during day: Hard for him to swallow. Urine scant.

24 Sleeps some. Tries to talk but hard to understand him: Can hardly swallow & at times nourishment runs out of nose. Appears to be gradually growing weaker - Lard rubbed into limbs. Mouth washed out often. Pulse rapid & weak. Respiration some labored. Restless in bed during day. Feet & hands cold.

25 Temp. 100°-104°-107 (10 PM) Pulse 101-140 Resp. 24-48-80. Refused nourishment during night. Slept some. was in a semi stupid state at times. Gradually failed during day. Swallowed with diffiulty. Given a nourishment injection at 10. a.m. Respiration labored & rapid. Urine given each hour. Visited by Father Riordan at 5 P.M. Gradually failed & expired @ 11.45 P.M.

Dr. Herzog notes: Patient was moribund on admission - extremely emaciated, scrobutic & had bed-sores. Breath was extremely foul. Death was from exhaustion, probably in Genral Paresis but previous history is faulty."

Died.

Personal and Medical History of

Personal and Medical History of Andrew Nelson

Whole No. 4983

Residence, — — Ramsey Co. Minn.

Date Admission, February 22nd 1898.

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

How Sent, J. Mullrich J. of P. Ramsey Co.

Sex, male Age, 42 years.

Civil Condition, married

Children, none.

Age Youngest Child, –

Occupation, Laborer.

Degree Education, none

Profession, Religion, Swedish Lutheran.

Habits, Not intemperate.

~~Nativity~~ ~~Nationality~~, Sweden - (Parents also born there) Became resident of State in 1892 of Co. - 1893

Physicians Committing, A. N. Whitney & C. E. Rigg

Correspondents,

No. of Years, 150

Insane Relatives, Unknown.

Cause Exciting, Don't know.

Cause Predisposing, —

Form,

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

Age First Attack, 42 yrs.

Time of Leaving, Apr. 5. 1898

Time in Hospital, 1 mo. 15 d

Result, Discharged Aug. 10. '98 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Andrew Nelson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2½ PRESENT WEIGHT, 122½ lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Andrew Nelson.

1898

This patient was brought here by J.P. Egan in fair physical condition, with the following history:- No history concerning consanguinity, heredity or intemperance in parents or self. This is first attack: First symptoms manifested three months ago: Disease appears increasing: Not variable: Derangement now manifested by delusions of persecution: Not disposed to injure others: Neither suicidal filthy nor destructive in habits: No knowledge concerning previous peculiarities: No severe diseases nor injury to head: No confinement or restraint employed: Has received no treatment:

Feb 21 On personal examination no further facts learned: On admission put upon B3E (Y.M.C.P.) Complexion light: hair & eyes brown: Condition of skin good: Vaccination marks on both arms: Varicose veins on right leg: Is clean: Behavior good.)

" Summary Nurses Notes. Noisy three hours during night - cursing some woman whom he said was a salvationist. Appetite quite good: Bowels regular: Feb 23 No change. Feb 24 Answers questions rationally. Says he has been working in woods each winter. Feb 25 No definite delusions noticed. Feb 26 Quite noisy at bed-time tonight. Appetite quite good. Bowels inclined to be constipated: Feb 27 Does some little work upon ward: Is tidy in habits & dress - Sleeps well at night. Feb 28 Spends most of time playing pool: Converses quite freely now. Mch 1 Helps with work in kitchen - Says he wants to work outside. Mch 6 Behavior good: Habits & dress neat: Appears sane mentally - Has been working at barn since the 4th. Mch 15 No change. Still works at barn. Mch 20 Is quiet & well behaved & at times easily irritated. Talks intelligently: habits neat: appetite good: Sleeps well. Bowels regular. Apr. 5 - No apparent change in patient. Was sent home today -

Discharged.

Personal and Medical History of

Personal and Medical History of Lucius Brainard

Whole No. 4984	No. of Years, 151.
Residence, Winona Co. Minn.	Insane Relatives, None
Date Admission, February 26' 1898.	Cause Exciting, Degenerate Arteries.
Admitted by Dr. M. Phelps hour,	Cause Predisposing, –
How Sent, H.L. Buck Jof P. Winona Co.	Form,
Sex, male Age, 73	Accompanying Bodily Disorder, degenerate arteries.
Civil Condition, married	Suicidal or not, Not.
Children, 2 living	Date of this Attack, January 1898
Age Youngest Child, –	Duration, Nearly 2 mos.
Occupation, Farmer	No. of Attack, 1st
Degree Education, Common School.	No. of Admission, 1st
Profession, Religion, Methodist.	Age First Attack, 73 yrs.
Habits, Not intemperate	Time of Leaving, Apr. 1. 1898
~~Nationality~~ Nativity, Vermont. (Parents also born there)	Time in Hospital, 1 mos. 6 d.
Physicians Committing, J.B. McGaughey & G.J. Sandy.	Result, Died. Exhaustion in Senile Dementia.
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Lucius Brainard-

Copy of "Order for hearing petition for appointment of Emily B. Brainard as guardian for Lucius Brainard, duly issued upon March 2nd '98.

Filed with commitment papers.

Mr. Robert Gibbs,
Almon, Minn.

Correspondent for Lucius Brainerd.

RISTICS.

EIGHT, NUTRITION,

Grasp,

eflexes,

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,

Breath Sounds,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Lu

Whole No. 4984

Residence, Winona Co. Minn.

Date Admission, February 24' 1898.

Admitted by Dr. M. Phelps hour,

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

Sex, male Age, 73

Civil Condition, married

Children, 2 living

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common School.

Profession, Religion, Methodist.

Habits, Not intemperate

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

Physicians Committing, J.B. McGinghey & G. J. Sundy.

Correspondents,

Form,

Accom

Su

Duratio

No. of Atta

No. of Admission

Age First Attack,

Time of Leaving, Ap

Time in Hospital, 1 mo.

Result, Died. Exhaus

Brevis Dementia.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

sonal and Medical History of Lucius Brainard

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

ORDINATION, Arms, Legs, Grasp,

RS, Hands, Tongue, Facial Muscles, General,

ELLAR REFLEX, Other Reflexes,

TICULATION, Slurred, Hesitating, Slow,

ACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Lucius Brainard.

1898

This patient was brought here by Sheriff A. B. Fehrmann - with the following history:- No history of consanguinity, heredity or intemperance in parents or self:- First symptoms of disease manifested January 1898 - Began to have illusions chiefly in regard to his farm being cut up by railroads: Disease appears: increasing: Variable with irregular, rational intervals: Derangement now manifested by thinking he is not at home when he is, sees his father's photograph at every corner: Changed guide boards: Limited tendency to violence: No filthy or destructive habits noted: Previous peculiarities - Has always been excitable & has taken an active interest in religious matters: Has degenerate arteries & a ruptured blood vessel in right eye: Has not been confined or restrained: Treatment pursued -- Incision into anterior chamber of right eye for drainage & sedatives: On personal examination is excitable & forgetful & has illusions.

Feb 24 On admission put upon Infirmary Ward (Ext. U. Pat.): Complexion dark: hair dark gray: eyes blue: Condition of skin good: Vaccinated on left arm & several dark spots on back: Scar on left hip & small scar on right leg: Is clean: Behavior good.)

24 Summary Nurses Notes. Physical condition appears fair: Talks incoherently & irrationally: Right eye somewhat inflamed: can scarcely see out of it: Is restless & calls for his clothes: Feb. 25 Restless while awake last night: Appetite fair: Says he is weak: bowels constipated. Specimen of urine taken.

26 Restless as usual during day: Talks about money. Feb. 27 Confused & out of bed often: Continually getting out of bed: Bowels appear regular:

27 Confused & out of bed often: Bowels quite regular: Habits fairly clean: Appetite good.

28 Dressed & up on ward: Walks back & forth looking for a place to escape: Talks irrationally. Mch. 1 Wt. 111. Restless & discontented: Memory very poor: Bowels constipated: Habits fairly clean. Mch. 2 Refused breakfast, also medicine:

Mch. 3 Fretful, restless & discontented: visited by friend this PM. Seemed to know him:

4 Restless - no change. Mch. 5 Still complains of dizzy spells: Memory very poor.

6 Temp. 100 - 99° P. 118 - 86 More restless than usual today: delirious & out of bed often. Talks irrationally Mch. 8 Complains of pain in chest: Pulse strong & bounding: Says he feels pretty well: Temp. from 100° - 103°. no apparent cause - Says head aches some. Mch. 9 Seems to feel good this morning: Appetite light: Bowels constipated: Is delirious & continues to talk irrationally: Arteries hard & rigid: complains of no special pain today. Mch. 10 Patient very restless at times: Right leg has been troubling him since Mch 12th - painted with ichthyol & bandaged with light gauze bandage. Mch. 11 Patient remains about same: Leg repainted & rebandaged: Seems some weaker. Mch 13 No change.

25 Is growing much weaker: Has to be lifted in & out of bed: Bowels very loose

Personal and Medical History of Lucius Brainard.

1898

Appetite is failing: Mch. 26 Patient eats very little: Is growing weaker: Leg redressed frequently: Visited by friends. Mch. 29 Remains in about same condition: Is growing weaker: Is quite restless. Mch. 31 Is growing very weak: Lies in an unconscious condition & is failing fast. Apr. 1 Temp. 100° P. 92 R. 36. Lay in an unconscious condition: Grew weaker & expired at 11:55 A. M.

Dr. Herzog notes - Cause of death exhaustion in Senile Dementia - The inflamed leg was due to a deep infection, probably with erysipelas.

Died.

Personal and Medical History of Edward C. Drury

Whole No. 4985
Residence, Wabasha, Minn.
Date Admission, February 24th 1898
Admitted by Dr. H H Herzog hour,
How Sent, Malcolm Kennedy J of P. Wabasha Co.
Sex, male Age, 26 yrs.
Civil Condition, Single
Children, none
Age Youngest Child,
Occupation, none
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate
~~Nationality~~ Nativity, New York (Father Ireland - Mother Penn.)
Became resident of State & Co. in 1871
Physicians Committing, W. H. Lincoln & M. F. Milligan
Correspondents,

No. of Years, 152
Insane Relatives, None
Cause Exciting, Chronic alcoholism
Cause Predisposing, — Epilepsy
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not.
Date of this Attack, 2 wks ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 2nd (here as inebriate.)
Age First Attack, 26 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,
Sluggish.
MEMORY, Past Events, Not good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
yes.
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 well.
Paternal Relatives,
Mother, died consumption
Maternal Relatives, no history of insanity.
Brothers and Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Scarlet fever at 12 yrs. Some specific trouble
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Convulsions
OCCUPATION, Healthy or not, butcher
Detail Date, Duration, and Character of Previous Attack, if any,
Here as inebriate.
Sleep, Appetite, and Bowels, good

Personal and Medical History of Edward C. Drury

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 215 lbs. USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, none. skin well nourished.
TONGUE, Coatings or Promptness of Movement, clear - slight deviation to Right.
PUPILS, Equality, Size, Response to Light, and Accommodation, responses normal.
SIGHT, normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, normal.
COORDINATION, Arms, Normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, none.
PATELLAR REFLEX, delayed. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, faint N.
Apex Beat, Regularity, regular
ARTERIES,
Compressible -
Pulse rather weak.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Patients mental development poor - Has spells at which times he is very much depressed & melancholic. Has epileptic convulsions which increase with his depressed condition. Physically he is well nourished & general condition is good.

Personal and Medical History of Edward C. Drury

1898

This patient was brought here by sheriff D. C. McKenzie, in good physical condition with the following history:- No history of consanguinity or heredity: Patient has been very intemperate & was in this hospital twice on an inebriate warrant (for particulars see Vol. 15 Fol. 133 No. 2572 & Vol. 22 Fol 89 - No. 3464.)
First symptoms of insanity manifested about two weeks ago - by incoherent talk
Disease appears increasing: Not variable: Derangement now manifested on subject of religion: Not disposed to injure others: Neither suicidal filthy nor destructive in habits: No previous peculiarities noted:
Has been subject to epilepsy & has been a hard drinker: Has received no treatment other than that received while here as inebriate.

Feb. 24 On personal examination, condition is apparent-
On admission put upon B3C (GHU. Rpt. Complexion light: Hair brown eyes blue: Condition of skin good: Left arm vaccinated: Is clean: Behavior quiet: Is very stupid.)

25 Summary Nurses Notes Restless & tossing about in bed all night & day
Trans. to Infirmary. Very restless - seems to see some imaginary thing:
Out of bed often: Took but little nourishment. Feb. 26 Temp. 99°-100°. Patient breathing rapidly & with some difficulty: Mouth dry & teeth gummed: Bed-board put on to keep patient in bed. Talks none & does not seem to notice anything. Physical condition seems good: Bowels constipated: Habits filthy -
Refuses most all nourishment. Feb. 27 Had a very hard convulsion at 7.45 AM
Very stupid afterwards: Talks none: Very restless & rolling about in bed.

28 More quiet today: Does not talk & appears quite stupid. Mch 1 No change
Mch 2 Talks some but seems stupid & demented: Lies quietly in bed.
3 Seems brighter today: wanted to get up & was allowed up on ward this PM.
4 Up on ward: Appetite good: Out for walk: Answers questions fairly well.
5 Seems stupid & indolent: Does not converse but answers questions quite intelligently. Says he feels good - Physical condition good. Trans. to B3.
6 No change today. Continued by Dr Phelps. Mch 10 Wt. 213# Appears quite stupid:
Apr 26 Moved to Infirmary, has been having frequent convulsions: Temp. 101.
Very depressed. May 3 Trans. to B3. Temp. down to normal. June 2 Wt. 223#
July 12 Visited by father. Jan 31 '99 Patient fairly quiet in behavior of late; quite dull,
1899 however & rather demented: Wt. 20 now 241#. Has rather frequent convulsions
Feb 1 - July 31 '99 (Dr Wanous) Wt. 235# Patient very troublesome, especially at night. Trans. to C1.
" 15 Trans. to B3. Is an epileptic & has frequent convulsions. Aug 3/99. Wt 235#. P. 96.
Aug 31. Has convulsions usually every 2nd day. Is very much confused & pugnacious following "Spell".
Nov 30 No change specially noticeable. Spells continue. Is very dull & stupid at such times. -
Dec 31 Above notes still hold good. Mar 1/1900 very noisy & erratic: given opiates. May 30. Much confused
1900 July 1 Says "he sees fish & other objects about him". July 1. Wt 220. P 84. Is growing more demented.
" 20 Vaccinated unsuccessfully.

Personal and Medical History of Edward C. Drury

1900

Aug 31 Patient has frequent convulsions - Nov 1. 202#. P 88. "Spell of Epilepsy"; following which,
1901 Jan 4 he was much confused & talkative: Jany 4/1901. 204#. Jany 31 - No change: Still subject to "Spells" -
Feby 1 Wt 205# P 72. March 27-28-29. Extremely confused & excited & having numerous convulsions.
May 31 (has from 1 to several convulsions, every day) - May 31. Somewhat more quiet. Still has convulsions -
July 31 Patient more quiet of late, and out of his "Spell" - Oct 29. Transferred to B1: very badly
Oct 29 confused, following convulsions. Nov 1. 194# - Jany 31/02. No change: has frequent severe
1902 Jan 31 convulsions, becoming extremely confused & violent, for several days: at other times, is fairly quiet and well-behaved, but unoccupied. Is much demented.

Jan. 31/03. (Dr. Chapple) Patient is gradually becoming more demented. Has quite frequent & severe epileptic seizures & becomes extremely confused and troublesome at times. Quite well behaved except when in a confused spell, then he is pugnacious and filthy.

Personal and Medical History of John J. Smith
Edward Irwin

Whole No. 4986	No. of Years, 153
Residence, Unknown.	Insane Relatives, Not Known
Date Admission, February 25th 1898.	Cause Exciting, Not Known
Admitted by Dr. R. M. Phelps. hour, 7 PM	Cause Predisposing,
How Sent, G. Willrich J. of P. Ramsey Co.	Form, Acute Mellancholia
Sex, male Age, 25.	Accompanying Bodily Disorder, None mentioned
Civil Condition, Single.	Suicidal or not, Not.
Children, —	Date of this Attack, Not Known
Age Youngest Child, –	Duration, ?
Occupation, Laborer.	No. of Attack, ?
Degree Education, No schooling	No. of Admission, ?
Profession, Religion, Catholic	Age First Attack, ?
Habits, Unknown	Time of Leaving, Aug. 17. 1898
~~Nationality~~ Nativity, Iowa – (Parents nativity unknown) Residence unknown.	Time in Hospital, 5 m. 23 d.
Physicians Committing, Fredk Leavitt & H. L. Taylor.	Result, Discharged Nov 8 '98 Recovered.
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of John J. Smith

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, 120 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of John J. Smith.

1895

This patient was brought here by Sheriffs deputy Peterson in fair physical condition, with the following history:- Patient is in a condition of imbecility disease appears stationary, not variable: No information concerning previous history, number or duration of attack, habits or history of consanguinity or heredity: No indications of any injury to head: Has been in City Work-house for 30 days: has received no treatment: On personal examination no further particulars noted.

Feb 25/95 On admission put upon B.E. (2 H.N. Ppt. Complexion light: hair brown: eyes brown Condition of skin good: Is dirty: has vermin: Behavior good.)

26 Summary Nurses Notes. Seemed stupid & irrational: Answered some questions in a hesitating way: Feb 27 Is emaciated & ill fed in appearance. Appetite good: Bowels regular. Feb 28 Slouchy in dress & habits: Does no work; Sleeps well. Mch 1 Pugnacious this A.M. No change.

Mch 2 Slept 7 hrs. Temp. Pulse & Resp. normal: Eats & sleeps well: Bowels regular:

3 Pugnacious again this PM. Seems unusually stupid today.

4 Remains stupid & inactive: Does no work: Habits slouchy:

5 Does not seem to gain either mentally or physically.

10 No improvement noted in patient since admission: Does not change at all from day to day. Continued by Dr. Phelps Apr. 1 Is rather slouchy & stupid: Behavior not good: Troubles other patients. Apr 4 Trans. to C: July 26 Noted as being much better behaved: Is clean in habits; talks freely & quite intelligently: Has been, however, rather restless most of time. Aug 17 Eloped. Patient behaved much better during last month & was fairly well-behaved.

Discharged.

Personal and Medical History of

Personal and Medical History of Michael Geary

Whole No. 4987
Residence, Ramsey Co. Minn.
Date Admission, February 26 1898.
Admitted by Dr. H. H. Herzog hour, 7 P.M.
How Sent, G. Willrich J. of P.
Sex, male Age, 36 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, R.R. section-man.
Degree Education, Common school
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity, Ireland (Parents also born there)
Became resident of State, etc. 15 yrs. ago.
Physicians Committing, C.A. Wheaton & A. Sweeney
Correspondents,

No. of Years, 154
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, About 2 wks.
No. of Attack, Several
No. of Admission, 1st here - At St. Joseph's Hospital
Age First Attack, 24 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Mar 1/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - sluggish.
MEMORY, Past Events, Some impairment
Recent Events, Rather more impaired Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Somewhat dull - correct.
REASONING POWER, Ordinary Subjects, Very slow.
Special Subjects,
Own Mental State, realizes something is wrong.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory? Special Subjects,
Not well systematized - of Persecution -
Somewhat reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Died 70 - Some tumor of stomach
Paternal Relatives,
Mother, 66 healthy
Maternal Relatives,
Brothers and Sisters, all healthy
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
broke leg 12-14 yrs. ago. Typhoid fever 15 yrs. ago.
HABITS, Drinking and Smoking, has not drank or smoked for some time past.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Section boss on R.R. has not worked for past two years or such.
Detail Date, Duration, and Character of Previous Attack, if any,
About 5 yrs ago that a P.A.'s were trying to kill him. Has not been persecuted by them for past 2½ yrs.
Sleep, Appetite, and Bowels,
Sleep fair - Appetite poor. Bowels constipated.

Personal and Medical History of Michael Geary

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft ½ in PRESENT WEIGHT, 130 USUAL WEIGHT, NUTRITION, Anaemic & pale
WOUNDS, Abnormalities and condition of Skin, Premature grayness - unnatural pallor as of prison.
TONGUE, Coatings or Promptness of Movement, Slow - clean. Anaemic.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Respond to light & accomodation
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Pretty good Legs, So. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - & tongue. none of face & general.
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, Some murmurs noted. Sounds feeble -
ARTERIES,
Circulation poor - extremities cold. Pulse small.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Patient does not like to speak about his recent troubles. Altho he has done a little work in past 2 years - yet says he was not able. Conceals his present delusions & talks vaguely about the "will of God" etc. Shows a melancholia of about 5 yrs. standing. In my opinion he did not make a good recovery at any time. Was in St. Joseph's hospital one week last June - beside the time with broken leg.

Personal and Medical History of Michael Geary.

1898

This patient was brought here by Sheriff's deputy Saml Marx, in fair physical condition, with the following history:- No history of consanguinity or heredity: First attack occurred two years ago: 2nd one year ago. Lasted a month or two: First symptoms of present attack manifested two weeks ago by loud laughter & noisy demonstrations: Disease appears increasing: Not variable: No rational intervals: Derangement now manifested by noisy conduct & laughter: Patient not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No history of intemperance in parents or self: No severe diseases nor injuries to head: Has not been confined or restrained: Has received no treatment:

On personal examination shouts & sings & does not appreciate surroundings.

Feb 26 On admission put upon B3 (G.H.N. Rpt. Complexion dark: hair black: eyes blue: Condition of skin good: Is clean: Behavior good)

27 Summary Nurses Notes. Answers questions hesitatingly but quite rationally: Seems neat in habits & dress. Feb 28 Appetite fair: bowels regular: When out for a walk refused to walk & had to be pushed & carried all the way.

Mch 1 Medicine given 3x day. Does not like to take it. No change mentally or physically.

2 Appetite fair: bowels regular: Sleeps well. 3rd & 4th No change. Mch 5 Very despondent last few days: Mch 6 & 7 Does not care to go out of doors with rest: Rarely speaks unless addressed: Does not converse nor associate with any one. Mch 8 Usually remains quietly in room: Appetite not very good: Sleeps well. Mch 9 Takes no interest in things going on about him.

10 Objects to taking medicine. Mch 11 No change for better apparently. Mental & physical condition about same as on admission.

Summary continued by Dr. Phelps. July 31 Patient has been rather stubborn & disagreeable & at times noisy during night: Laughs foolishly to himself: Was visited July 4th by

1899 sister. Jan 31 '99 Is sullen & morose: Sits in one place: Tries to get out.

Feb 1 - July 31 '99. (Dr. Wanous) Wt. 120# Patient stubborn & melancholy: deluded as to reason for his confinement: says time is up & he should be released. Apr. 30 Shows signs of gradual failure. Wt. 113# Usually stands in one position with head bowed & hands by side. June 2 Wt 100. Appears very weak: June 25 Receiving

Aug 1 electrical treatments. Is apparently somewhat improved. Aug 1. Wt 103#. P 72.

" 31 Patient is, apparently, quite weak: stands around on hall or in room: is irrational & incoherent.

Sep 1. Memory poor. Sep 1. Goes out walking with crowd. Oct 1. Wt 117# - Oct 14. Refused nourishment, all day.

Oct 14/31 Appears stupid. Takes very little nourishment. Jany 31/1900. No change specially noticeable in condition.

1900 Mar 1 Patient seems improved physically. Wt 121# - Apl 7. Transferred to B3 - Vomits frequently after eating

Apl 16 Transferred to A4. June 25. Very troublesome; keeps removing his clothing. Continually scratches his face -

June 27 Transferred to TW, for treatment. July 9. Transferred to A4. July 29. Vaccinated successfully.

Aug 31 Patient very stubborn: seldom speaks: Oct 8. Somewhat neater in habits. Otherwise, no

Personal and Medical History of Michael Geary

1900

Nov 9 change to note - Transferred to D2 (11/9/1900). Jany 31/1901. No change of importance: Eats

1901 Jany 31 and sleeps well: does nothing: has habit of touching everybody that comes near him and is frequently

Feby 1 struck, on that account. Feby 1. Patient still has habit of touching people on shoulder when they pass him: struck on the face by patient Carl. H. Asp, causing slight discoloration of eye -

26/28 Received bruise on nose & discoloration of eye: no scar resulted. Feby 28. Visited by a friend -

Mar 3 Struck by patient Wagner, causing slight bruise on head: Was transferred to A4 from Annex -

5/31 Patient transferred to T.W: put to bed, to be broken of habit. Kept on infirmary until Mar 31

Apl 5 Transferred from TW to A4 East. May 31. Patient's condition shows no special change.

July 31 Still has habit above named & thus gets into trouble frequently. No change in mental condition to report.

Aug 1 Wt 137# - Nov 30. Nothing special to report. Jany 31/02. Patient quite dull and demented -

1902 Jany 31 Tries to touch, with finger, everyone that comes near him: mumbles to himself: Standing up, most of time. Has, at present, a swollen ear. Sometimes is scratched or struck by patients, who are annoyed by his continually touching them. Feb. 1/02 Wt. 102#; July 1 Wt. 120#. Is untidy, keeps touching other patients and occasionally gets scratched & hurt. Oct. 11/02 Ear has been swollen & is some today. Oct. 18/02 To I.W. on account of sore leg. Dec. 1 Wt. 111#. Jany 31/03. Has been rather more quiet; does not annoy other patients quite so much; so gets along better; does not appear strong yet has no special disease.

Personal and Medical History of Charles W. Ell.

Whole No. 4988
Residence, Redwing Minn.
Date Admission, February 26th 1898.
Admitted by Dr. H. H. Herzog. hour,
How Sent, A. Haller J. of P. Goodhue Co.
Sex, male Age, 29
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Potter
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Intemperate
~~Nationality~~ Nativity, Indiana. (Father? Mother Germany.)
Became resident of State & Co. in 1887.
Physicians Committing, B. Jaching & H. McKinstry.
Correspondents,

No. of Years, 155
Insane Relatives, Mother
Cause Exciting, "Possibly excess in drink."
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Don't know.
Date of this Attack, Feb. 25/98
Duration, 1 day.
No. of Attack, 2nd.
No. of Admission, 2nd
Age First Attack, 28
Time of Leaving, Apr. 5. 1898
Time in Hospital, 1 mo. 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,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles W. Ell.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of Charles W. Ell.

1898

This patient was brought here by Sheriffs deputy P.J. Lundquist, in fair physical condition except scalp wounds - with the following history:- No history of consanguinity but mother died in an insane asylum: First attack of insanity occurred in 1896 - patient was confined in this (Rochester) hospital from Dec 3/96 to Apr 1/97 (For further information see Vol. 35 Fol. 113 No 4601). First symptoms of present attack manifested Feb 15/98 by hallucinations about X. Rays. Disease appears increasing: Is variable with irregular rational intervals. Derangement now manifested by fear of personal injury + on subject of X Rays. Is disposed to injure others. Propensity to suicide not active. Habits clean but destroys clothing: Mother died in an insane asylum: Patient very intemperate before accession of disease: Has sustained injury to head: No severe diseases: Has been in straight jacket + before that was tied with rope: Has been given Bromides:

Feb - On personal examination - Several lacerated wounds of scalp - quite extensive + deep: Caused by locomotion on Feb. 22/98.

Feb 26 On admission put upon Infirmary (Gt.N.Rpt. Complexion sandy: hair + eyes brown: Skin covered with pimples: Tattoo marks on left arm - cross + anchor: Bruise on left side + one on right hip. Is dirty: Behavior good: Head bandaged: Bandages not removed.)

27 Infirmary Nurses Notes Quite restless during night + seemed delirious part of time + coughs some + expectorates a good deal: Complains of pain in abdomen when he coughs. Has been very quiet all day: Slept a good deal: Talks quite sensibly at times + at others is irrational + somewhat delirious.

28 Bandage removed from Head - Found cut extending from about an inch above edge of hair back-ward over head (Rt side of center of cranium) probably about 7 or 8 in. in length. Smaller cut on left side of center near top of head about ½ in long. Stitches taken out, edge shaved, wound cleansed + redressed with oil Peru + Iodoform Gauze - Wound appears doing nicely (Dressed by Dr Herzog) Patient quiet all day: Appetite good: Sleeps fairly well. Mch 1 Wt. 156 - Patient quiet: Says he does not feel very well. Mch 2 Head redressed. Seems to be improving. Mch 3 Up on ward today. Behavior good: walked out with crowd. Mch 6 Head redressed by Dr Herzog. Wound doing nicely. Is very quiet: Behavior good: Appetite good: Bowels regular: Talks rationally Trans. to B 3. Mch 4 Patient appears perfectly rational: Works upon ward + makes himself agreeable. Mch 9 Head redressed. Patient seems cheerful + agreeable: Makes no complaints: Says he feels well. Continued by Dr Phelps Apr 5 Sent home. Patient recovered quite promptly this time as before. The supposition is that a large share of the mental trouble was due to drinking.

Discharged

Personal and Medical History of

Personal and Medical History of Nels Allen.

Whole No. 4997

Residence, Ramsey Co. Minn.

Date Admission, March 8' 98.

Admitted by R. M. Phelps hour, 6¼ P.M.

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

Sex, Male Age, –

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, Painter

Degree Education, ?

Profession, Religion, ?

Habits, Unknown.

~~Nationality~~ Nativity, Norway - (Parents also born there)
Became a resident of state 6 yrs. ago. Of Co. 6 mo. ago.

Physicians Committing, A Schnyzer – Geo B. Darling

Correspondents,

No. of Years, 159

Insane Relatives, Unknown.

Cause Exciting, Do not know.

Cause Predisposing, Unknown.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Has been despondent for years.

Duration, Years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, —

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, 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,
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, Cannot obtain.

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Does not know of any

HABITS, Drinking and Smoking, Drinks & smokes.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farmer

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Nels Allen.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 6 in. PRESENT WEIGHT, 147½ lbs. USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin, No scars.

TONGUE, Coatings or Promptness of Movement,
Teeth all present.

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

SIGHT, good

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

HEARING, good

COORDINATION, Arms, fairly good Legs, Grasp,

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

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, regular

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

Patient is in fairly good physical condition: Is very quiet: Tries to sneak away on every opportunity: Will not talk.

Personal and Medical History of Nels Allen.

1894

This patient was brought here by Sheriff's deputy J. B. Egan, in fair physical condition, with the following history: No information concerning consanguinity, heredity or intemperance in parents or self: This is first attack - patient has been melancholy for years: Disease appears increasing: Nothing known concerning rational intervals: Derangement now manifested by despondency & moroseness, will sit for hours looking at a paper upside down: No disposition to injure others: Not suicidal, filthy or destructive in habits: No previous peculiarities known: No severe diseases or injury to head known: No confinement or restraint employed: No treatment pursued. On personal examination - patient in stupor: seems down hearted, unreasonably scared. Is to a certain degree a dement.

Mch. 8 On admission put upon B & E. (G.H.N. Rpt Complexion light: hair brown: eyes blue: Condition of skin good: Is clean: Behavior good)

9 Summary Nurses Notes. Patient behaves well: Is rather reticent: Works upon ward: Mch 10 Sits quietly about on ward: thinking. Habits fairly clean.

11 Apparently no change - appetite is good: bowels regular: sleeps well.

12 Does not talk: seems confused when spoken to: Dress untidy.

13 Is often found lying under his bed or in a corner.

15 No change since admission: Mch 17 Is very industrious: behavior good:

18 Does not converse nor associate with other patients.

21 No change in patient. Physical condition good: works upon ward: Seems confused at times. Continued by Dr. Phelps. Apr. 30 Patient quite dull, does not talk unless spoken to. Hesitates in answering questions: works some. July 31 No change mentally or physically Feb 1. to July 31 '99 (Dr. Wanous) Patient stubborn & troublesome: Does no work: June 1 Eyes badly inflamed: under

1900. treatment: improved very much. Aug 1 - Jan 31 '1900. (Dr. Chapple) Wt. 144½ Nov. &

Aug 1 Very little change mentally: Does not talk except in answer to

-to- questions. Is contrary & inclined to be pugnacious at times.

Jan 31 Tries to get away from crowd when out. Rather untidy in

Feb 2 habits: Very indolent. Physical condition good. Feby 2/1900. Wt 145# P96.

May 26/29. Had trouble with patient John Dykes & received small cut on forehead. May 29. Wound on head

June 12 infected and face badly swollen. June 12. Transferred to Vs. Wound healed. July 20. vaccinated:

July 25 result negative. July 25. Transferred to Annex. July 31. Patient becoming rather more demented:

" 31 seldom speaks: will never answer more than "Yes or No". Frequently sits on floor, in crouching attitude: very stubborn & resistive, often refusing to go out for exercise. Physical condition quite good.

Aug 1 138#. Sep 10. Transferred to Dr. Sep 13 Transferred to Dr. - Jany 31/1901 - Dementia increasing.

1901 Jany 31 Is extremely stubborn & filthy in habits: does no work: rarely moves about, unless urged

Feby 1 by the nurse: sits in a crouching attitude: never speaks. Feby 1 Wt 135# May 1. 138#

Aug 1 Wt 134# Nov 1 Wt. 138#. Jany 31/a. Gradually becoming more demented: very inactive: lying

Personal and Medical History of Nels Allen

1902 Cont'd

Jany 31 on floor, behind benches: never speaking: habits very dirty: very stubborn and will fight if molested.

Jan 31/03. (Dr. Chapple). Patient is very stubborn; is untidy; demented. Sits in crouched position; with face toward the wall. Does not talk and usually has to be pushed about.

Personal and Medical History of Frank Bayliss

Whole No. 4993
Residence, Ramsey Co. Minn.
Date Admission, March 8th 1898.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, G. Wellrich J. of P. Ramsey Co.
Sex, male Age, 32.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Dairyman
Degree Education, Com
Profession, Religion, Methodist.
Habits, Temperate.
Nationality, Native England (Parents also born there.) Became resident of State & Co. in 1881.
Physicians Committing, J. F. Baker & H. G. O'Brien.
Correspondents,

No. of Years, 160.
Insane Relatives, Maternal uncle.
Cause Exciting, Injury to head?
Cause Predisposing, Possibly some heredity.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, During past year.
Duration, Less than a year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 32
Time of Leaving, Jan. 1st. 1900
Time in Hospital, 1 yr. 9 m. 24 d.
Result, Died. Fracture of skull and internal hemorrhage.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear & quick.
MEMORY, Past Events, fairly good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Alert - correct.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Rather indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
Of Persecution
Rather low mental grade - uses a good deal of slang. Has a careless air.
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),
Does not know any
Father, says living & well.
Paternal Relatives, ~~&~~
Mother, died - fever.
Maternal Relatives,
Brothers and ~~Sisters~~, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Injured twice on head. Once by kick of horse 14 yrs ago.
HABITS, Drinking and Smoking, both.
HEADACHES, VERTIGO, OR CONVULSIONS, Says not.
OCCUPATION, Healthy or not, Farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Says all in good condition.

Personal and Medical History of Frank Bayliss

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 in. PRESENT WEIGHT, 138½ lbs. USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, 2 scars on forehead - Vac. scar on arm - Skin clear & pale
TONGUE, Coatings or Promptness of Movement, prompt - clean -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal - responses good.
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight fibrillary of hands -
PATELLAR REFLEX, Normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good -
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Fairly strong N
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good.
B. sounds normal -

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

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

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

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

Appears quite well nourished - has a clear pale skin - possibly slightly anaemic
No gross lesions found -
Has had little education assumes a careless somewhat swaggering manner. Uses language of a roustabout. Does not show delusions plainly.
Does not admit any mental unsoundness, ~~but~~ says he has had family troubles but declines to state nature of them

Personal and Medical History of Frank Bayliss.

1898

This patient was brought here by F. J. Egan, in fair physical condition with the following history:- No history of consanguinity - or intemperance in parents or self: Maternal uncle insane. First symptomes of insanity manifested during past year: Disease appears increasing Is not variable: Derangement now manifested by delusions of persecution: Is disposed to injure others: Is filthy + destructive in habits: Patient was always passionate: Received injury to head in 1882. No confinement or restraint employed: Has received no treatment. On personal examination no further information obtained.

Feb. 8 On admission put upon ⊖ ³E (G.H.U. Rpt. Complexion light: Hair + eyes brown: Skin good condition: vaccination marks on left arm: Scar above right eye: Is clean: Behavior good.)

9 Summary Nurses Notes- Talks rationally: Behaves well: Seems agreeable.

10 Walks about in a dignified way- has an important air in speech + actions.

11 Physical condition good: Does no work. On regular diet: Sleeps well.

12 Sits + reads most of time, does not go out with crowd.

13 Is more sociable + agreeable than at first: Habits good. Mch 14 No change

16 Continues quite sociable + well behaved. Mch 19 Seems to have no ambition for anything: Does not exercise in any way: Sits + reads all day.

21 Physical condition good: Behaves well: habits fair: does no work: Apparently no change. Continued by Dr Phelps: Apr 25 Patient quite lazy in manner: Seems to be contented, dull + shiftless. Seems to have some delusions of persecution.

Jan 28/99 Patient occasionally somewhat irritable, usually very dull, slouchy + demented.

Feb 1- July 31 99- (Dr. Wanous) Wt. 162. Is stubborn: Has delusions of persecution Physical condition good: neat in dress. Spends a good deal of time in room. (Dr Chapple) Aug 1. Wt. 162# Pulse 98. Dec. 1 No apparent change: Has been quiet + well-behaved. Sits in room most of time Reads considerably: Assists some with work. Tidy in dress + habits. Talks very little but when questioned shows delusions of persecution. Dec. 26 Seems more confused. Talks about going home. Dec. 28. Attempted to elope from crowd while out-walking. Seems to fear some harm. Jan 1 After breakfast ran into ward A², pushed up window in hall + leaped out, striking on head + shoulders. Died a few minutes afterward at 7:55 am. Autopsy showed extensive laceration of scalp: complete circular fracture of skull with considerable comminution.

Died.

Personal and Medical History of

Personal and Medical History of Dover A. Stone.

Whole No. 4994
Residence, Kasson, Minn.
Date Admission, March 9th 1898.
Admitted by Dr. H. H. Herzog hour, 6.45 PM.
How Sent, Asst Olson Y. of P. Dodge Co.
Sex, Male Age, 43 yrs.
Civil Condition, Married
Children, - 3 -
Age Youngest Child, -
Occupation, Saloon-Keeper.
Degree Education, Common school.
Profession, Religion, None.
Habits, Intemperate.
~~Nationality,~~ Nativity Norway (Parents also born there.)
Became resident of State 1889
Physicians Committing, E. T. Van Eleven & C. O. Hughes.
Correspondents,

No. of Years, 161.
Insane Relatives, None.
Cause Exciting, Intemperance.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None Mentioned.
Suicidal or not, Not. Possibly homicidal
Date of this Attack, One week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 43
Time of Leaving, Mar. 26. 1898
Time in Hospital, 17 D.
Result, Discharged July 30. 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of 3/10/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick. Slightly confused.
MEMORY, Past Events, Slight impairment.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects,
Own Mental State, do.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed.
DELUSIONS, ~~Systematized~~ somewhat, Transitory, Special Subjects,

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

HISTORICAL.

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

HABITS, Drinking and Smoking, Drank heavily for years - Has not smoked for 14 yrs.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Dover A. Stone.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11½ in. PRESENT WEIGHT, 197 lbs. USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Face puffy & red.
TONGUE, Coatings or Promptness of Movement, Heavy brown coat: prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size slightly contracted. Respond to light & accom.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Impaired Legs, Do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Very marked of hands & tongue: Of facial muscles & general
PATELLAR REFLEX, 8 - 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs noted: Sounds feeble
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion good.

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

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

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

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

Patient had delirium tremens last Spring and hallucinations a few days ago. The Salvation Army to the No. of 100 was in his room & outside. Has threatened his wife. Has had some tremor for years. Has drank hard for years.

Personal and Medical History of Iver A. Stone.

1898

This patient was brought here by Sheriff's deputy Joel Tucker, attended by John Mayhew: in fair physical condition, with the following history: No history of consanguinity or heredity: First symptoms manifested by violence: Disease appears increasing: Is variable with irregular rational intervals: Has delusions & hallucinations concerning Salvation Army: Is disposed to injure others: Is filthy & destructive in habits: No previous peculiarities manifested: No severe diseases nor injury to head: Has not been confined or restrained: No information given concerning treatment.

Mch. On personal examination found that he had been drinking
Mch 9 to excess. On admission put upon B & E (G.H.N. Rpt. Complexion dark: Hair black: eyes blue: Skin good condition: Mark on left leg and one on right leg above knee: Is clean: Behavior good T99 P102 R24)

10 Summary Nurses Notes. Patient seems rational but very nervous. Behavior & habits good: Is very sociable & agreeable. Mch 11 Visited by friend this P.M. Mch. 12 No change. Appetite good: Bowels regular: Sleeps well.

13 Remains agreeable & well-behaved. Mch 15 Seems quite contented - plays cards a good deal. Mch. 16 Seems improving - not so nervous as on admission

23 No change since last note: Is sociable & well-behaved

25 Seems quite contented: Appears perfectly rational. appetite & behavior good: bowels regular. Mch 26 Visited by wife & child this P.M. - Went home with them.

Discharged.

Personal and Medical History of

Personal and Medical History of Gustav Eugh

Whole No. 4995
Residence, Rushford, Minn.
Date Admission, March 9th 1898.
Admitted by Dr. C. B. Eby hour, 9th P.M.
How Sent, E. V. Farrington J. of P. Fillmore Co.
Sex, male Age, 46 yrs.
Civil Condition, married
Children, Six.
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there.
Physicians Committing, Resident of Co. for 19 yrs. J. H. Phillips + G. A. Love.
Correspondents,

No. of Years, 162
Insane Relatives, None.
Cause Exciting, Don't Know.
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, Had attack Grippe.
Suicidal or not, Not.
Date of this Attack, Aug. '96.
Duration, About 1½ yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 45
Time of Leaving, March 18 – 1901
Time in Hospital, 3 yrs. 9 days –
Result, Recovered: Disgd. Apl 30/1901.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 3/10/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused, fairly quick.
MEMORY, Past Events, Fair
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert + correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Somewhat Systematized, ~~Transitory~~ Fixed, Special Subjects,
Conversation fairly valuble + coherent.
HALLUCINATIONS, of hearing.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had "Grippe" about 15 mos. ago. Has not been well since
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,
Appetite + bowels good: Sleep much impaired.

Personal and Medical History of Gustav Eugh

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin, Peculiar grayness of hair over temples.
TONGUE, Coatings or Promptness of Movement, Clean – prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size normal. Respond to light + accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue –
PATELLAR REFLEX, 8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs noted – Sounds weak intermits occasionally
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good

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

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

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

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

Patient is in fair physical condition but his circulation is poor. The mental condition shows a melancholia, with some agitation; believes that he has committed some crime. Hallucinations of hearing impelling him to suicide.

Personal and Medical History of Gustav Engh.

1898

This patient was brought here by Sheriff's deputy E.K. Blexrud attended by Mathilda Engh, in fair physical condition, with the following history: No history of consanguinity or heredity: First symptoms of disease manifested Aug. '96 began by an attack of Grippe, first by thinking he was sick & had taken two much medicine; finally with the delusion that he had committed some awful sin. Disease appears increasing: Derangement manifested principally by delusion that he has committed some great wrong: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No history of intemperance in parents or self: No severe disease nor injury to head: Has not been confined or restrained: Has received treatment from several physicians but with no result.

On personal examination walks floor continually lamenting on the wrong he has done. Commitment recommended because patient's disease is of such a nature or in such a stage as to require for his recovery care & treatment while under legal restraint.

Mch 9 On admission put upon Infirmary East (G.H.N. Rpt. Complexion light Hair grayish: eyes blue: Skin good condition: Slight bruise on front of L. leg: Is clean: No bodily peculiarities: Behavior restless & nervous: Answers questions rationally.)

10 Summary Nurses Notes. Veins of both legs & feet somewhat enlarged: Physical condition appears fair. Temp. 99.3-98.9. Slept none last night: Continues to moan: Out of bed often: Is very depressed & melancholy: Was allowed up this A.M. Bowels constipated. Mch. 11 More quiet today: Says he feels some better: Appetite good: Says he has been sick about a year: Mch 12 Walks about ward quietly during day. Does not seem to care to talk. Habits clean.

13 Temp 100.4-100.2 P 80-68 Resp. 26-20 Wrote a letter home - thought it was wrong & begged nurses & Doctors to forgive him. Restless & nervous all day.

14 Temp. 100.2-100.5 Restless & nervous during day. Walks out with crowd daily:

15 Temp. 100.6-100.7 P. 103-112. Very nervous - always asking to be forgiven for some imaginary misdemeanor. Mch 16 Temp. 100.7-99.7 Appetite variable: Not quite so restless today. Bowels constipated. Mch 17 Temp 100.2-99.8. Walks hall - twisting fingers & pulling hair; groans & grunts - thinks he is going to die. Habits clean.

19 More restless than usual today: Had to be coaxed to eat & take medicine: Bowels constipated - Urine scant & of high color. Mch 21 Restless & noisy while awake last night: Depressed this morning: Left side somewhat swollen & quite sensitive to touch. Mch. 22 No change. Dr. Herzog notes: Agitated melancholia: On Dead-Tinct. Opium. Note of 21st. Tenderness over lower ribs - no fracture found: No

Personal and Medical History of Gustav Engh.

1898

marks of external violence. Continued by Dr Phelps. Apr 30 '98 Has been rather dull & listless. Is quite demented: Talks some but in a very feebleminded way.

June 2 Wt. 142. Patient changes very little. Aug 30 Visited by wife. Jan 31 '99 Can answer questions but is on the whole quite demented & sluggish.

Feb 1 - July 31 '99. (Dr. Wanous) Up on ward: Talking to himself: frequently tries doors: Thinks wife is in building. Is melancholy & has hallucinations. June 19. Trans. to B2.

Aug 1 - Jan 31 1900 (Dr Chapple) Aug 1. Wt. 138# Nov. 1. 133# Very little change in condition.

- to - Very quiet & well-behaved: Tidy in dress & habits: appears depressed.

1900 Jan 31 Thinks his wife is in the institution to get him out. Says he sent her Does not talk unless urged considerably. Health fairly good: Does no work.

Feby 1 Wt 135# P 80. July 17. Vaccinated. July 27. Had a large rock concealed in his clothing. July 31. Very little

July 27 Change: in fair physical health; rather thin: appears constantly depressed: stays by himself: very seldom

- 31 speaks, but will talk a little, when questioned: at times, refuses to talk. Says that his wife is here, in the Hospital, to get him out: has seen her, but has not spoken to her": Also seems to have other delusions, (Delusions of persecution), but will talk very little about them. Bowels regular: does not sleep very well: Does no work: refuses to take medicine: quite stubborn: at times, will not go out with the

Aug 1 patients. Aug 1. 140# - Oct 30. Mental condition apparently much improved: talks quite

Oct 30 Cheerfully & rationally: does not express, or will not talk about, his former delusions and hallucinations: works on ward: habits tidy: rather nervous, but is, otherwise, in quite good health.

Nov 1/30 149# - Nov 30. Patient is neat & clean: good physical condition: Works on ward: Corresponds

Dec 13 with family. Dec 13. Transferred to A1E: apparently, no delusions. Jany 31/1901. Patient's

1901 Jan 31 Condition seems, generally, much improved. Quiet, clean & neat in his habits. —

Feby 1/25 Wt 145# Feb 25. Patient seems rational & agreeable: no delusions noted: seems quite anxious

Mar 3/18 to go home. March 3. Transferred to A3E - March 18. Seems well: Is on parole: assists with work on ward: Was visited by wife & taken home.

Discharged

Personal and Medical History of William Bablitz

Whole No. 4997
Residence, St. Paul, Minn.
Date Admission, March 10 '98
Admitted by Dr. T. M. Phelps hour, 6th PM.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 34 yrs.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Painter
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate
~~Nationality~~, Nativity, Germany (Parents also born there)
Became resident of State prior to 1866
Physicians Committing, No. 6. Rapp & J. Oberg
Correspondents,

No. of Years, 164.
Insane Relatives, mother queer.
Cause Exciting, unknown.
Cause Predisposing,
Form,
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, 31
Time of Leaving, May 30. 1898
Time in Hospital, 2 mo. 20 d.
Result, Discharged Dec. 17. 1898 Improved.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of 3/11/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear: somewhat slow.
MEMORY, Past Events, Fairly good.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull. Correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State, very poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.

DELUSIONS, Systematized, ~~Transitory~~ Fixed, Special Subjects, of persecution
Somewhat systematized
Conversation. Fairly voluble & coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power
of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness,
Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

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

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

Sleep, Appetite, and Bowels, Bowels constipated.
Appetite good. Sleep broken.

Personal and Medical History of William Bablitz.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 9½ PRESENT WEIGHT, 161. USUAL WEIGHT, NUTRITION, Considerably impaired eyes sunken
WOUNDS, Abnormalities and condition of Skin, testicles small & tender: dorsal vein of penis enlarged.
Very marked acne, back scarred from acne. forehead greasy.
TONGUE, Coatings or Promptness of Movement, Somewhat slow: pale. dirty yellow coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal Size contracted: excessive response to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands & tongue: slight about lips: none general.
PATELLAR REFLEX, 8-9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs noted. Sounds fairly good
ARTERIES,
Circulation not first-rate
Extremities cold.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

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

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

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

Patient is in a condition of melancholia with neurasthenia: sexual hypochondria: worries about his emissions, loss of semen in urine, at stool & nocturnally. People read his thoughts with a magic lantern & put evil thoughts into his mind: Ideas of persecution began 2 yrs. ago. Decided that the magic lantern was used 6 mos. ago. Has not yet decided who uses it. Went to police station to find out.

Personal and Medical History of William Bablitz

1898

This patient was brought here by Sheriff's deputy John Moriarty in fair physical condition, with the following history:- No history of consanguinity but Mother is queer: First symptoms of disease manifested three years ago by delusions of persecution: Disease appears increasing: is not variable: Derangement now manifested by delusion that persons are looking into his brain with magic lanterns, which annoys him constantly. Is not disposed to injure others: Is neither filthy nor destructive in habits: No knowledge concerning previous peculiarities: No severe disease nor injury to head: Has not been under confinement or restraint: Has received no treatment.
No further particulars noted on personal examination.

Mch 10/98 On admission put upon B3 E (G.H.U. Rpt. Complexion dark: hair + eyes brown: Skin good condition: Vaccination marks on left arm: Eruption on body: Is clean: Behavior good)

11 Summary Nurses Notes Temp 100 P 72 R 20. Thinks someone is looking into his brain by use of magic lantern. Mch 12 Seems rational except for his delusion: Does not talk unless addressed. Sleeps well.

13 Works upon ward: Neat in habits + dress: Mch 14 No change. Mch 15 Sits quietly upon ward during day: Appetite continues good: Mch 16 Does not associate with other patients or amuse himself in anyway. Mch 17 Quiet + well behaved.

24 Continues to work upon ward: Conduct very good: Makes no allusion to his delusions. Continued by Dr Phelps Apr. 25 Wt. 184# Talks a good deal on religious subjects: Works some: Seems in good physical health. May 30 Went home today. Some delusions have been noted but behavior has been good. Also in good health.

Discharged.

Personal and Medical History of

Personal and Medical History of Herman Newman

Whole No. 4998
Residence, 356 Market St. St. Paul, Minn.
Date Admission, March 11th 1898
Admitted by Dr. A. M. Phelps hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 30 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Day laborer.
Degree Education, none
Profession, Religion, Member Gospel Tabernacle.
Habits, Not intemperate
~~Nationality~~ Nativity, Germany. (Parents also born there.)
Physicians Committing, E. T. Schmidt & J. A. Vieregge.
Became resident of state of Co 4 yrs ago.
Correspondents,

No. of Years, 165
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, "
Form,
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, 30 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 3/12/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused, sluggish.
MEMORY, Past Events, Impaired.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull - correct.
REASONING POWER, Ordinary Subjects, not very good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly exalted.
DELUSIONS, Systematized, ~~Transitory~~ fixed, Special Subjects, of persecution
Quite voluble & fairly coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever 6 years ago.
HABITS, Drinking and Smoking, has not smoked or drank for 3 yrs.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Herman Newman.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 151 USUAL WEIGHT, 175 NUTRITION, under weight
WOUNDS, Abnormalities and condition of Skin, high palate asymmetrical contractions of fronto-occipital. - Face flushed -
TONGUE, Coatings or Promptness of Movement, whitish yellow coat - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size dilated - excessive response to light & accomodation
SIGHT, Some impaired -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Some impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hand & tongue - Slight of facial muscles & general.
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Irregular - rate easily changed.
No murmurs noted.
ARTERIES,
Pulse small & hard.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

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

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient became converted by a Rev. Mr. Horton 2 yrs. ago. Gave up his work & proceeded to study the Bible & spanish under guidance of Mr. Horton & others. Is a religious enthusiast. Says he is the child of God. Has great confidence in his powers for influencing people & events by prayer. Is restless & uneasy, shuffles his feet, contorts his face, cracks his fingers, etc. Sings hymns. Has the idea that he is being persecuted by spirits sent upon him. Dates his affliction 2 yrs. back, suffers pains which he can not explain save by spirits. Suspects Mr. Horton of sending the spirits upon him. Denies masturbation. Refuses treatment. Limits his diet as he is unable to receive the "word" on a full stomach.

Personal and Medical History of Herman Newman.

1898.

This patient was brought here by Sheriff's deputy J.B. Arend, in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms of disease manifested six months ago by religious delusions: Disease appears increasing: Is not variable: Derangement now manifested on subject of religion: Neither filthy nor destructive in habits: Was peculiar before accession of disease: Father was somewhat intemperate: Patient has had typhoid fever: Has not been confined or restrained: Has received no treatment.

No further particulars known on personal examination.

Mch 10 On admission put upon B³ E (G.H.U.Rpt Complexion light: hair light: eyes blue: skin good condition: Two small round scars on each knee: Is clean: Behavior good.)

11 Summary Nurses Notes Habits neat: Does some work upon ward: Sleeps well: On regular diet: Bowels irregular: Mch 12 Seems very religious & talks irrationally of being influenced by evil spirits.

13 No change. Mch 14 Refused to converse today: Seemed very restless walking up & down hall all day. Mch 15 Refused food today - refused to get up - wet bed during P.M. Bowels constipated. Temp. 99⁴.

16 Fed by tube: Remained in bed all day: Does not talk: Seems limp & lifeless.

17 Still in bed: wets himself: Fed by tube. Mch 18 Bowels have not moved since in bed. Trans. to Infirmary: Fed by tube twice: Hypo. salt sol. in left hip. Is very stupid: Refuses to talk walk or eat. Lies quietly in bed with eyes closed. Mch 19 No change in patient - Took considerable liquid nourishment today by feeding cup. Sleeps well. Mch 20 No change

21 Patient remains about same: Shower bath 85°. Soils bed. Mch 22 Shower bath 85° given: No change in condition: Took 12 glasses milk

23 Patient very stupid: Mch 29 No change in patient. Mch 30 Restless this A.M. Bladder seems very full: passed large quantity of urine mixed with blood at 9:30. Mch 31 Continues to be very stupid: Lies quietly in bed: Habits very filthy: bowels very loose today: Dr Herzog notes "The stuporous semi-cataleptic condition seems to be rather a primary dementia than a stuporous melancholia". Continued by Dr Phelps Apr 21 Patient still in bed Rather dull, quiet & stupid. Receives regular spray baths. July 30 Still stupid but up & about ward. Jan 31 '99 Has brightened up considerably: Talks incoherently & is peculiar in manner: Laughs to himself.

1899

Feb 1 - July 31 '99. (Dr. Wanous). Wt. 190. Stubborn & peculiar in actions: Assists with work:

Aug 3 General condition unchanged from day to day. Aug 3. Wt 155# - Nov 30. Patient quiet,

Nov 30 Works on ward. Is non-conversative. Jan 2/1900. Wt 166# P 72. No change noted in mental condition.

1900

Jan 2/31 Physical condition improved. Jany 31. Keeps about the same. No change in physical condition.

Mar 16 Transferred to annex. June 2. Works on farm. July 21. Vaccinated by Dr. Chapple —

Personal and Medical History of Herman Newman

1900

July 31 Physical condition good: is demented. Works on farm. Aug 1. Wt 156# - Sep 10. Transferred to Br. -

1901

Jan 31 Health very good: works regularly on farm. Habits quite tidy: Is demented and rather silly -

Feby 2 Always well-behaved. Feby 2 Wt 172#: May 1 Wt 169#: Aug 1. Wt. 162# Nov 1. Wt 172# —

1902

Jany 31 Has worked regularly on farm: very quiet & well behaved: tidy in habits: Conversation & manner silly. Is good natured: health very good.

Jan 31/03 (Dr. Chapple) Health has been very good; has worked regularly about farm; very quiet & peaceable; manner silly and demented.

Personal and Medical History of Jameson M. Seymour.

Whole No. 5001
Residence, Eyota, Minn.
Date Admission, March 16th 1898
Admitted by Dr. A.W. Phelps. hour, 11 AM.
How Sent, J.N. Leonard & P. Olmsted Co.
Sex, male Age, 44.
Civil Condition, married.
Children, One.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
Nativity, Nationality, New York (Parents also born there.) Became resident of State 25 yrs. ago.
Physicians Committing, L. Graham & A.G. Dwyer.
Correspondents, wife.

No. of Years, 168
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, not
Date of this Attack, March 12 1898
Duration, 4 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 44
Time of Leaving, Mar. 19. 1898
Time in Hospital, 3 d.
Result, Died Exhaustion in Acute Delirious Mania

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Jameson M. Seymour.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

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

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Jamieson M. Seymour.

1899

This patient was brought here by Sheriff Stewart, attended by wife + Chas Faunce, in fair physical condition, with the following history. No history of consanguinity, heredity or intemperance in parents or self: First symptoms of insanity manifested March 12 '99 by violent delirium: Disease appears stationary. Not variable. Derangment now manifested by violent mania without fixed delusions. Is disposed to injure others: Neither filthy nor destructive in habits: No severe diseases nor injury to head: Restraint has been employed by attendants since commencement of attack: No special treatment pursued. On personal examination, speech incoherent: makes constant gestures.

Mch 16 On admission put upon Infirmary East (N.H.N. Rpt. Complexion dark: Hair black: eyes gray: Skin good condition: Second joint of right thumb somewhat enlarged + stiff: Is somewhat dirty: Rather emaciated, pulse rapid + very weak: False teeth in upper jaw. Behavior restless, delirious + maniacal: Answers questions irrationally.)

16 Summary Nurses Notes. Pulse very fast + weak: Emaciated + seems quite weak: Tongue coated "brownish". Expectoration a good deal. Continues restless during afternoon + evening: Requires constant attention of nurse. Takes no nourishment Fed by tube at 7:45 P.M. - Eggnog + Medicine Bath 100° given - cold cloths to head. Talks continually - seems to run too "money + hell". Put in protection sheet at 9:30 P.M. Slept none.

17 Temp. 101 - 101⅘ Pulse 110 - 126 - Resp. 26-23. Restless + delirious during night: did not struggle much against sheet: Seemed nauseated at times: Noisy most of night Taken from sheet at 5³⁰ A.M. Fed with tube twice during day: Pulse seems weaker than yesterday. Fed at 7 P.M. but immediately vomited. Stool streaked with blood.

18 Temp 100 - 101° P. 125 - 140 R. 28-27. Restless, delirious + noisy all night: Visited by wife + son this A.M. Does not know them. Restless tho fairly quiet all day: Fed + given medicine by tube. Skin very red in places - caused by his restlessness. Pulse still growing weaker. Mch 19 Quiet during night but does not appear to sleep any: would not take any nourishment: Breathing more labored this A.M. + pulse weaker: Right leg discovered to be cold + stiff from hip down: wrapped with cotton + bandaged. Visited by wife + son Mouth washed often + tongue wet with diluted wine. Has not been rational at any time since here. Failed gradually during day + died at 5: P.M.

Dr Herring notes Patient in a delirious condition: much emaciated: Ecchymotic spots. Pulse very weak. Sordes on teeth + tongue. Constantly restless + examination very difficult. Diagnosis acute delirious mania + at the end cause of death. Exhaustion in acute delirious mania

Died.

Personal and Medical History of

Personal and Medical History of David Dee

Whole No. 5005
Residence, Dexter, Mower Co. Minn.
Date Admission, March 20th 1898.
Admitted by Dr. H. H. Herzog hour, 2.15 P.M.
How Sent, S. S. Washburn J. of P. Mower Co.
Sex, male Age, 28
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Can read & write a little.
Profession, Religion, Yrs. Catholic.
Habits, Not Intemperate.
~~Nationality~~ Nativity, Olmsted Co. Minn. (Parents born in Ireland. Became resident of Co. in 1877
Physicians Committing, F. E. Daigman & Ann Allen M.D.
Correspondents,

No. of Years, 172
Insane Relatives, One sister feeble-minded.
Cause Exciting,
Cause Predisposing, Congenital – Previous attacks
Form,
Accompanying Bodily Disorder, Nearly blind; has echolalia
Suicidal or not, Not.
Date of this Attack, About one year.
Duration, One year.
No. of Attack, 2nd Will one attack (Knott)
No. of Admission, 2nd
Age First Attack, 21 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 3/21/98.

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Has drank heavily
Paternal Relatives,
Mother, Says insane – Talks to herself every day.
Maternal Relatives,
Brothers and Sisters, One sister at Faribault. feeble-minded
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,
Here up to 4 yrs ago.
Sleep, Appetite, and Bowels,

Personal and Medical History of David Dee.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1/2 in. PRESENT WEIGHT, 238 1/2 lbs. USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Has had six fingers – Has six well formed toes 6th larger than the 5th Extremely narrow high arched palate.
TONGUE, Coatings or Promptness of Movement, Slow – clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – Size normal – Respond to light & accomodation
SIGHT, Very much impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, 3.4 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs noted. Sounds somewhat muffled. Size large.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

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

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

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

Patient is feeble-minded – Recognizes himself as such – Says parents are very hard to get along with. Inherited his trouble he thinks. Nervous degeneration as in optic nerve. Is fat & sluggish.

Personal and Medical History of David Dee.

1898

This patient was brought here by sheriffs deputy J.S. Johnson Jr. attended by J.E. Flood. in fair physical condition with the following history:- No history of consanguinity: one sister is feeble minded: Father was intemperate: This is second attack: First having occurred in 1894 - Patient was confined in this Rochester Hospital from July 27 '94 until May 21 '96 - Discharged improved: (For further particulars see Vol. 17. Fol. 133 No. 2770.) First symptoms of present attack manifested about a year ago by yelling & making threats to burn buildings & kill those about him: Disease appears increasing: Is variable - not rational at any time but occasionally there is a comparatively lucid interval: Derangement now manifested by threatening family - yells & gets very angry - wants to burn house & out-buildings: Has never attempted injury but has threatened people: Is filthy & destructive in habits: No previous peculiarities before accession of disease, is now religiously excitable: Has been unconfinement & received hospital treatment as stated above: On personal examination - is feeble minded - nearly blind, probably from an affection of optic nerve, has echolalia. Commitment recommended because it is reasonably certain by his threats & otherwise that he has dangerous tendencies or uncontrollable proclivity to crime.) On admission put upon B.3.E. (Gen. Hos. Dept.) Complexion sandy: Hair dark brown: eyes brown & near-sighted: Skin good condition: Scar on side of each hand, caused by amputation of fifth finger: Is clean: Has six toes on each foot: Behavior good.)

Mch 20 Summary Nurses Notes. Seems confused. Talks rationally but hesitatingly: Sight is impaired, walks about with difficulty: Habits good: Behavior good: Bowels regular: Appetite good. Mch. 22 No change. Mch. 23 Temperature, pulse & respiration normal: No change in condition. Mch. 24 Habits somewhat filthy: Physical condition fairly good. Mch 25 Sight very poor: Stays in his room greater part of time. Mch 28 Complains of not feeling well. Mch. 29 No change. 30 Complains of headache to day. Apr. 2 Sight remains poor: Physical condition good: Behavior good: Habits fair: Works some on wards. Continued by Dr. Phelps Apr 9 Behaves in a rather demented way. Is stupid, dull. Throws himself on floor: is rather untidy. May 10 Patient very noisy, destructive & troublesome the last two weeks. Jan 28 '99 Has quieted down somewhat but is still restless & thoroughly demented & destructive.

Feb 1 - July 31 '99 (Dr. Wanous) Wt. 190# Has to be kept in bay & fed on tray: Is pugnacious & abusive: No visible improvement in condition. Aug 1 - Jan 31 1900 Dr. Chapple Aug 2 #195. Very little change during period. If anything, is more deluded. Is incoherent & irrational: Almost constantly talks to himself. Is troublesome & pugnacious: Attacks nurses & other patients. Very untidy in appearance & habits. Physical condition good except eyesight which is very poor. Kept in bay most of time.

Personal and Medical History of David Dee

1900

Feby 2 - July 20 Wt 191#. 968. July 20. Vaccinated. July 31. Very little Change: Physical Condition good: good appetite: Sleep is rather disturbed. Patient is nearly blind: behavior very troublesome & pugnacious: almost constantly talks in an incoherent manner: Habits untidy: at times, filthy: frequently Scratches his face, causing sores: Eats from a tray & is kept in the "Bay". Augs. 200". Sept 3. Visited by uncle. Jany 31/901. Very little Change: is very demented: talks constantly in an incoherent manner: very profane and obscene. Destructive & violent, frequently striking or kicking those about him. Very slovenly. - Aug 1 1901 Jan 31

Feby 1 Wt 189#. March 1. Became very violent, kicking & jumping on Thomas O'Leary, cutting his face. May 1 Wt 199" - Augs. Wt 186# - Nov 1. 187# - Jany 31/02 - No change of importance: Constantly muttering incoherently: frequently cursing & obscene - Is very violent if molested: Habits untidy. Unoccupied - Is almost Completely blind - July 9/02. Trans. to Annex.

1902 July 31

Jan. 31/03 (Dr. Chapple) Continues about the same as in former years; quite noisy at times; picks himself; language obscene and profane. Habits are very untidy.

Personal and Medical History of Andrew Norbeck

Whole No. 5009
Residence, St. Paul, Ramsey Co. Minn.
Date Admission, March 25th 1898.
Admitted by Dr. R. M. Phelps hour, 6th Pm.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, 65.
Civil Condition, widowed.
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, none
Profession, Religion, yes Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Sweden. Parents also born there
Became resident of State of 27 yrs. ago.
Physicians Committing, Olof Tohlberg & A. W. Whitney
Correspondents,

No. of Years, 176
Insane Relatives, None.
Cause Exciting, Not known.
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, about two weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 65
Time of Leaving, Jan. 6. 1900
Time in Hospital, 1 yr. 9 m. 12 d.
Result, Died –

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused – sluggish
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects, of grandeur
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 weeks.
ONSET, Gradual or Sudden, sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Copy of
Notice of hearing petition for appointment of John & August Norbeck as guardians for Andrew Norbeck, insane, received by A. F. Kilbourne, Medical Supt. Apr. 6' 1898. (?)
(Filed with Commitment papers.)

...drew Norbeck.

...RISTICS.
...EIGHT, NUTRITION, good – fleshy.
... skin healthy.
... presented – unsteady.
...ze normal – respond to light.

COORDINATION, Arms, ✗ Legs, impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Very poor.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, strong Size,
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
B. sounds normal.

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

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

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

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

Well nourished – vital organs seem healthy. So feeble – unable to walk – marked incoordination. Expression blank. paretic. Talk confused & incoherent. Has delusions of wealth & grandeur. Thinks he is a king etc.
Is a case of General Paresis.

Personal and Medical History of Andrew Norb

Whole No. 5009
Residence, St. Paul, Ramsey Co. Minn.
Date Admission, March 25th 1898.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, 65.
Civil Condition, widowed.
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, none
Profession, Religion, yes Lutheran
Habits, Not intemperate.
~~Nationality~~ Nativity, Sweden. Parents also born there
Became resident of State of 27 yrs. ago.
Physicians Committing, Olof Tohlberg & A. W. Whitney
Correspondents,

No. of Years, 176
Insane Relatives, None.
Cause Exciting, Not known.
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 2 wks. ago.
Duration, about two weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 65
Time of Leaving, Jan. 6. 1900
Time in Hospital, 1 yr. 9 m. 12 d.
Result, Died –

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused – sluggish
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects, of grandeur
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 weeks.
ONSET, Gradual or Sudden, sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
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,

...nal and Medical History of Andrew Norbeck.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, good – fleshy.
WOUNDS, Abnormalities and condition of Skin, none apparent – skin healthy.
TONGUE, Coatings or Promptness of Movement, clean. cannot be presented – unsteady.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size normal – respond to light.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, ✗ Legs, Impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Very poor.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, strong Size,
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
B. sounds normal.

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

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

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

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

Well nourished – vital organs seem healthy. So feeble – unable to walk – marked incoordination. Expression blank. paretic. Talk confused & incoherent. Has delusions of wealth & grandeur. Thinks he is a king etc.
Is a case of General Pausis.

Personal and Medical History of Andrew Norbeck.

1898

This patient was brought here by Sheriff's deputy Frank Egan - in feeble physical condition, with the following history: No history of consanguinity or heredity: First symptoms of attack manifested about two weeks ago by delusions of greatness & wealth: Disease appears increasing: Not variable: Derangement now manifested by thinking he is King of Sweden & that he possesses great wealth: Is disposed to injure others: Neither filthy nor destructive in habits: Has always been irritable & complained of all kinds of ailments: No severe disease nor injury to head: For two days has been under restraint in his home: Has received no treatment. On personal examination appears dull & listless generally.

Mch 25 On admission put upon Infirmary East. (G.H.U. Rpt. Complexion dark: hair grayish: eyes blue: Skin fitted in places: Has slight eruption: Is dirty: Is very fleshy: Nails on right leg somewhat enlarged: Talks incoherently & irrationally.)

26 Summary Nurses Notes. Lies quietly in bed most of day: Restless in afternoon & cross because he was not allowed to get up. Bowels constipated.

27 Restless most of day: Quite confused: Complains of soreness in lower limbs.

28 Temp. 99-100 Quite confused: Habits filthy: Restless & at times pugnacious.

29 Slept none last night. Complains of soreness in back & lower limbs: Lies fairly quiet in bed. Mch 30 No change. Appetite remains fairly good: bowels regular. Does not sleep well. Mch. 31 Restless & confused today. Ate poorly: Out of bed afternoon.

Apr. 1 Wt. 152 lbs. Is confused & stupid: Still complains of soreness in limbs:

7 Patient remains about same from day to day. Habits filthy: Bowels irregular. Sleeps fairly well. Appetite good. Continued by Dr. Phelps. Apr. 22 Lies quietly in bed: Is stupid in manner: Temp. normal: Is in a thoroughly stuporous condition & quite passive in manner May 1 Can hardly walk without holding onto bed. Very stupid & demented; Talks almost none. Nov 1 Cannot walk without assistance. Has been in bed since last note: In same quiet demented way. Jan 31 99 If anything more helpless: Has been in bed steadily.

1899 Feb - July 31 '99 (Dr. Warnock) Patient remains in bed very helpless. Habits filthy. Cathartics required to regulate bowels. No change in mental condition.

Aug 1 Patient in bed: bed-sore on hip: dressed daily. Sept 1 Wt 116#: Patient very filthy. Is on extra diet.

Oct 1 Must be fed by nurses. Nov 1. Wt 164#. Dec 21 Patient vomited several times during the day.

Dec 27 1900 Vomits nourishment as fast as taken. Dec 29 Took light diet. Jany 2 1900. Patient appears

Jany 6 very stupid. Continues to grow weak. Jan 6 Continued to fail and Expired at 10[15] P.M.

— Died —

Personal and Medical History of

1898

Personal and Medical History of Patrick McTague.

Whole No. 5010
Residence, St. Paul, Minn.
Date Admission, March 25th 1898.
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, 87 yrs.
Civil Condition, widowed.
Children, five
Age Youngest Child, –
Occupation, Carriage-Maker
Degree Education, Common School.
Profession, Religion, Catholic.
Habits, Not intemperate
~~Nationality~~ Relatively Ireland (Parents also born there
Became resident of State 30 of Co. 20 yrs. ago.
Physicians Committing, J.A. Quinn & Arthur Sweeney.
Correspondents,

No. of Years, 177
Insane Relatives, None.
Cause Exciting, Old age.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Two Mos. ago.
Duration, 2 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 87 yrs.
Time of Leaving, Jan. 5. 1899
Time in Hospital, 9 m. 11 da
Result, Died. Exh. in Senile Dementia

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Patrick McTague.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

Mch. 26/1898
EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, Acid Color and Appearance, Reddish yellow-cloudy
Albumen, None Sugar, None
Casts and Crystals, —

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

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

Personal and Medical History of Patrick Mc Tague.

1898

This patient was brought here by Sheriff's deputy J.B. Arend in an aged, feeble condition, with the following history: This is first attack - first symptoms manifested 2 months ago by wandering about & talking incoherently. Disease appears increasing: Not variable: Derangement manifested by general weakness of intellect; loss of memory, wandering away from home, & is subject to all kinds of danger from accidents etc. Not disposed to injure others: Neither filthy nor destructive in habits. No previous peculiarities noted: No severe diseases nor injury to head. Has not been under confinement or restraint: Has received no treatment. On personal examination is incoherent, emotional and devoid of sufficient intelligence to properly care for himself.

Mch 25 On admission put upon Infirmary East (G.H.U. Rpt. - complexion fair: hair & eyes gray: skin pitted in places: right ankle somewhat enlarged: Eruption around scrotum: Has vermin: Is dirty. Penis swollen & inflamed. Large red spots on left buttock. Bunch on ulna, apparently from being broken: Very talkative - irrational.) Easily irritated; objected to bath. Was pugnacious:

26 Summary Nurses Notes. Lies fairly quiet in bed. At times is restless & pugnacious:

27 Appetite good: bowels constipated: Lies quietly in bed most of time: At times is restless, gets up & wanders about ward. Mch. 28 Patient talks quite intelligently today & is good-natured. Anxious to get up. Mch. 29 Up on ward today: Is fairly quiet & well-behaved: Is quite childish. Mch 30 Talks irrationally: Is very indifferent about his appearance Mch 31 Is generally quiet but at times grows restless & says he is going home: Physical condition fairly good.

Apr 1 No change. Apr 2 Trans. to B'. Is old & quite feeble: Restless & inclined to be destructive. Apr. 3 Habits dirty: Has to be kept in bay. Bowels loose last two days.

4 Eats on hall: Sleeps in room. Is not able to go out walking. Apr 5 Visited by friend today: Talks childishly & is quite weak both mentally & physically.

6 No change: Sore on hips improving slowly. Continued by Dr Phelps. May 26 Has been rather dirty in habits, feeble & senile: unable to walk with the rest. Today moved to Infirmary. July 1 Patient still on Infirmary, rather noisy & demented. Incoherent, dirty in habits: Wt. 120# July 20 Has been steadily upon Infirmary: Early this morning night nurse reported patient falling & striking on floor: Right hip fractured 21 Temp. about 100., however, is kept quietly in bed. 25 Visited by son & daughter. Did not appear to know them Aug 1 Is kept in bed & is getting along fairly well considering his feebleness & dementia. Sept 1 Still in bed but growing weaker. Oct 1 Quite thoroughly helpless but emaciated: Still seems to be failing. Dec 1 Wt. 100# Quite noisy & demented. Jan 5 Patient died at 7:45 A.M. Has been drifting along on Infirmary very weak & helpless, & has failed very gradually.

Died

Personal and Medical History of

Personal and Medical History of Joseph Z. Horak.

Whole No. 5011
Residence, Hastings, Minn.
Date Admission, March 26th 1898.
Admitted by Dr. C. B. Eby. hour, 6.45 P.M.
How Sent, Thos. P. Moran J. of P. Dakota Co.
Sex, male Age, 46
Civil Condition, married
Children, Four.
Age Youngest Child, -
Occupation, Lineman
Degree Education, Common school.
Profession, Religion, Yes. Catholic.
Habits, unknown.
Nationality, Bohemia - (Parents also born there.)
Because resident of State & Co.
Physicians Committing, H. Van Beeck & J. H. Fitch M.D.
Correspondents, Minnie Horak (wife) Hastings, Minn.

No. of Years, 178
Insane Relatives, Cannot say.
Cause Exciting, unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or not, not.
Date of this Attack, about 4 months ago.
Duration, 4 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46
Time of Leaving, Dec. 1. 1899
Time in Hospital, 1 yr 8 m. 6 d.
Result, Died General Paresis.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Z. Horak.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 169 lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of Joseph Z. Horak

1898

This patient was brought here by Sheriff's deputy John Wasser attended by Wm. Beuler in fair physical condition, with the following history:- No history of consanguinity, or heredity known: First symptoms manifested about four months ago by forgetfulness & neglecting her work: Disease appears increasing: Is not variable: Derangement now manifested by incoherence of thought: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: Nothing known as to history of intemperance in parents or self: No severe diseases nor injuries to head: Has not been confined nor restrained: Was examined in St. Paul but physicians declared inability to benefit him. On personal examination pulse rapid, drooping upper eyelids, tremulous pointed tongue: Loss of memory.

Mch 26 On admission put upon B'E (G.H.M. Rpt. Complexion dark: hair black: eyes blue: Condition of skin good: Vaccination marks on either arm: Small scar on left eye: Is dirty: behavior good: left ankle quite badly swollen.)

27 Summary Nurses Notes. Seems paretic: Is very unsteady: Laughs foolishly to himself. Mch 28 Trans to B'. Slept now during night. Mch 29 Restless: Has to be kept in bay for safety: Has an impediment in his speech. Bowels regular: Appetite - good. Mch 30 Has delusions of grandeur: Says he is worth millions: Does not realize where he is. Mch. 31 Goes out with crowd for daily exercise: Requires close watching. Apr. 1 Habits dirty: Was put on floor to sleep. Apr. 2 Remarks incoherent & irrational: Talks about going home: Restless & has to be kept in bay. Apr. 3 Wt. 161² lbs Much quieter: Was allowed on hall. Strong symptoms of General paresis.

Apr 4 Visited by brother & friend. Apr. 5 Much more contented of late: No change otherwise: Habits clean but untidy. Apr 8 untidy about eating: Does no work: Is quiet & talks but little. Continued by Dr Phelps Apr 22 Visited by brother in law. Has delusions of grandeur & is paretic in movements: May 21 Visited by wife & friends. 26 Visited by wife. Has changed very little: Wt. 121#

Sept 16 Noted as becoming still more unsteady. Jan 28 '99 Patient very feeble: Seems

1899 to have failed slowly but is still able to be up & about.

Feb 1 - July 31 '99. (Dr. Wanous) Wt. 155# Very unsteady & restless. Has an impairment in speech. Habits filthy: Shows a gradual failure. Apr. 19 Saw friends on ward: recognized them but would not talk with them. July 1 Trans. to Infirmary

July 18. Fell & cut a gash over eye. July 25 Fell & bruised eye. July 26 Trans. to A⁴.

" 28. Up & out of bed frequently falls. Sep 1 Wt 132# Is in bed: helpless: much demented.

Oct 1/4 very restless & noisy, at times. Oct 1 Wt 119# - Oct 4. Is gradually failing - Nov 11. Visited by wife.

Nov 14/20 Has large bed-sore on hip. Nov 30. Patient had convulsion; remained unconscious for some time; his

Dec 1 breathing labored & irregular. Dec 1. Has remained unconscious. Failed & died at 7 P.M.

— Died —

Personal and Medical History of

Personal and Medical History of John B. Fredericks

Whole No. 5012
Residence, Goodhue Co., Minn.
Date Admission, March 30th 1898.
Admitted by Dr. H H Herzog hour, 6^45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 48.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Intemperate.
~~Nationality~~ Nativity, Germany. (Parents also born there. Became resident of State & Co in 1875.
Physicians Committing, G. V. Anderson & B. Jacking.
Correspondents,

No. of Years, 179
Insane Relatives, no evidence.
Cause Exciting, not known.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, no evidence.
Date of this Attack, 1st
Duration, no history.
No. of Attack, 1st
No. of Admission, –
Age First Attack, –
Time of Leaving, July 14. 1900
Time in Hospital, 2 yr. 3 m. 14 d.
Result, Died General Paresis

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 4/1/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused. sluggish
MEMORY, Past Events, poor
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull. illusive.
REASONING POWER, Ordinary Subjects, Very slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
indifferent. slightly 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 John B. Fredericks.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in. PRESENT WEIGHT, 143½ lbs. USUAL WEIGHT, NUTRITION, Somewhat impaired.
WOUNDS, Abnormalities and condition of Skin, Ecchymoses indreyes.
TONGUE, Coatings or Promptness of Movement, Slow - light yellow coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, right slightly smaller - size contracted - Respond to light & accomodation.
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Much impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands - fine & coarse of tongue - of lips.
PATELLAR REFLEX, 10 equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow; Slurred & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs Sounds fairly good.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

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,

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

Patient's physical symptoms suggest General paresis - Mental symptoms show a dementia without the characteristic delusions of grandeur of paresis. Says is poor has no money. Says left almshouse 2 yrs ago. Says just came here today - Spent past four weeks at hotel in Rochester etc.

Personal and Medical History of John B. Fredericks.

1898

This patient was brought here by Sheriff's deputy P. J. Lundquist in fair physical condition with the following history: No history as to consanguinity, heredity or first symptoms of attack. Disease manifested on no particular subject. Refuses to account for his actions during last two weeks. Memory defective: No evidence of disposition to injure others: Nothing known concerning previous peculiarities: Claims to have suffered from severe pain in back: Has not been in confinement or restraint. Has received no treatment. On personal examination insists that it is two years ago since he left the poor house when, in fact, it is about two weeks. Is sullen & refuses to answer when particulars are asked for regarding this lapse of time.

Mch 30 On admission put upon B³ E (G.H.U. Rpt. Complexion dark: hair black: eyes blue: Skin good condition: vaccination marks on left arm: Second toe right foot gone: Right eye slightly discolored: Is clean: behavior good.)

31 Summary Nurses Notes. Walks about on hall: confused & restless: Habits & dress very untidy: Is quite irrational. Apr. 1 Complains of a lame back, lounges about on beds. Is stubborn & indisposed to do as told. Apr. 2 Very untidy in dining room: Continues to be very troublesome on ward. Appetite is good: Bowels regular: Sleeps well. Apr. 3 Insists in going to bed with clothing on quite violent when opposed. Apr. 4 Continues restless: Habits extremely filthy: Trans. to B'. Has to be kept in bay. Apr 5 Went out to walk with crowd: constantly complains of back. Apr 6 In bed today complains of back: Arms & legs discolored in places, says same was done before he came here.

Apr. 7 Up & dressed on ward, still complains of his back - says it has troubled him for twenty years: Did not go out with crowd. Apr. 9 Is very troublesome: trying to get away. Is still very stubborn at times: will not answer when spoken to. Continued by Dr Phelps Apr 28 General health fairly good. Is rather paretic in behavior & has delusions of grandeur. July 1 Wt. 146# Has complained many times of his back: Is rather slouchy & untidy: No special change. Dec 28 Transferred to Infirmary: Has been very paretic of late: Is unsteady & walks with

1899 Feb 1 -to- July 31 cane: Temp. often up slightly above 100. Jan 31 '99 Has fallen when trying to walk. Is stupid & demented: stays in bed. Feb 1 - July 31 '99 (Dr. Wanous) Seems very dull & stupid. At times is unable to talk. Is destructive. Feb 9 Has several small boils breaking out on arms & shoulders. Is inclined to be noisy at times. No change in general condition

Aug 1 Sep 1 from day to day. Aug 1. Patient in bed: very restless; filthy; on extra diet: Sep 1. Wt 135#: has staggering gait. In bed, most of the time. Is very noisy at times: talks to himself. Oct 1. Wt 130#

Oct 1/31 Oct 31. Above notes still hold good. Nov 3/99. Wt. 139#. Patient very filthy: remains the same, from day to day, both physically & mentally. Jany 1/1900 Patient has ravenous appetite; takes food from

1900 Jany 1 other patients, if not watched. Feb 1. Wt 140#. Sleeps from 3 to 5 hours, through the night. —

June 12 Was struck by patient Geary, over right eye, causing discoloration: has bed sores on spine & hips.

July 1/12 Dressed daily. July 1. Patient is helpless: cant get out of bed July 12. Shows rapid failure.

Personal and Medical History of John. B. Fredericks

1900

July 14 respiration labored; pulse weak & rapid. July 14 Continued to fail & Died at 2 P.M.

—Died—

Personal and Medical History of John Hammer

Whole No. 5013
Residence, Warsaw. Goodhue Co., Minn.
Date Admission, March 30th 1898.
Admitted by Dr. H. H. Herzog hour, 6th P.M.
How Sent, Axel Haller J of P Goodhue Co.
Sex, male Age, 23 yrs.
Civil Condition, Single
Children, —
Age Youngest Child,
Occupation, Farm-hand.
Degree Education, Common school.
Profession, Religion, None.
Habits, Intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there.)
Physicians Committing, M. Thoresen Geo. C. Wellner.
Correspondents,

No. of Years, 180
Insane Relatives, Sister said to be feeble-minded.
Cause Exciting, Unable to determine.
Cause Predisposing,
Form, Developmental Insanity
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, 21 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Herzog. *Date of* 3/31/98

MENTAL CHARACTERISTICS.

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

Personal and Medical History of John Hammer.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Fair.
WOUNDS, Abnormalities and condition of Skin, high-arched palate, narrow forehead, small weak chin. Has small tumor under right ear.
TONGUE, Coatings or Promptness of Movement, Slow - clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, left larger. Size dilated - Respond to light + accomodation
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, 5 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, impulse forcible
Sounds loud. Size enlarged - Apex beat at impulse.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Small.

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, 1024 Sp. g. Reaction, Alkaline Color and Appearance, Light Yellow Some sediment
Albumen, Sugar,
Casts and Crystals, Amorphous granules in clusters and also in strings.

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 undersized with unintelligent look. Has been in this country four years. Speaks no English. No history obtainable. Is slow to understand. Answers are quick, abrupt, shouting. Seems slightly feeble-minded with adolescent maniacal symptoms.

Personal and Medical History of John Hammer.

1898

This patient was brought here by sheriffs deputy O.P. Deltan in fair physical condition with the following history:- No history of consanguinity. One sister feebleminded. First symptoms of disease manifested 2 yrs. ago by hallucinations: Disease appears increasing: Not variable in rational intervals: Derangement manifested by talking irrationally of business ventures: Wandering away from house: sleeplessness: Talking to himself: hallucinations: Not disposed to injure anyone: No disposition to filthy or destructive habits: Unable to learn from testimony submitted anything concerning previous peculiarities: No severe disease nor injury to head: Cause of disease unknown: No confinement or restraint employed: Has received no treatment: On personal examination talks irrationally answers incoherently & has an imbecile expression - inclined to wander off.

Mar. 30 On admission put upon Infirmary (G.H.W. Rpt. Complexion light: hair dark: eyes gray: skin good condition: mole on back & bunch behind left ear.)

31 Summary Nurses Notes. Patient talks irrationally, seems considerably depressed: was restless & out of bed often during A.M. Slept more during P.M. Is confused:

Apr. 1 Up & dressed. Trans. to B3. Apr. 2 Confused & restless today: Continually trying doors: Habits & dress neat & clean. Slept 6 hrs. Apr. 3 Does not talk much: Lounges about hall in an indifferent manner. Apr. 4 Behavior fair:

5 Mutters to himself: Talks but little English: Appetite good: Bowels regular.

6 Works some on ward: No change in conduct. Apr. 7 No change. Apr. 8 Goes out with crowd regular for walk: Behavior good. Apr. 9 No change.

10 Conduct of rather a confused nature: Apr 12 Apparently no change in physical condition. Continued by Dr. Phelps Apr 30 Sluggish in manner: Slouchy in habits: Works some: Talks to himself: At times rather excited: June 1st Wt 110.# July 31'98 Has tried to elope at various times lately: Jan 31'99 No change or improvement in condition: Tries to elope whenever he has a chance.

1899
Feb 1 - July 31 '99 (Dr Wanous) Wt. 109.# Is continually trying to elope. Is slouchy: Physical condition
Aug 3 good. Aug 3 Wt 106.# Pqr. Oct 31 Seldom talks: frequently attempts elopement: Dec 31. No special
Dec 31 Change to note. Mar 31/1900. Has swelling on face: appears dull & stupid. Transferred to T.W.
1900
Mar 31 Condition, Erysipelas. Apl 17 Swelling entirely disappears: given bi-chloride bath and dressed. —
Apl 17 Transferred to B3E. July 6 Wt 101" P 84. July 10. Vaccinated, but unsuccessfully. ——
Aug 31 Patient does no work. Nov 1 Wt 103.# P 80: will not talk. Physical condition good. ———
1900
Jan 31 No apparent change in condition. — Feby 1 Wt 100.# P 84. Mar 31. Takes very opportunity
Mar 31 to elope. Is somewhat demented & melancholy. July 31. Condition is about the same, in
July 31 every way. Reticent: will not talk. Aug 1 Wt 100.# Jany 31/01. Usually quiet, dull and
1901
Jany 31 confused: tries to get away. Talks some: will not work. (Jany 31/01. Wt 103.#).
1903
Jan 31/03 Is quite thin & emaciated; was for several weeks kept on L.W. as he seemed to be starving himself, for the most part however, kept about same, with weight about 105.#; very dull & quiet & no variation in behavior noted.

Personal and Medical History of

Personal and Medical History of Martin Anderson

Whole No. 5015
Residence, Adams Tp. Mower Co. Minn.
Date Admission, April 1st 1898
Admitted by Dr. R.M. Phelps hour, 10:30 A.M.
How Sent, D.D. Washburn Jop.P. Mower Co.
Sex, male Age, 24
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, has not been competent to work.
Degree Education, none
Profession, Religion, Lutheran
Habits, Temperate.
~~Nativity~~ Nationality, Mower Co. Minn (Parents Norway)
Physicians Committing, A.W. Allen & H.F. Pierson.
Correspondents,

No. of Years, 1st
Insane Relatives, None
Cause Exciting, Epilepsy
Cause Predisposing,
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not.
Date of this Attack, has been growing on him since childhood.
Duration, years.
No. of Attack, 1st continuous
No. of Admission, 2nd
Age First Attack, 2
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 - sluggish.
MEMORY, Past Events,
Recent Events, Seems quite good - Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
dull - correct.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
Patient demented & silly.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Does not know - Living
Paternal Relatives,
Mother, Living
Maternal Relatives,
Brothers and Sisters, Well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none.
HABITS, Drinking and Smoking, Says Neither
HEADACHES, VERTIGO, OR CONVULSIONS, Has had fits
OCCUPATION, Healthy or not, farmer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Says all good

Personal and Medical History of Martin Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 in PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Face slightly pitted - Skin in healthy condition.
TONGUE, Coatings or Promptness of Movement, Clean prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal responce good -
SIGHT, apparently good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, apparently good.
COORDINATION, Arms, Good Legs, good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None -
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Whispers or Mumbles his words usually -
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Good.
Apex Beat, Regularity, regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds normal.

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

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

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

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

Patient is in good physical health - & well nourished. Mentally is weak minded, demented, rather foolish, has a vacant imbecile expression. Patient probably always has been weak-minded.

Personal and Medical History of Martin Anderson

1898

This patient was brought here by Sheriff's deputy J.C. Johnson Jr in fair physical condition, with the following history:- No history of consanguinity or heredity: Disease has been growing on patient since childhood. has had epilepsy from 9 yrs of age: until several years ago: was confined in this, Rochester, hospital from July 2 - Aug 16 97. + was sent home on bond. Disease appears increasing: Since returning home has had but short rational periods when not disturbed: Disease is variable with rational intervals: Derangement manifested on all subjects when in spells, also threatens violence: Injury to others threatened but never attempted: Neither filthy nor destructive in habits: Has always been weak-minded + had a violent temper: Has received hospital treatment, as above stated: On personal examination has a staring, vacant look; + appearance of unsound mind yet when not in spell talks rationally.

Apr 1/98 On admission put upon B3 E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Is clean: Behavior good.)

Note For particulars concerning previous admission see Vol. 37 Fol. 65 No. 4803.

2 Summary Nurses Notes. Patient has a confused + foolish manner: Stands about the ward + does not talk much. Apr. 3 Habits + dress fairly neat: Goes out with crowd for a walk daily: Refused all nourishment yesterday + today

4 Fed by Dr. Herzog at 8 P.M. Apr. 5 Ate meals today: Not so demented as on admission: Is continually asking for writing materials. Apr. 6 Fed by nurse: Is persuaded to eat with difficulty. Apr. 7 No change in patient today.

8 Patient works upon ward + behaves well. Apr. 9 Is very anxious to go home: writes a great many letters. Apr. 10 Evidently no marked change in patient.

13 Patient is improving both physically + mentally: works upon ward: behavior good: Talks some when spoken to. Continued by Dr Phelps. Is in fairly good physical condition altho feebleminded in appearance: Says very little; at times will whisper in answer to questions. Aug 30 Visited by brother + went home on trial. Dec 15 Returned. Seems to be about same as at time of going away. Jan 30'99 Now at Annex: Quite dull, listless + demented. Feb. - July 31'99 (Dr. Wanous) Wt. 155# May 29. Visited by friends.

Aug 1 July 30 General health good. Does no work. Aug 1 - Jan 31'1900 (Dr. Chapple) No
Jany 31 1900 change during period: Is physically well: Much demented: Is childish, +
Feby 1 silly + wanders about doing nothing. Quite neat in habits. Feby 1 Wt 152# P 80.
Apl 5 visited by brother. July 20. vaccinated: result good. July 31. very little change. Is in very good physical
July 20/31 health, tidy: works very little on ward: always well-behaved, quiet + very timid in manner: seems confused, when spoken to: answers in very low voice; almost in a whisper.

Aug 1 153#. Jany 15/1901. Visited by friend. Jany 31. Works a little on ward: habits tidy: rarely
1901 Jany 31 speaks. Is very timid, and silly in manner. Feby 1 Wt 159# May 1 Wt 161#: Aug 1. 159#
Nov 1 Wt 150#. Jany 31/02. In good health, during year: very quiet and well-behaved: manner

Personal and Medical History of Martin Anderson

1902 cont'd

Jany 31 extremely timid + silly; will answer questions, but mutters so as to be scarcely intelligible: habits very neat. Aug. 12/02 Visited by friends.

Jan 31/03 (Dr. Chapple) Has worked on ward regularly during the year; habits are tidy; manner very timid and evasive. "Snickers" and tries to hide himself when addressed. Occasionally becomes violent to other patients. Has been growing very fleshy.

Personal and Medical History of C. M. A. Smith

Whole No. 5017
Residence, Hamline, Minn.
Date Admission, April 5th 1898.
Admitted by Dr. C.B. Eby hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 19 yrs.
Civil Condition, Single.
Children, -
Age Youngest Child, -
Occupation, Student
Degree Education, Fair.
Profession, Religion, Methodist Episcopal
Habits, not intemperate.
~~Nationality~~ Nativity, Minn. (Parents U.S.)
Physicians Committing, C.E. Riggs & J. Ohage.
Correspondents,

No. of Years, 184
Insane Relatives, yes.
Cause Exciting, masturbation -
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, threatened.
Date of this Attack, 5 months ago.
Duration, 5 mos.
No. of Attack, 1st
No. of Admission, 1st.
Age First Attack, 19 yrs.
Time of Leaving, Apr. 6 1898
Time in Hospital, three days.
Result, Discharged Aug. 10. 1898 Unimproved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of C. M. A. Smith

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of C. W. A. Smith.

1898

This patient was brought here by Sheriff's deputy J.B. Arend attended by L. P. Smith - in fair physical condition, with the following history:- No history of consanguinity, Heredity but history not stated: First symptoms of attack manifested 5 months ago: Disease appears increasing: Not variable: Derangement manifested by delusions of persecution: He is disposed to injure others: Is destructive of furniture: No history of previous peculiarities given: No intemperance in parents or self: No severe disease or injury to head: Has not been under confinement or restraint: has received no treatment: No further particulars noted on

Apr. 5 personal examination. On admission put upon Infirmary - (G.H.N. Rpt. Complexion light: hair dark: eyes blue: Skin good condition: Is clean: behavior good.)

Summary Nurses notes. Given bath & put to bed - Lies quietly in bed - Converses freely. Says he feels exhausted from over study.

6 Lies quietly in bed: Talks & is fairly intelligent. Acts a little childish.

7 Temp. 99° P68 R.20 up this afternoon, is quiet & agreeable: Sleeps well.

8 Patient is quiet & agreeable - Appears to be contented Apr. 9 Temp. 100. Quiet & agreeable - well-behaved during day. Did not appear to be uneasy. Eloped through window at 8 PM. Dr Herzog notes - "Probably took block off window some time during the day as he was seen two minutes before he was missed.

Discharged.

Personal and Medical History of

Personal and Medical History of Frank Haines

Whole No. 5020

Residence, Wabasha Minn.

Date Admission, April 14th 1898.

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

How Sent, M. Kennedy J. of P. Wabasha Co.

Sex, male Age, 42.

Civil Condition, married.

Children, one

Age Youngest Child, –

Occupation, Watch dealer.

Degree Education, Common school.

Profession, Religion, none

Habits, Intemperate.

~~Nationality~~ Nativity, Maine (Parents also born there.)
Became resident of State in 1858 of Co in 1859.

Physicians Committing, T. A. Low & J. B. Cole.

Correspondents,

No. of Years, 187.

Insane Relatives, None

Cause Exciting, Epilepsy.

Cause Predisposing, Previous attacks.

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Apr. 9th 1898.

Duration, 5 days.

No. of Attack, many both of Epilepsy & Dipsomania

No. of Admission, 4th

Age First Attack, 27 yrs. old. (?) (Epilepsy since 5 yrs old)

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
None.

HALLUCINATIONS, None,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives, Family history negative

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
diphtheria & typhoid.

HABITS, Drinking and Smoking, Has drank hard for years.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Watch dealer.

Detail Date, Duration, and Character of Previous Attack, if any,
Patient has had many previous attacks. Has had Epileptic seizures since 5 yrs. of age.

Sleep, Appetite, and Bowels,

Personal and Medical History of Frank Haines.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — 161 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Birthmark on back of forearm; small scar in front of left thigh; small scars on face & shoulders – on top of left foot. also on nose & forehead.
Nose deviates slightly to right

TONGUE, Coatings or Promptness of Movement,
Teeth – 7 below – 1 above.

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, present Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc., Quite bright

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,
Digestion & appetite good.

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 an epileptic & attacks occur both in day & nighttime – especially at night.

Personal and Medical History of Frank Haines

1898

This patient was brought here by Sheriff D.C. McKenzie, attended by M. Kennedy, in fair physical condition with the following history:- No history of consanguinity or heredity. First attack occurred in July 1883 (?) Patient has been here three times before this - From July 6 '83 to May 22 '84 Bk 3 Fol. 125 No 486. From Apr 27 '86 to Oct 4 '86. Bk 7 Folio 69 No 1149 & from Apr. 19 '87 to Sept. 20 '94. Bk 8 Fol. 72 No. 1332. First symptoms of present attack manifested Apr. 9 '98. Disease appears increasing: Is variable with quite regular rational intervals. Derangement manifested on subject of cheap jewelry & money-making. Is disposed to injure others: Neither filthy nor destructive in habits. No previous peculiarities noted. Has been drinking hard for years & also subject to epilepsy. Has not been in confinement nor restraint since leaving this hospital & has received no treatment. No further particulars noted on personal examination.

Apr 14 On admission put upon B³E (G. H. U. Rpt Hair black. Eyes blue: Skin pimply: Birth mark on right fore-arm. Is clean: Behavior good.)

Summary Nurses Notes Apr 14 Patient rec'd on ward. Ate light supper: Had six convulsions during night. Apr 15 Behavior good: Habits & dress neat. Bowels regular: Appetite good. On medicine 3x day. Apr 16 Had one convulsion: Is quite agreeable & gets along well with other patients: Goes out for regular exercise. Apr 20 No change in patient since admission. Has one convulsion each day. Apr 21 Complains of being very nervous: One convulsion

22 Two convulsions during night. Medicine discontinued - put on Bromide 3x day.

25 Sometimes has peculiar spells during day which are very light convulsions: No change in behavior or physical condition: Appetite continues good. Patient sleeps well.

Continued by Dr Phelps. Apr. 30 Patient about same as at time of previous stay here: Fairly well-behaved & perhaps more quiet than formerly. July 30. Visited by friends. Gets into considerable trouble at times, at others is fairly pleasant. Is uncertain at all times. Has averaged about one convulsion a month. Jan 30 '99 Patient unchanged in any essential respect. At times very irritable & hard to satisfy. Jan 31 - July 31 '99. (Dr Wanous) Wt. 175. Is very troublesome & irritable at times: Has convulsions almost daily. June 8. Visited by friends. frequently tries to elope. Continually in trouble with other patients & has to be locked in room.

Aug 1 - Jan 31 1900. (Dr. Chapple) Aug 1 - Wt. 181# No change or improvement during period. Has had frequent convulsions both day & night, for the most part light ones.

-To- Physical condition otherwise good. Has been on bromides almost con-

1900 stantly. Has a very disagreeable disposition: Is inclined to find

Jan 31 fault with everyone and to pick quarrels. Says nurses are all down on him. Is frequently pugnacious toward nurses & patients

Feby 1 & uses profane language. Feby 1. Wt 185# P90. July 31. very little change: has had very

July 31 frequent "epileptic seizures", from the very slightest attacks to severe convulsions. General health fairly good: has been treated for pin-worms. Behavior very disagreeable; very irritable; always complains of treatment: says "Everyone is down on him". Frequently has altercations with other patients & attacks the nurses;

Personal and Medical History of Frank Haines

1900 cont'd

July 31 Talks quite intelligently & rationally on ordinary matters. Aug 1. 179# - Nov 5. Visited by friend.

Nov 11 1901 Tooth extracted: Jany 31/1901. Has frequent convulsions: a very disagreeable & troublesome

Jany 31 patient; frequently quarreling with other patients & constantly complaining that he is abused by everybody: very unreliable in his statements. During better periods, talks rationally -

Feby 1 1902 Plays the violin & attends amusements - Feby 1 Wt 170# May 1. 170# Aug 1. 175# Nov 1 - 165# -

Jan 31 Still has rather frequent "epileptic seizures"; some of them very severe. Is gradually growing more demented: silly in conversation: very troublesome: constantly complaining & finding fault with others, & becomes very violent & pugnacious, if corrected. Works a little on ward: habits neat: attends amusements &c

Jan. 31/03 Patient continues as in preceding notes; is very irritable, inclined to be pugnacious; growing slightly more demented; quite constantly complaining of his troubles; of his abuse by nurses and patients; very ready to quarrel with anybody. Has epileptic attacks quite frequently; many are very slight. General health is good.

Personal and Medical History of John Pike

Whole No. 5021

Residence, Hammond, Minn.

Date Admission, April 15th 1898.

Admitted by Dr. H. H. Burpee hour, 3 P.M.

How Sent, M. Kennedy Supt. Wabasha Co.

Sex, male Age, about 50.

Civil Condition, Single.

Children, none.

Age Youngest Child, –

Occupation, Laborer.

Degree Education, None.

Profession, Religion, Lutheran.

Habits, Unknown.

Nationality, Germany (Parents also born there) Became resident of State 1865 in 1874.

Physicians Committing, C. Supt. & W. H. Adams.

Correspondents, Mrs. Geo. Bloom (sister) Hammonds Ford, Minn.

No. of Years, 188.

Insane Relatives, No history.

Cause Exciting, Epilepsy

Cause Predisposing,

Form,

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Not

Date of this Attack, Epilepsy for 18 yrs.

Duration, Years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 32.

Time of Leaving, Oct. 13, 1899

Time in Hospital, 1 yr. 6 m. 3 d.

Result, Died - Asphyxia from food in Epileptic Convulsion. (Sister telephoned to bury him here)

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor.

Recent Events, not good. Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull, slow - somewhat demented. very poor memory

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, Patient can tell little about his

Paternal Relatives, relations

Mother, living –

Maternal Relatives,

Brothers and Sisters, 4 half-sisters

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

Patient says he has had measles & small pox. Denies specific disease - Was struck on head with ax, causing unconsciousness.

HABITS, Drinking and Smoking, has smoked & drank some.

HEADACHES, VERTIGO, OR CONVULSIONS, for years.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sometimes not regular.

TWO POST MORTEMS.

Dr. F. R. Mosse Examined the Remains of a Little Child and Also of a Patient at the State Hospital

The other examination was held over the body of John Pike of Hammond, who had been a patient at the hospital for some time. He was an epileptic and frequently had convulsions. In one of these spells he choked to death. With his usual promptness of action, Dr. Kilbourne summoned Coroner Mosse, thinking that the manner of his death, which was sudden, warranted such a move, and in case an external cause existed it could be pointed out, and if not then those in authority would have no further responsibility in the matter. The post mortem showed that the patient had eaten a quantity of meat and while writhing in the convulsion, the contents of the alimentary canal were emptied into the bronchial tubes, and death came from strangulation.

Medical History of John Pike.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Quite good -

d condition of Skin, Acne on top of head - one on nose - on right shoulder - Flat-footed - Varicose veins.

otness of Movement, Clean - slow - slight tremor.

onse to Light, and Accommodation, Unequal - R. L. enlarged & irregular - Reports of left eye - 2 days since 1st injury

R. Almost none in left.

rcus Senilis, or other troubles,

mpaired.

nch impaired Legs, do. Grasp,

, Hands, Tongue, Facial Muscles, General, slight of tongue.

PATELLAR REFLEX, slightly increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Good Size, N

Apex Beat, 5 Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair
B. Sounds feeble

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Teeth. 4 upper, 8 lower.

BOWELS, Present Condition, Quite good.

Quite good -

Quite good.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient presents a dull, inactive appearance. Mental condition seems much impaired. Memory is poor: seems indifferent. Does not show any delusions. Has had epileptic fits for years. Says he was struck on top of head with an ax. Wound left two "hummocks" Decided Babinski Valgus of both feet. Small tumor on neck. Walks with a slow shambling unsteady gait. Shows considerable incoördination. Vital functions seem in fair condition. Diagnosis - Epileptic dementia

Personal and Medical History of John Pike

Whole No. 5021

Residence, Hammond, Minn.

Date Admission, April 15th 1898.

Admitted by Dr. H.H. Kenyon hour, 2 P.M.

How Sent, M. Kennedy J. of P. Wabasha Co.

Sex, male Age, about 50.

Civil Condition, Single.

Children, none.

Age Youngest Child, –

Occupation, Laborer.

Degree Education, None.

Profession, Religion, Lutheran.

Habits, Unknown.

Nativity
Nationality, Germany (Parents also born there)
Became resident of State etc in 1874.

Physicians Committing, W. Tufft & W.H. Adams.

Correspondents, Mrs. Geo. Bloom (sister) Hammonds Ford, Minn.

No. of Years, 188.

Insane Relatives, No kn

Cause Exciting, Epile

Cause Predisposing,

Form,

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Not

Date of this Attack, Epilepsy for 18 yrs.

Duration, Years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 32.

Time of Leaving, Oct. 13. 1899

Time in Hospital, 1 yr. 6 m. 3 d.

Result, Died - Asphyxia from food in Epileptic Convulsion.
(Sister telephoned to bury him here)

H. A. BROW
MILLINERY
JUST ARR
AT
...Manufacturer...

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor.

Recent Events, not good. Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull, slow - somewhat demented. very poor memory.

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, Patient can tell little about his

Paternal Relatives, Relations

Mother, Living -

Maternal Relatives,

Brothers and Sisters, 4 half-sisters

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

Patient says he has had measles + small pox. Denies specific disease - Was struck in head with ax, causing unconsciousness.

HABITS, Drinking and Smoking, has smoked + drank some -

HEADACHES, VERTIGO, OR CONVULSIONS, for years.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, sometimes not regular.

Personal and Medical History of John Pike.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Quite good -

WOUNDS, Abnormalities and condition of Skin, Scar on top of head - one on nose - on right shoulder - Flat footed - Varicose veins.

TONGUE, Coatings or Promptness of Movement, Clean - slow - slight tremor.

PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - R. L. enlarged + irregular - Agismatic left eye - 2 days blind in injury

SIGHT, not good in R. Almost none in left.

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

HEARING, Much impaired.

COORDINATION, Arms, much impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of tongue.

PATELLAR REFLEX, slightly increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, M. Weak

Apex Beat, Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair
B. sounds feeble

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Quite good.

BOWELS, Present Condition, Quite good.

Teeth. 4 upper, 8 lower.

Give condensed statement of present Mental and 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 presents a dull, inactive appearance. Mental condition seems much impaired. Memory is poor: seems indifferent. Does not show any delusions. Has had epileptic fits for years. Says he was struck on top of head with an ax: caused left eye hammer. Divided biceps valgus of both feet. Small tumor on neck. Walks with a slow shambling unsteady gait. Shows considerable incoördination. Vital functions seem in fair condition. Diagnosis - Epileptic dementia

Personal and Medical History of John Pike

1899

This patient was brought here by Sheriffs Deputy Ed Ordway attended by Geo. Labaree in fair physical condition, with the following history:- No history of consanguinity or heredity. Has had epileptic seizures since 1878 - present mental condition has been increasing during last few years. Disease is variable with irregular rational intervals. Derangement now manifested by dementia. Not disposed to injure others. Neither filthy nor destructive in habits. No knowledge of previous peculiarities. Has been confined in lock-up three days & two nights. No history of treatment. On personal examination patient is demented & appears feeble-minded. Has a poor memory - appears to be poorly kept.

Apr 15 On admission put upon Infirmary. (5 Ft. Rpt. Complexion sandy: Hair brown with gray: Eyes grayish: Skin fair condition. Small tattoo marks on left hand: Is dirty. Has hemmis: Pupils on both legs are slightly dilated. Feet some deformed. Behavior quiet after put to bed: Temp. 101 P. 110 R 20.)

Summary Nurses Notes. Patient received on ward at 4 PM. Struggled violently while being bathed: Appeared to be confused & could not realize where he was: Lies quietly in bed - is very sullen. Apr 16 Temp. pulse & resp. normal. Answers some questions but is still very sullen: Complains of soreness & stiffness in limbs: Was given his clothes & transferred to B'. Went out with crowd this PM. was restless & had to be held by nurse: Apr 17 Sat quiet in bay all day: Had a convulsion.

18 Pulse very weak: Habits dirty: Eats & sleeps on hall. Apr 19 Quiet & well-behaved all day: Had light convulsion this morning. Apr 20 Says he has had convulsions for a number of years, but of late much harder. Habits clean. Apr 21 Allowed on hall - Quiet & well-behaved. Appetite good: Bowels regular. Apr 22 Complains of feet being sore - Had convulsion. Apr 27 Says convulsions are affecting his hearing.

26 Is much better & acts more contented of late - Continued by Dr. Phelps -

May 6 Wt. 148# Patient somewhat stubborn: Is an epileptic & some of convulsions are very severe. June 1 Wt. 150# Has occasional convulsions: Is rather demented & fussy & apt to get into trouble with other patients July 20 Visited by wife & daughter. Jan 28 99 Still stubborn, demented & easily irritated: No special change in mental state. Feb 1 - July 31 99. Feb 1. Wt. 153# Patient becomes irritated very frequently without cause: Is an epileptic. July 24. Complained of eyes hurting him. Trans. to Infirmary. July 27. Trans. to B'. July 29 3 Teeth extracted.

July 31 - Oct. 13 1899. Aug 1 - Wt. 143# Pulse 72. Oct. 16. Has had rather frequent severe convulsions: Is very dull mentally. Stubborn & inclined to be very pugnacious at times, also has delusions. Appears much demented. Works on ward & in kitchen. Oct 13 patient at 12 M. 45. PM. had a hard convulsion: did not revive. Physician called but all efforts to revive him were unavailing.

Died

Personal and Medical History of

Personal and Medical History of Fred Schmeesler

Whole No. 5024
Residence, Inver Grove, Minn.
Date Admission, April 19th 1898.
Admitted by Dr. RM. Phelps hour, 6 1/2 P.M.
How Sent, T. P. Moran J. of P. Dakota Co.
Sex, male Age, 20 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farming.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate
~~Nativity~~ Nationality, Germany (Parents also born there)
Physicians Committing, A. Van Buck - Albin Thorn.
Correspondents, Father - Fred Schmeesler Cor Robert & Anapolis Sts. West St. Paul, Minn.

No. of Years, 19
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Acute Mania
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Three weeks ago.
Duration, Three weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Mar. 9. 1899
Time in Hospital, 10 m. 18 d.
Result, Discharged Aug. 9. 1899 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Fred Schmeesler.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Fred Schnessler.

1898

This patient was brought here by Sheriff's deputy John Moser, attended by Fred Schnessler, Jr. in fair physical condition, with the following history: No history of consanguinity or heredity: First symptoms of disease manifested three weeks ago, while plowing began dancing, whistling, cutting capers & neglecting work. Disease appears increasing: Not variable, no rational intervals: Derangement manifested by incoherent language & maniacal excitement: Not disposed to injure others: Not filthy in habits but since last night has been destructive of furniture: No previous peculiarities noted: No severe disease nor injury to head: Since last night has had to be restrained from destroying furniture. No treatment pursued. On personal examination, language is incoherent, is rebellious & excited & talks incessantly.

Apr 19 On admission put upon Infirmary East. (G.H.N. Rpt. - Complexion dark: hair black: eyes brown: Skin good condition: Is clean: Behavior excitable.) Summary Nurses Notes Temp. 102 P. 108 R. 20. Very restless & noisy & inclined to be pugnacious: In protection sheet all night. Apr. 20 Temp 103°-100° P. 104-100 R. 24-22. On liquid diet only: Noisy & restless - badly disturbed. Delirious during night. Held in bed most of night. Apr. 22 Temp. 99°-100. Had to be held in bed until 4 PM when he went to sleep & slept until 3 AM. Bowels irregular: Still on liquid diet. Apr 23 Restless & disturbed nearly all day & night - Slept 2 hrs. Hot baths 105° given daily.

24 No change. Temp. P. & R. normal. Apr 26 Up & out with crowd today. Has quieted down: Answers questions fairly intelligently: Restless 3 hrs. during night. On regular & extra diet. Apr. 27 On regular & extra diet - Fairly quiet most of day. Is quite stupid & depressed. Slept one hour during night. Apr 28 Quiet & well-behaved today but is stupid & depressed. May 2 Wt. 140. More stupid & sullen of late - Talks irrationally. Refuses to answer when spoken to. Dr Herzog notes - Acute mania with subsequent confusion. Continued by Dr Phelps. July 20 Has been very irrational, rather maniacal & troublesome, somewhat filthy in habits: Trans. to C'. today & put in restraint. Aug 4 Wt. 140# Still quite destructive & filthy. Jan 31 '99 Still rather irrational, works some in laundry. Is better behaved. Now on A'. Most of improvement was during October.

Feb 1 - July 31 '99. (Dr. Wanous) Patient well-behaved: Talks rationally: Works in laundry. Physical condition good: Mar. 9. Went home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Michael Ryan. #1

Whole No. 5025
Residence, St. Paul, Minn.
Date Admission, April 22nd 1898.
Admitted by Dr. R. M. Phelps hour, –
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 38 yrs. (probably 45 yrs)
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, ?
~~Nationality~~ Nativity, Ireland. (Parents also born there.)
Became resident of State & Co. in 1880
Physicians Committing, J. B. Brimhall & J. Ohage.
Correspondents, Notify O'Halloran & Murphy undertakers.
12/5/98 122 W. 6th St. St. Paul. in case of death.
10/13/98 Copy of Notice of hearing petition for appointment of Patk Ryan, guardian filed

No. of Years, 192
Insane Relatives, None.
Cause Exciting, Sunstroke.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About one year ago.
Duration, 1 yr.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 27 yrs. (?)
Time of Leaving, Dec. 14. 1898
Time in Hospital, 7 mo. 26. da.
Result, Died Gen'l Paresis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Michael Ryan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1½ in. PRESENT WEIGHT, 138 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of Michael Ryan #1

1894

This patient was brought here by Sheriffs Deputy J.B. Arend, in fair physical condition with the following history: No history of consanguinity or heredity: First attack occurred in 1887 when patient was in this hospital from Dec. 31'87 to June 21'88. (See Vol. 9 p. 170 No. 1610) First symptoms of present attack manifested about one year ago by melancholia & hallucinations of persecution: Disease appears to be increasing: Not variable, no rational intervals: Derangement now manifested by stupor: Not disposed to injure others: Habits filthy: No previous peculiarities noted: Had a sunstroke in 1887 (previous history does not mention this but gives cause of disease as syphilis) On personal examination - indifferent to surroundings, general stupidity, mind completely blank, memory gone.

Apr 22 On admission put upon B.3. (Std. Rpt. Complexion light: Hair brown: eyes blue: Skin fair condition: Ankle slightly swollen: Is clean: Behavior good.)

" Summary Nurses Notes. Temp 99° P. 90 R. 22 Patient very much confused: & irrational: Talks little & hesitatingly: Habits fairly clean: 23 Is becoming very unsteady on his feet. Apr 25 Very much confused this AM. fell on stairs - Trans. to Infirmary & put to bed: Acts very stupid: Lies quietly in bed. Apr 26 Given clothes - out with crowd: Blue ointment treatment commenced: Still very stupid. Apr 27 No change: Out with crowd daily: Bowels regular: Appetite good: Sleeps fairly well: Apr 30 Had three spells today: fell on floor & seemed almost helpless: Very marked tremor of right hand & leg: May 1 Patient not able to walk this morning: Remained in bed:

May 2 Out. 1 & 3. Attempted to get up but fell on floor: May 4 On liquid diet: Fell during night bruising forehead: Is very helpless. May 5 Dr. Herzog notes - "Seems like general paresis but the one-sidedness of the paresis with the previous history of syphilis warrants the mercury." June 1 Patient lying quietly in bed: Makes no complaints: Always says he is feeling well: Temp. slightly elevated at times: dull & thoroughly demented. July 1 Still lying quietly in bed. Wt. 114 lbs.

July 16 Fell while trying to walk today. Oct 1 Patient thoroughly stupid & demented, almost hopeless now. Oct 3 Patient unconscious: spasms of left arm & leg. Cannot swallow. Nov 30 Patient during last week has had a good many convulsions & spasmodic movements of leg & arm. Wt. 106 lbs. Dec 14 Died today. has several times had convulsive movements & more or less unconscious spells, gradually failing until death.

Died

Personal and Medical History of

Personal and Medical History of John Wise

Whole No. 5076
Residence, Lake City Minn.
Date Admission, April 22nd 1898.
Admitted by Dr. H.H. Herzog. hour, 6:45 P.M.
How Sent, Malcolm Kennedy Jeff. Wabasha Co.
Sex, male Age, 65 yrs.
Civil Condition, married
Children, One.
Age Youngest Child, –
Occupation, None.
Degree Education, Common school.
Profession, Religion, None.
Habits, Intemperate.
~~Nativity~~ Nationality, Germany. (Parents also born there.)
Physicians Committing, C.D. Vilas + J.C. Adams.
Correspondents,

No. of Years, 193
Insane Relatives, None.
Cause Exciting,
Cause Predisposing, Hereditary tendency.
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, About 8 mos. ago.
Duration, 8 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 65
Time of Leaving, June 13, 1898.
Time in Hospital, 1 m. 22 d.
Result, Discharged. Dec. 17, 1898 Recovered.

EXAMINATION ON ADMISSION BY DR. H.H. Herzog. Date of Apr. 22/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused, Sluggish.
MEMORY, Past Events, poor.
Recent Events, Very poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - illusive.
REASONING POWER, Ordinary Subjects, impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Son says no heredity.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Son says has drank harder of late.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of John Wise.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5 in. PRESENT WEIGHT, 140 lbs. USUAL WEIGHT, NUTRITION, Impaired
WOUNDS, Abnormalities and condition of Skin, Skin jaundiced.
TONGUE, Coatings or Promptness of Movement, heavy brown coat. slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - contracted - Response to light + ac. sluggish
SIGHT, (Cataract of left eye - says sometimes has diplopia) Right impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Impaired.
COORDINATION, Arms, Impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Tremors of hands + tongue - Slight general.
PATELLAR REFLEX, 7-8 equal. 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 weak.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Patient shows a considerable dementia. Does not know where he is. Thinks he slept at home last night. Has no recollection of coming here or the trip here. Wanders about room. Is restless. Son says he has not been right for a couple of years. Steadily grows worse

Personal and Medical History of John Wise.

1898

This patient was brought here by Sheriff's Deputy D.C. McKenzie, attended by E.A. Wise in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms of attack manifested about 8 mos. ago when brother's son & wife noticed unusual egotism manifesting itself by the utmost confidence in his own judgment & contempt for that of others: Disease appears increasing: Is variable with rational intervals: Derangement now manifested by imagining that robbers are trying to break into the house; that he is not at home; that members of the family are trying to harm him &c. Is disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No severe disease nor injury to head: Has been under mild restraint at home for about four weeks. Has been given treatment as follows - sedatives tonics & moral hygiene. On personal examination expression dull,
Apr 22/98 listless & apathetic. On admission put upon B³. (G.H.U. Rpt Complexion dark: hair & eyes gray: Skin good condition: 3 small scars on small of back: Is clean: behavior good.)

23 Summary Nurses Notes. Patient much confused & irrational. Kept in bed with difficulty during night: Slept 3 hrs. Temp. Pulse & Resp. normal: Is restless & filthy today. Apr 24 Very much excited at times: Put upon medicine 3 x day: Appetite good.
25 Causes much disturbance at night: refuses to stay in bed: Apr. 26 Habits becoming very filthy: Sleeps fairly well at night. Apr 27 Very restless & confused.
28 No change in behavior: Habits not quite so filthy today: Is upon regular diet: Appetite good. Apr 29 Patient is irrational & confused. Apr 30 Is very troublesome - always trying to get out: May 2 Is becoming more used to the place & does not worry so much: May 3 Is in a more settled condition mentally but still irrational.
May 4 Worries some about his family: Spends most of time wandering about ward.
Continued by Dr Phelps. May 12 Visited by friends: Fairly quiet: slightly senile: Somewhat confused: Walks up & down hall: 18 Visited by relatives.
June 13 Visited by relatives & taken home: Talks quite rationally now: Slight feebleness of mind left.

Discharged.

Personal and Medical History of

Personal and Medical History of George Burhart.

Whole No. 5027	No. of Years, 194
Residence, Rochester, Minn.	Insane Relatives, Mother.
Date Admission, April 25th 1898	Cause Exciting, Unknown
Admitted by Dr. R.M. Phelps hour, 6 45 P.M.	Cause Predisposing, "
How Sent, J.A. Leonard, J. of P. Olmsted Co.	Form,
Sex, male Age, 53	Accompanying Bodily Disorder, None mentioned.
Civil Condition, widowed	Suicidal or not, not.
Children, 4.	Date of this Attack, 3 mos. ago
Age Youngest Child, – –	Duration, 3 mo.
Occupation, Laborer.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Christian.	Age First Attack, 53
Habits, Intemperate (?)	Time of Leaving, Jan 30 1901.
~~Nationality~~ Nativity, Canada (Parents also born there.) Became resident of State & Co in 1870	Time in Hospital, 2 yrs. 9 mo. 5 da.
Physicians Committing, J.G. Cross & C.G. Granger	Result, Dischg. Recovered Feb 5 1901.
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Copy of Notice of hearing petition for appointment of Sarah A. Marlette as Guardian for Geo. H. Burhart, Insane, served upon Dr. A. F. Kilbourne, Supt. June 2nd 1898.

Paper filed with Commitment papers.

George Burhart

RISTICS.

EIGHT, NUTRITION,

Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of

Whole No. 5027

Residence, Rochester, Minn.

Date Admission, April 25th 1898

Admitted by Dr. R.M. Phelps hour, 8 45 P.M.

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

Sex, male Age, 53

Civil Condition, widowed

Children, 4.

Age Youngest Child, – –

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Christian.

Habits, Intemperate (?)

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

Became resident of State & Co in 1870

Physicians Committing, J.G. Cross. & C.P. Granger

Correspondents,

Form,

Accompanying Bodily Dis...

Suicidal or not, not.

Date of this Attack, 3 mos. ago

Duration, 3 mo.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 53

Time of Leaving, Jan 30 1901.

Time in Hospital, 2 yrs. 9 mo. 5 da.

Result, Dischg. Recovered Feb 5 1901.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

...rsonal and Medical History of George Burhart

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 PRESENT WEIGHT, 130½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of George Burhart.

1898

This patient was brought here by Sheriff's deputy Tooz, in fair physical condition with the following history:- No history of consanguinity - Mother was insane. First symptoms manifested 3 mos. ago: became irrational & talked loudly: Disease appears increasing: Not variable: no rational intervals: Derangement now manifested by being quarrelsome: threatens injury to himself & others - No previous peculiarities manifested: No severe disease nor injury to head: Has neither been confined nor restrained Has received no treatment: On personal examination Is very excitable, talks loudly & is quarrelsome -

Apr. 25 On admission put upon B&E (G.H.U. Rpt. Complexion light: hair gray: eyes blue: Skin good condition: Scar on left shoulder: left ankle smashed: Is clean: Left leg shorter than right.)

Apr. 26 Summary Nurses Notes. Patient fairly clean in habits; is very talkative. Appetite good Bowels regular sleeps well. Apr. 27 Is very anxious to explain his troubles: Talks most of time: Is likely to be a nuisance. Apr. 28 Behavior & physical condition good.

29 No change: worries a great deal over his business affairs Apr. 30 Has no noticeable delusions: Still very talkative. May 1 Does no work on ward; Goes out for daily exercise May 5. Behavior fairly good: Appetite good - bowels regular Sleeps well: Spends most of time selling corn-salve & ointment. Has a good deal of trouble with other patients - mostly talk. Continued by Dr Phelps.

May 25 Visited by relatives: 27 Visited by sister. June 9 Visited by relatives. Wt. 140# Rather restless & talkative & mildly maniacal; is, however, interested in things about him. July 31 Continues rather restless & mildly maniacal: Imagines himself full of electricity. Aug 31 Patient has been rather more maniacal during past month; quite noisy & restless.

Sept. 5 Trans. to B'. Still noisy & restless. Nov 1 Wt. 145# Still noisy & troublesome.

Nov 28 '98 Has quieted down some lately: Still, however, is rather troublesome

1899 & has to be watched. Has various delusions and considerable feebleness of mind. Feb 1 July 31 '99 (Dr. Wanous) Wt. 141# Is inclined to be noisy &

Feb 1 -to- restless. Continually talking about money he will have when he gets

July 31 out. Feb 7 Trans. to B'. Patient believes he knows several women on West side. Apr 1 Very anxious to go home. May 1 Is quiet & quite rational. May 25. Allowed to go to town: June 1 Goes to town every day. Trans. to A'. July 4 Ran his doll rack down town: Is apparently rational & in good

Aug 1/27 health. Aug 1 Wt 145#. P76. Aug 27 Went down to town on business; frequently goes to town.

Sep 30. Behavior good: apparently rational, tho' melancholy, at times; quite anxious to get outside work.

Oct 20 Visited by friend. Worries greatly about property: has shortening of limb, caused by accident

Nov 10 before commitment. Nov 10 has trouble with eyes. Worries & frets, a great deal. Health seems good.

1900 Feby 28 No change specially noticeable. There are times when he seems very melancholy, brooding over troubles

June Visited by son. July 30. Vaccinated, unsuccessfully. Patient's condition shows no special change -

July 30. His general health seems good: yet he is quite melancholy at times, worrying and fretting.

Personal and Medical History of George Burhart

1900

Aug 30 Patient worries a great deal. Sep 1. Patient frequently goes down town, to meet his son --

Sep 1 Is still somewhat nervous, & seems depressed, at times: occasionally complains of not

Dec 31 Sleeping well. Dec 31. Condition remains about the same. Still worries somewhat.

1901 Jan 30 Was sent home.

Discharged

Personal and Medical History of Arthur G. Otis

Whole No. 5028
Residence, St. Paul, Minn.
Date Admission, April 27th 1898.
Admitted by Dr R. M. Phelps. hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 49
Civil Condition, married.
Children, Three.
Age Youngest Child, –
Occupation, Lawyer,
Degree Education, College education.
Profession, Religion, Episcopalian.
Habits, Not intemperate.
Nationality, United States (Parents also.)
Physicians Committing, G. L. Metcalf & A. Sweeney.
Correspondents,

No. of Years, 196
Insane Relatives, Mother & brother.
Cause Exciting, –
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Propensity probably active.
Date of this Attack, —
Duration, —
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, —
Time of Leaving, Sept. 22nd, 1900 1899
Time in Hospital, 1 yr. 4 m. 27 d.
Result, Disc. Mar. 6. 1900
Improved

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Apr. 28/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused.
MEMORY, Past Events, Slight impairment
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Fairly alert. Correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, impossible to reason as to his delusions
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
much depressed.
DELUSIONS, Not Systematized, ~~Transitory,~~ Fixed Special Subjects, of impending death.
Conversation fairly voluble & coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

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

Personal and Medical History of Arthur G. Otis.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 in PRESENT WEIGHT, USUAL WEIGHT, 140 NUTRITION, somewhat impaired
WOUNDS, Abnormalities and condition of Skin, somewhat narrow high-arched palate. weak small chin. Scar over right eyebrow.
TONGUE, Coatings or Promptness of Movement, light whitish coat. somewhat slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal, size normal. responsd to light & accomodation
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - none of tongue, facial muscles or general.
PATELLAR REFLEX, 9-10, equal - Other Reflexes, Slight ankle clonus.
ARTICULATION, Slurred, Hesitating, Slow, drawling, whimpering.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Peculiar sound just before 2nd initial
Apex Beat, Regularity, Sounds all sharp. Strength sounds all weak. Size hypertrophied. Apex beat 6th interspace. Slight
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion small.
Breath sounds somewhat harsh.

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

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

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

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

Patient is in an acute melancholic condition. Has great fear of impending death. Dr Sweeney states that about 2 yrs. ago he was in a similar melancholic condition which passed into a mania & thence to an apparent recovery. He thinks the form circular.

Personal and Medical History of Arthur G. Otis.

1898

This patient was brought here by Sheriffs deputy Mr Otis attended by Dr. A. Swaney, in impaired physical condition, with the following history:- No history of Consanguinity or intemperance in parents or self: Patients mother & brother insane: First symptoms of disease manifested by depression followed by exaltation. Disease appears increasing: Not variable: no rational intervals: Derangement now manifested by the belief that he is dying: Not disposed to injure others - suicide never attempted but propensity is probably active: No disposition to filthy or destructive habits: Previous peculiarities depression & hypochondria: No severe disease nor injury to head: No confinement nor restraint employed: Has been given sedatives & fed by force.

On personal examination is emaciated & weak: talks solely of impending death & cannot be reasoned out of his delusions.

Apr 27 On admission put upon Infirmary East (G.H.U. Dept. Complexion light: Hair dark brown & a little gray: Eyes blue: Skin good condition: Vaccination marks on left arm: Scar on forehead over right eye: Is clean: Behavior good: Temp 97° P 82 R 24.

Summary Nurses notes 1st 14 days by Dr Herzog - Admitted on Infirmary & put to bed. Very melancholy: quite weak: Thinks he is going to die. Restless all night: slept none. Apr 28 Temp. normal: Ate 3 light meals: egg-nog between meals & 2 glasses hot malted milk at bed time - Given 20 gr. Trional at bed time: Slept 7 hrs.

29 Ate fair breakfast & dinner, light supper: Is restless: Has some delusions: Liquids between meals continued: slight diarrhoea: Slept one hour. Apr 30 Did not take so much nourishment: Enema given: slept none. May 1 Fair breakfast, good dinner: fair supper. Sleeping done, Trional, given. Slept 9 hrs. May 2-3 About same: Takes large quantities of nourishment: Bowels inclined to be constipated.

May 7 Has received occasional doses of Trional with good results: Is taking large quantities of nourishment: Is gaining slightly physically: Up & out for a walk today: A slight improvement noted in the two weeks physically & also in behavior but no actual gain in mental condition - Melancholia with unsystematized delusions. Continued by Dr Phelps. May 31 Patient still steadily maniacal: Talks & laughs to himself in a childish way.

June 10 Eloped: brought back from town. June 12 Visited by brother.

Aug 5 Put to Oronoco camping. Aug 16 Returned. Seems to be rather more cheerful & Given parole of grounds. Still rather despondent & childish in ideas.

1899 Nov 22 '98 Eloped. Retd Dec 31 '98. Feb 1 '99 to July 31 '99 Wt. 135#. Is continually

Feb 1 to July 31 complaining & wants to go home. Says he has some stomach trouble, & that he cannot sleep nights. Trans. to Inf. Apr. 3d. Put on extra diet: given massage & medicine. Wants to go back to A[r] for fear he will die. Apr. 16 Trans. to A[r]. Is very restless & melancholy. Complains of buzzing sound in his head. Tries to elope. Has become very despondent. June 1 Seems much worse: Thinks he

Personal and Medical History of Arthur G. Otis

1899

Aug 1 will die. & wants to go home. July 25 Visited by friends. Aug 1. Wt 118# - appetite good: physical condition quite good: Complains of right-emissions. Aug 17. Visited by a

" 17 nephew. Aug 19. Out Camping at Oronoco. Sep 4 Returned from Camp. Put on A[r]

" 19 Wt 129#. Sep 8. Given parole. Put on extra diet. Is apparently improving both mentally

Sep 8 and physically. Sep 21. Went out to Oronoco to stop with Dr. Clay.

" 21 After remaining there for some weeks, was allowed to return home.

Discharged

Personal and Medical History of Fred Stussy

Whole No. 5029
Residence, Milton, Minn.
Date Admission, April 27th 1898.
Admitted by Dr H H Herzog hour, 3 15 P.M.
How Sent, Sivert Olson Jap P. Dodge Co.
Sex, male Age, 38.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, none
Profession, Religion, Christian.
Habits, not intemperate.
~~Nationality~~ Nativity, Switzerland. (Parents also born there)
Physicians Committing, S. H. Vanblere + C. O. Hughes.
Correspondents,

No. of Years, 195
Insane Relatives, Father had Epilepsy.
Cause Exciting, "Religion"
Cause Predisposing, — Heredity probably
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, 2 yrs. ago.
Duration, 2 yrs.
No. of Attack, 1st continuous.
No. of Admission, 1st
Age First Attack, 36.
Time of Leaving, Nov. 17. 1898
Time in Hospital, 6 m. 21 da.
Result, Discharged 5/3/99 Unimproved

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Apr 28

MENTAL CHARACTERISTICS.

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

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

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
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 Henry A. Woolery.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ in. PRESENT WEIGHT, 154½ lbs USUAL WEIGHT, NUTRITION, Seems to have lost flesh.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slow. whitish coat. pale.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size dilated. Respond to light + accom.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands + tongue.
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Exam. unsatisfactory - rapid + irregular
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Patient is said to have been "queer" for 2 yrs. past but that the recent death of his mother made him worse. At present his face is flushed - eyes wild + staring + he scarcely seems to understand what is said. From the description of sheriff it would seem that he suffered previously from a paranoia. At present there is a confusional state with violence.

Personal and Medical History of Fred Stussy.

1898

This patient was brought here by sheriffs deputy A. Baumgardner attended by Jos Tucker, in fair physical condition with the following history: No history of consanguinity nor intemperance in parents or self. Father had Epilepsy. First attack manifested about 2 yrs. ago, disease gradually increasing. Disease is variable. Derangement is now manifested on subject of religion. No disposition to injure others. No disposition to filthy or destructive habits. Previous peculiarities manifested on subject of religion. No severe disease nor head injury. Has neither been confined nor restrained. Has received no treatment. On personal examination no further facts ascertained.

Apr 27 On admission put upon Infirmary East (Ward Apt.) Complexion sandy Hair brownish-red. Eyes gray. Skin good condition. Three vaccination scars on right arm. large scar inner side of right arm at elbow. also small scar on left heel. Is fairly clean. Talks irrationally. Is Quiet.)

Summary Nurses Notes- Patient sullen & depressed. Very fugacious- said someone was calling him names. Was put in protection sheet at 8 PM.

28 Taken out of sheet at 6[15] AM. Quite restless most of day. Given egg-nog between meals.

29 Up on ward this PM Quiet & well-behaved until 5[30] PM became very pugnacious & was put to bed. Restless 4 hrs., noisy two hrs. during night. Apr 30 Patient fairly quiet in bed all day but had to be in protection sheet all night. Slept one hour. Appetite good- bowels irregular. May 1 Refused all nourishment during day. Very irrational & sullen all day & toward night became restless & destructive In sheet all night. May 2 In sheet until 2 PM. Temp. 100°-98[4]. Fairly quiet remainder of day. Given hot bath (105°) at 2 PM. On liquid diet only. Given salts.

May 3 Patient fairly quiet during day. Talks irrationally. Given egg-nog between meals Put upon Bromide May 4 Patient lies fairly quiet in bed today. Is quite stupid & irrational. May 5 Stupid & depressed today. Given regular bath. up this PM.

6 up on ward today. No change in patient. May 7 Patient quiet during day. Restless & out of bed often during night. Bowels constipated. May 9 Patient remains about same. Talks very irrationally. May 10 Trans. to B'. Dr Herzog notes "Acute maniacal or confusional attack occurring in an old case of insanity. Constipation very marked". Continued by Dr Phelps May 12 Visited by friends Wt. 154[#] Is rather childish. Tries to escape. Is somewhat melancholy in manner. Has delusions of persecution. Nov. 17 Taken home on trial. Works in laundry. Shows considerable improvement. Talks quite intelligently. Has changed considerably of late.

Discharged

Personal and Medical History of

Personal and Medical History of Edward Fitzpatrick.

Whole No. 5031
Residence, Stewartville, Minn.
Date Admission, April 30th 1898
Admitted by Dr. H. H. Herzog hour, –
How Sent, J. A. Leonard J. of P. Olmsted Co.
Sex, male Age, about 60.
Civil Condition, married
Children, Four.
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Can read & write
Profession, Religion, Catholic
Habits, Intemperate probably
Nationality, Ireland (Parents also born there)
Physicians Committing,
Correspondents,

No. of Years, 198
Insane Relatives, daughter & nephew
Cause Exciting, Worrying over business.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, 10 yrs ago.
Duration, 10 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, About 50
Time of Leaving, Dec. 20. 1898
Time in Hospital, 7 m. 20 d.
Result, Discharged May 3rd. 1899 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Edward Fitzpatrick.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 120½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Edward Fitzpatrick.

1898

This patient was brought here by Sheriff Lee. Stewart attended by Matthew Fitzpatrick, in poor physical condition, with the following history:- No knowledge concerning consanguinity: First symptoms manifested about 10 yrs. ago by worrying over loss of property: Disease appears increasing: Is variable but melancholia has been constant: Derangement now manifested by wandering away from home somewhat intractable: Rambling talk: Not disposed to injure others: No attempt to suicide: Habits filthy & destructive: No previous peculiarities noted: A history of intemperance. No severe disease nor injury to head: Has neither been confined nor restrained: No treatment received: On personal examination refuses to answer questions: Is evidently melancholic.

Apr 30 On admission put upon B3E (P.H.N. Rpt. Complexion light: hair a little gray: eyes blue: Condition of skin poor: Is clean: Behavior good.)

Summary 1st day record by Dr. Herzog. Put upon B3 at 4 P.M. Appetite very poor during Apr. 30, May 1st, 2nd & 3rd. Is disorderly, talks little & irrationally: eyes inflammed, too feeble to go walking. May 3 Trans. to Infirmary: took no nourishment: lies quietly in bed: Considerably depressed. May 4 Took seven glasses of milk during day: Slept well. May 5 Took 8 glasses of milk, a bowl of soup & some pudding. May 6 Appears some better. Temp. normal: Ate light meals:

May 7-11 Takes very large quantities of nourishment. Has improved somewhat physically: Bowels constipated. Is a case of melancholia of long standing with considerable dementia. Is careless of personal appearance: Has done no work for six years past - recently took no nourishment & was at times violent as was sent here. Has shown a little improvement since coming here. Continued by Dr. Phelps May 15 Visited by son. July 20 W. 130th. Has been quite well-behaved, answers questions quite accurately: does not talk much. Nov 26 Visited by daughter.

Dec 28 Went home: Has been somewhat melancholy & rather more so of late: At times refuses to eat: has, however, a fair amount of intelligence.

Discharged.

Personal and Medical History of

Personal and Medical History of James O. Akins

Whole No. 5034
Residence, Dodge Co. Minn.
Date Admission, May 3rd 1898.
Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.
How Sent, Sivert Olson J of P. Dodge Co.
Sex, male. Age, 19
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farming
Degree Education, Common school.
Profession, Religion, Adventist
Habits, Has not been intemperate.
Nativity ~~Nationality~~ Minn. (Parents New York)
Became resident of state in 79 - Of Co in Mch 98
~~Physicians Committing~~ H. Van Cleve & C. O. Wright
Correspondents, David Aikins, father Wassioja Minn.

No. of Years, 201
Insane Relatives, Grandfather & sister.
Cause Exciting, Do not know.
Cause Predisposing, —
Form, Acute mania mental
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Has threatened it.
Date of this Attack, 1 yrs. ago.
Duration, 1 yr.
No. of Attack, 1st continuous
No. of Admission, 1st
Age First Attack, 18.
Time of Leaving, Jan. 13. 1899
Time in Hospital, 8 m. 10 d.
Result, Discharged July 13 '99 Recovered

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* May 4/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives, paternal uncle insane - thinks grandfather committed suicide.
Mother,
Maternal Relatives,
Brothers and Sisters, 11 in family. 2 brothers epileptic one of whom with one sister in School for F.M. at Faribault.
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 James O Akins

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6 in. PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, fairly good.
WOUNDS, Abnormalities and condition of Skin, Much acne of face.
TONGUE, Coatings or Promptness of Movement, whitish coat, red papillae, pale, fairly prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, equal. size normal. response to light & accommodation excessive.
SIGHT, Fairly good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, do.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.
PATELLAR REFLEX, 9 equal. Other Reflexes, abdominal & cremaster present.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Sounds fairly good.
Apex Beat, Regularity,
Apex beat quite forcible. normal position
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

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

Patient is fairly well nourished & except for the acne in fair physical condition. The digestion seems impaired & there is a tendency to constipation. He seems to realize that his mental processes are slower than before. He acknowledges masturbation but is not worried about it. Last fall contemplated suicide. For the past two yrs. he has been less cheerful & has not associated much with other boys. He admits threatening his father - thought he was "picking on him".

1898 Personal and Medical History of James O. Akins.

This patient was brought here by Sheriff Joel Tucker attended by Lant Ayres in fair physical condition, with the following history: No history of consanguinity: Grandfather + sister insane: First symptoms manifested about one year ago: Disease appears increasing: Variable with regular rational intervals: Derangement now manifested by thinking parents are his enemies: Is disposed to injure others: Has threatened suicide: Habits filthy + destructive: No previous peculiarities manifested: No severe disease nor injury to head: Has not been confined nor restrained: Has received no treatment: On personal examination nothing definite learned.
On admission put upon B³ E (G H u Rpt Complexion light: Hair brown: Eyes gray: Skin good condition: Scar on left ankle: Is clean: Behavior good.)

Personal and Medical History of

Personal and Medical History of Henry A. Woolery (or Wooley)

Whole No. 5035
Residence, Elmore, Minn.
Date Admission, May 4th 1898.
Admitted by Dr. R. A. Bebb hour, 6.45 P.M.
How Sent, J. F. Winship J. of P. Faribault Co.
Sex, male Age, 54
Civil Condition, married
Children, 6
Age Youngest Child, –
Occupation, Blacksmith
Degree Education, Well educated.
Profession, Religion, Free-will Baptist.
Habits, Has been intemperate.
Nationality, Nativity Canada (Parents also bro't there.)
Became resident of State & Co. in 1864
Physicians Committing, F. U. Hunt – A. J. Franklin
Correspondents, Harriet E. Woolery Elmore Minn

No. of Years, 202
Insane Relatives, None.
Cause Exciting, Epilepsy
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, Epileptic Convulsions
Suicidal or not, Not.
Date of this Attack, 2 yrs. ago.
Duration, 2 yrs.
No. of Attack, 1st continuous
No. of Admission, 1st
Age First Attack, 52
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
MEMORY, Past Events, fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Normal
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, dead
Paternal Relatives,
Mother, dead
Maternal Relatives, No history of insanity
Brothers and Sisters, All well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Not to excess
HEADACHES, VERTIGO, OR CONVULSIONS, No
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Henry A. Woolery

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 154½ lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin sallow.
TONGUE, Coatings or Promptness of Movement, Slight coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, equal. size normal respond slowly to light.
SIGHT, not good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, fair
COORDINATION, Arms, ~~free~~ Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands.
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, weak Size,
Apex Beat, Regularity, rapid
ARTERIES, easily compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion small.
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,

8/10/98 EXAMINATION URINE, Quantity, – Sp. g. 1011 Reaction, Slightly acid Color and Appearance, Pale yellow. Slightly cloudy
Albumen, None Sugar, –
Casts and Crystals,
11/21/98 Sp. gr. 1006. Color pale yellow. Reaction acid. Albumen present by heat. Slight track by Tarrets.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fair
BOWELS, Present Condition, regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient feeble, dull & stupid. has frequent epileptic convulsions & has a very poor mental development Physically is only fairly well nourished & in poor general health.

Personal and Medical History of Henry A. Woolery.

1898

This patient was brought here by Sandy McDonald, sheriff - in good physical condition, with the following history:- No history of consanguinity or heredity: First symptoms shown 2 yrs. ago - has been gradually growing worse since then: Violent at times: Disease appears increasing. Is variable: Derangement now manifested by absent-mindedness, thinks there is not only work to do & is violent when crossed. Is disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: Has been intemperate & has epileptic convulsions: Has not been confined nor restrained: No treatment pursued. On personal examination shows loss of

May 4/98 memory. On admission put upon B3E (GHN. Rpt. Complexion light Hair dark brown: Eyes gray: Skin good condition. Slight bruise on back of hand: Is clean: behavior good.)

Summary Nurses Notes. Patient seemed quite rational at first, but on finding the doors locked became restless & excited. May 5 Attempted to leave crowd while out, struggled violently

6 Patient is subject to spells of an epileptic nature. Still much excited at times: Appetite is good: Bowels regular: On medicine 3x day. May 7-8 No change. Is very irrational: Still insists upon going home: Slight spell at 5 P.M.

9 General behavior seems to be improving: Still quite irrational.

10 Patient goes about by himself most of time - is not sociable: May 11 Upon regular diet: Bowels normal. sleeps fairly well. Is of a very stubborn disposition but yields more easily than he did at first.

12 Still insists upon going home: says his folks are in ignorance of his absence.

12 No change in patient. Two convulsions today. May 14 Condition of patient unchanged: Has been quiet of late. May 16 Became excited while out today - is quite irrational. May 17 Had a convulsion at 12 P.M. Came out on hall, refused to go to bed & resisted violently. Continued by Dr Phelps. May 18 Has epileptic convulsions & is stupid & confused after them. June 2 Wt. 149# Convulsions

1899 rather frequent. Considerable dementia. Jan 31'99 Has drifted along in a

Feb 1 to July 31 rather demented, quiet way. Feb 1 - July 31'99 (Dr. Wanous) Wt 137# Does no work: memory poor: Has frequent convulsions: No change in mental con-

Aug 3 dition. Aug 3 Wt 154#. P. 80. Oct 30. Patient is irritable & stubborn. Still has convulsions: Elbow is

Dec 30 sore, from falls received. Dec 30. Condition shows no change in any way. Has frequent convulsions.

1900 Feb 5 Wt 166#. May 1. Patient much confused and demented. July 6. Wt 174#. P 104. July 30/1900

July 30 Above notes still hold good, at this date. Continues very much confused: Recently vaccinated successfully.

Aug 30 Epilepsy Continues: Patient does no work: is demented: Nov 1. 178#. Convulsions average about 3 or 4,

1901 Jany 31 a week. Jany 31/1901 - Condition remains about same. Convulsions continue. —

Feby 1 Wt 176#. P 96. Has 3 or 4 convulsions, a week. May 31. No special change. Still

May 31 subject to convulsions. July 8. Became pugnacious: had to be held for a while.

July 31 No change in general condition to report. Aug 1. Wt 179#. Nov 30 No special change -

Personal and Medical History of Henry A. Woolery

1902

Jan 31 Patient an Epileptic: at times, rather stubborn and quarrelsome: quite demented: has from 1 to 4 convulsions, a week. Feb. 1/02 Wt. 177#.

Jan. 31/03. Wt. 172# Patient has had a good many convulsions. has been several times violent, without apparent cause. Quite demented & dull: usually quiet.

Personal and Medical History of Milton J. Burhart.

Whole No. 5036
Residence, Rochester, Minn.
Date Admission, May 6th 1898.
Admitted by A. F. Kilbourne MD hour, 11 A.M.
How Sent, J.A. Leonard J. of P. Olmsted Co.
Sex, male Age, 23.
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
~~Nativity~~ Nationality, Rochester, Minn. Father Canada. Mother Minn.
Physicians Committing, A.S. Adams + C.D. Granger.
Correspondents,

No. of Years, 20 ?
Insane Relatives, Father, Aunt + Grandmother.
Cause Exciting, —
Cause Predisposing, Heredity.
Form, Acute Mania
Accompanying Bodily Disorder, Emaciation. irritable Cat.
Suicidal or not, Not.
Date of this Attack, 2 mos. ago
Duration, 2 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23,
Time of Leaving, Nov. 8. 1898
Time in Hospital, 6 m. 2 d.
Result, Discharged Nov. 8 '98 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Milton J. Burhart.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Milton J. Burkart.

1898

Note. Father admitted here on Apl 25/98

This patient was brought here by Sheriff McK. Stuart in fair physical condition with the following history: No history of consanguinity: First symptoms of attack manifested 3 months ago- Intestinal indigestion & irritable heart. Despondency alternating with attacks of acute mania: Disease appears increasing: Disease is variable with rational intervals: Derangement now manifested by despondency—threatens suicide: Delusions Not disposed to injure others No filthy nor destructive habits: No previous peculiarities noted: No severe disease nor injury to head: No confinement nor restraint employed: Has been given bromides & tonics. On personal examination is emaciated: has delusions: irritable heart.

On admission put upon Infirmary East (G.H.R. Rpt. Complexion light: Hair dark. Eyes gray: Skin good condition: 5th & 4th fingers on left hand crooked from injury. Patch of spots on back between shoulders & several small scars on forehead: Is clean: Behavior good.

5/6/98 Summary 14 da record by Dr. Herzog. Temp. normal except on admission (99°) first night slept one hour, after that slept well during 14 days except on May 15 slept but 2 hrs. Is dull & depressed with considerable complaint of imaginary illness. Is considerably emaciated. May 16 Had a dizzy spell when coming in from walk. Staggered & was bewildered - More stupid after this time but brightened up a trifle - will answer questions but not readily.

Continued by Dr. Phelps. June 1 Wt. 111# Patient not eating very well: Rather confused In quiet in behavior. June 19 '98 Visited by minister July 2 Wt. 112# Visited by minister. Aug 1 Patient seems to be improving somewhat: Wt. 115# Dec 1 Has improved a good deal mentally & physically: Helps with work. some; is quiet & well-behaved. Nov 8 Put out to Tracy to his sister Wt 139# Is quiet & well-behaved.

Discharged.

Personal and Medical History of

Personal and Medical History of George R. Kinne

Whole No. 5038
Residence, Winona Co, Minn.
Date Admission, May 6th 1898.
Admitted by Dr. R. M. Phelps. hour, 6th P.M.
How Sent, H. L. Buck J. of P. Winona Co.
Sex, male Age, 46.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Abstracter.
Degree Education, Good.
Profession, Religion, none.
Habits, Intemperate.
~~Nationality~~ Nativity, Newyork – (Parents also born there.)
Bicarm resident of State 25 Yr.
Physicians Committing, G. L. Gates & Thos. A. Price.
Correspondents,

No. of Years, 206
Insane Relatives, Mother & sister.
Cause Exciting, Alcohol.
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, About Dec 25 '99.
Duration, 4 - 5 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46 yrs.
Time of Leaving, Apr. 5. 1900
Time in Hospital, 1 yr. 10 m. 9 d.
Result, Discharged Apr. 30. 1900
Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of George R. Kinne

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 136 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of George B. Kinne.

1899

This patient was brought here by Sheriff A.W. Fuhrmann, in fair physical condition, with the following history:- No history of consanguinity: Mother + Sister insane: First symptoms of attack manifested about Christmas '97, by acute mania: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by imagining that people are trying to injure him: has tried to obtain revolver to protect himself: Wandered off from Monday 3 P.M. to Thursday 9 A.M. Not disposed to injure others except in way of self-defense: Habits neither filthy nor destructive: No previous peculiarities except was always very quiet: Had severe sickness following first attack: Cause of disease alcohol: Has been given sedatives + narcotics: No restraint nor confinement employed.

May 6 On personal examination eyes glassy, pupils contracted, is nervous. On admission put upon B 3 E (24th Rpt. Complexion light: Hair + eyes brown: Skin good condition: Vaccination marks on left arm: Scar on left knee: Is clean: Behavior good: Talks irrationally.)

7 Summary Nurses Notes. Seems quite nervous: says he has been drinking excessively of late. Talks rationally: Habits + dress very neat.

8 Put upon hyps. strych - treatment - 1/60 gr. 3 x day. May 9 Does no work on ward. Sleeps fairly well - Appetite is good: May 12 No change - trans. to A'-

13 Slept poorly last night: Bowels regular. Appetite good. Behavior good.

20 Patient has been quiet + well-behaved since coming to A'. Talks intelligently + rationally - reads some - No peculiarities in actions or behavior noticed. Makes no complaints. Still on Strych. treatment. Continued by Dr. Phelps

July 31 Patient has been working with florist. Says he feels better + sleeps fairly well now. Hypodermics of Strychnine not given at present. Quite intelligent

June 31 1899 Patient has recently taken care of fire-hall. doing work there + having parole.

Feb 1 - July 31 1899 (Dr Warnock) Patient quiet + well-behaved. Talks irrationally - June 20 Trans to A3.

Aug 31 Patient neat: well-behaved; good physical condition. Has been taking care of fire-hall for some time.

Oct 1 Wt 133 lbs. Nov 30. Patient has improved much of late. Still has parole. Quiet + well-behaved.

1900 July 31 Continues to improve. Works daily about Fire hall: Quite pleasant in manner + more desirable.

Apl 1 Wt 136 lbs. Patient remains quiet. Is in good mental + physical condition. Has been trying to get work, so he could leave here. Apl 5. Was sent home.

Discharged

Personal and Medical History of

Personal and Medical History of John Doe #5 or M. J. Anderson

Whole No. 5039
Residence, Zumbrota, Minn.
Date Admission, May 7th 1898
Admitted by Dr. H. H. Herzog hour, 8 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, —
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common School.
Profession, Religion, None.
Habits, Unknown.
~~Nationality~~ Nativity, Minn. (Parents born in Norway.)
Physicians Committing, Frederick Leavitt, A. G. Dunning.
Correspondents,

No. of Years, 707
Insane Relatives, Unknown.
Cause Exciting, Fatigue + excitement.
Cause Predisposing, —
Form, Acute Mania
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, About May 1st
Duration, About One week
No. of Attack, 1st
No. of Admission, 1
Age First Attack, 7
Time of Leaving, Aug. 8. 1898
Time in Hospital, 2. m. 30.
Result, Discharged Nov. 8 '98 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of John Doe #5 or M. J. Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of John Doe #5 or M. L. Anderson.

1898

This patient was brought here by Sheriff's Deputy J.B. Arend attended by Dr Hubert, in fair physical condition, with the following history:- No history of consanguinity: Heredity unknown: Not 1st attack: First symptoms of present attack manifested about one week ago, became maniacal: Disease stationary: not variable: Derangement manifested on subject of the war & by delusions of courage & destruction: Not disposed to injure others: No disposition to filthy or destructive habits: No previous peculiarities manifested: No information concerning previous illness nor head injuries, nor history of intemperance ~~in~~ parents or self: Has been confined in County jail two days: No treatment pursued: On personal examination it was found that patient enlisted at Zumbrota, came to St. Paul on May 1st with mobilization of troops: Became maniacal about that time.

May 7 On admission put upon Infirmary Ward East (G.H.W. Ref. Complexion light: hair brown: eyes blue: a few pimples on back: Is dirty: behavior good: Temp. 98 P. 96 Resp. 20.)

Summary 14 day record by Dr Herzog. May 7 Received upon Infirmary - Given 5 gr. calomel & 5 gr. soda. Slept some. Restless & out of bed often. May 8 On regular diet: Good meals: Temp. Aud. 99° Rm. 100°. Given Humidvator - Given hot bath 105° for 20 min. Talks irrationally: Restless during night. May 9 Temp. 99 - 99° up on ward: Quite restless during day. Hot bath 105° given 20 min. Bowels regular.

10 Trans. to B[3] at 1.30 PM. May 11 Slept 1 hr. May 12 Slept 7 hrs. May 13 More restless & excited: Throws furniture about: Talks incoherently & irrationally.

12 Continues irrational: Trans to C. Very violent & pugnacious, attacked Nurse Humphrey - Held on bench - promised to behaved if allowed to set on bench. Rushed down hall pursued by nurse Aye, reached South bay where both fell heavily to floor. Nurse Humphrey came up & took hold of patients feet & Aye of left arm, which was still free. Felt something give way. Dr Herzog was called & found left ulna broken, lower third. It is hardly possible that bone was broken by nurse pulling the hand as only the one bone was broken & from a discoloration which appeared upon the site of the fracture it is more likely that the bone was broken by direct violence when falling over the chair. Trans. to Infirmary at one PM., a molded splint applied: put to bed. Upto May 20 on regular diet with addition of extras & malted milk: Some nights slept fairly well; others none, & others a few hours: Frequently out of bed: Talks ramblingly & irrationally about war, Spaniards & fighting. Has had numerous unsystematized delusions: Has not been pugnacious: Bowels inclined to be constipated Continued by Dr Phelps. May 30 Has to be kept under watch. Tries to elope. Does not fight but is quite obstinate: July 2 Wt. 162. Has improved somewhat in behavior altho he tries to get away: Is at present assisting sick Ward. Aug 8 Went out on trial: If late had been quite rational in manner.

Discharged

Personal and Medical History of John Doe #5 or M. L. Anderson.

Personal and Medical History of James Simpson.

Whole No. 5040	No. of Years, 208.
Residence, St. Paul, Minn.	Insane Relatives, None.
Date Admission, May 7th 1898.	Cause Exciting, Epilepsy
Admitted by Dr. H H Herzog hour, 6th P.M.	Cause Predisposing, Previous attacks.
How Sent, G. Willrich Jos P. Ramsey Co.	Form,
Sex, male Age, 26 yrs.	Accompanying Bodily Disorder, Epilepsy.
Civil Condition, Single	Suicidal or not, Yes. attempted twice by hanging.
Children, –	Date of this Attack, May 5th 1898.
Age Youngest Child, –	Duration, 2 days.
Occupation, Plumber.	No. of Attack, Third.
Degree Education, Good. (?)	No. of Admission, Third.
Profession, Religion, Catholic.	Age First Attack, 25 yrs.
Habits, Not Intemperate.	Time of Leaving, Aug. 3. 1898
~~Nationality~~ Nativity, Minn. (Parents born F. Ireland M. Canada) Became resident state & Co. at birth.	Time in Hospital, 2 m. 27 d.
Physicians Committing, Louis A. Nelson & Talbot Jones.	Result, Discharged Apr. 28. 1899 Recovered
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

THE KNOT PARTS.

James Simpson Attempts to Hang Himself.

James Simpson, a stranger in the city, thirty years old, who was arrested yesterday afternoon by Patrolman Twohy on a charge of drunkenness, attempted to hang himself last night in his cell in the central police station. He was prevented by his inability to tie a knot that would hold.

Simpson made a rope with his suspenders and parts of his shirt. He attached one end to the railing about the cell and arranged the noose for his neck with his suspenders. The knot joining the shirt and the suspenders broke while the man was hanging and he fell to the floor. Jailor Minor heard the fall and he hastened to the cell. He found Simpson in a weak condition, and his neck badly swollen.

Dr. Leavitt was called and ordered the man's removal to the county jail.

...edical History of James Simpson.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION,

...and condition of Skin,

...mptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of James Simpson

Whole No. 5040

Residence, St. Paul, Minn.

Date Admission, May 7th 1898.

Admitted by Dr. H. H. Herzog hour, 6th P.M.

How Sent, G. Willrich Jopt? Ramseyer.

Sex, male Age, 26 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Plumber.

Degree Education, Good. (7)

Profession, Religion, Catholic.

Habits, Not Intemperate.

Nativity, Nationality, Minn. (Parents Born-F. Ireland M. Canada) Became resident state Yes. at birth.

Physicians Committing, Louis A. Nelson + Talbot Jones.

Correspondents,

No. of Years, 208.

Insane Relatives, None.

Cause Exciting, Epilepsy

Cause Predisposing, Previous attacks.

Form,

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Yes. attempted twice by hanging.

Date of this Attack, May 5th 1898.

Duration, 2 days.

No. of Attack, Third.

No. of Admission, Third.

Age First Attack, 25 yrs.

Time of Leaving, Aug. 3. 1898

Time in Hospital, 2 mo. 27 d.

Result, Discharged Apr. 28. 1899 Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Assyrian or Roman Standard was the emblem of the Postmaster, and the replies were followed. Dear Old Sheriff, Rev. Samuel Johnson, Rev. Robert Murray, Rev. Dr. Bedell, Rev. William Harris, Rev. Albert Smith, Rev. Frederick Beasley, Rev. Dr. Addison, Rev. Dr. Hawks, Rev. Dr. Wainwright, Rev. Dr. Vinton, Rev. Dr. Hobart, Rev. Dr. Berrian, Rev. Dr. Ogilby, Rev. Dr. Anthon, Rev. Dr. Higbee, Rev. Dr. Eastburn, Rev. Dr. Muhlenberg, Rev. Dr. Tyng, Rev. Dr. Haight, Rev. Dr. Dix, Rev. Dr. Potter, Rev. Dr. Cummins, Rev. Dr. Langford, Rev. Dr. Ducachet, Rev. Dr. Hutchins, Rev. Dr. Ewer, Rev. Dr. Paret, Rev. Dr. Hubbard, Rev. Dr. Hopkins, Rev. Dr. Seabury, Rev. Dr. Coit, Rev. Dr. Gallaudet, Rev. Dr. Clarkson, Rev. Dr. Kip, Rev. Dr. Breck, Rev. Dr. Kemper, Rev. Dr. Lee, Rev. Dr. Whittingham, Rev. Dr. Odenheimer, Rev. Dr. Doane, Rev. Dr. Scott, Rev. Dr. Bedell, Rev. Dr. Stevens, Rev. Dr. Brooks, Rev. Dr. Leeds, Rev. Dr. Goodale, Rev. Dr. Goodwin, Rev. Dr. Goodwin, Rev. Dr. Goodwin

Personal and Medical History of James Simpson.

1898

This patient was brought here by Sheriff's deputy Frank J. Egan attended by Fred Bott, in fair physical condition, with the following history:- No history of Consanguinity, heredity or intemperance in parents or self: This is third attack of insanity. Patient was here from Apr 30 '97 to June 25 '97 (See Vol. 35 Fol 357 No 4758) & from Feb 11 '98. to Apr. 7 '98 (See Vol. 39 Fol. 49 No. 4972).
First symptoms of attack manifested May 5th 98 by insane conduct: Disease appears increasing: Is variable: No rational intervals: Derangement now manifested by general depression, violence & suicidal tendencies: Not disposed to injure others: Suicide attempted, once by butting head against wall, & twice by hanging: No disposition to filthy or destructive habits: No previous peculiarities or injuries to head: Has epilepsy: Has been confined in hospital & received hospital treatment as above stated: On personal examination shows general melancholy: attempted twice last night to commit suicide.

May 7 On admission put upon B & C (G.H.U. Rpt. Complexion dark: Hair brown: eyes blue: Skin good condition: Mark on right knee - also one on neck from hanging: Is dirty: Behavior good.) Summary Nurses Notes by Dr Phelps.

May 9. Transferred to A. Says that he attempted suicide in order to escape going to the Court house: Talks in a rational way. May 30 Works on ward, quiet & well-behaved: Talks intelligently. Jan 31 '98 In good condition not quite so boastful & swaggering as he was. Aug 3 Eloped.

Discharged

Personal and Medical History of

Personal and Medical History of Isaac Guy.

Whole No. 5041
Residence, Austin Minn.
Date Admission, May 9th 1898.
Admitted by Dr. H. H. Herzog. hour, 8th P.M.
How Sent, D.D. Washburn Dep't Mower Co.
Sex, male Age, 56
Civil Condition, married
Children, 4
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common School.
Profession, Religion, Presbyterian.
Habits, Has been intemperate.
~~Nationality~~ Nativity, Ireland (Father England)
Became resident of State Aug 55 of Co. in 84 and P.O. Dayneau.
Physicians Committing, D.D. Washburn - J.E. Dayneau.
Correspondents,

No. of Years, 209
Insane Relatives, one
Cause Exciting, Unknown.
Cause Predisposing, Previous attacks.
Form, —
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Attempted by drowning, hanging & Carbolic acid
Date of this Attack, About one month ago.
Duration, About one month.
No. of Attack, Not 1st
No. of Admission, 1st here. (In hospitals in Washington)
Age First Attack, 51 yrs (?)
Time of Leaving, Dec. 27. 1898
Time in Hospital, 7 m. 18 d.
Result, Discharged May 3rd 1899
Much Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Isaac Guy

Copy of
1 Citation in the matter of the appointment of Mary A. Guy, as guardian for Isaac Guy, insane - Served upon Dr. A. F. Kilbourne May 28-98
Paper filed with commitment papers.

RISTICS.

EIGHT, NUTRITION,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Isaac

Whole No. 5041

Residence, Austin Minn.

Date Admission, May 9th 1898.

Admitted by Dr. H. H. Herzog. hour, 8th PM.

How Sent, S.D. Washburn Dept. Mower Co.

Sex, male Age, 56

Civil Condition, married

Children, 4

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common School.

Profession, Religion, Presbyterian.

Habits, Has been intemperate.

Nativity, Nationality, Ireland (Father England)

Physicians Committing, Because President of State Ry 65 of C. in 84 & 85 S.H. Washburn - J.E. Daigneau.

Correspondents,

No. of Years, 209

Insane Relatives, one

Cause Exciting, Unknown.

Cause Predisposing, Previous attacks

Form, —

Accompanying Bodily Disorder, none mentioned

Suicidal or not, Attempted by drowning, hanging & Carbolic acid

Date of this Attack, About one month ago.

Duration, About one month -

No. of Attack, Not 1st

No. of Admission, 1st here. (In hospital in Washington)

Age First Attack, 51 yrs (?)

Time of Leaving, Dec. 27. 1898

Time in Hospital, 7 m. 18 d.

Result, Discharged May 3rd 1899

Much Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Isaac Guy

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1 in PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Isaac Guy

1898

This patient was brought here by Sheriff's deputy J.C. Johnson Jr. in fair physical condition, with the following history: No history of consanguinity. First attack occurred 3 years ago: lasted 4 months: was in hospital in Washington. First symptoms of present attack manifested about a month ago: Disease appears increasing: Is variable with irregular rational intervals: Derangement manifested on all subjects: Has threatened to kill others + has attempted suicide by hanging, drowning + by taking carbolic acid: Habits destructive: Has been peculiar for a long time. No severe disease nor injury to head: Patient was in an insane asylum for four months, three years ago: Has received no treatment since then. On personal examination talk is disconnected: wishes to enter into speculations without the means to do so: Has delusions of persecution.

May 9 On admission put upon 3 3/4 (G.H.U. Rpt. Complexion dark: hair brown partly gray eyes brown: Skin good condition: Vaccination marks on right arm: Small scars on hands: Is clean: Behavior good.)

Summary 14 Day record Dr. Herzog 9 P.M. Temp. 100. Temp. during 10th + 11th - 99 - 12th normal

13 Temp. 99. Appetite good: Bowels regular: sleeps 4-6 hrs. At first fairly well behaved + worked well, later became more boisterous in his talk: Thinks himself very capable Jokes with other patients + is inclined to ridicule them on 13 had a spell of difficult breathing + pain in chest: Trans. to Infirmary: coughs + hawks considerable: Temp. normal:

14 Feels better, he says - Still coughs up mucus + complains of pain: Little found, perhaps a slight pharangitis. May 17 Up on ward: Talks very fairly: Does some work. Is very talkative. May 26 Trans. to A2 - Shows a chronic mania with general idea of exaltation. but hardly any definite delusions: Is inclined to be troublesome because of being so talkative + also has peculiar therapeutic notions, - drinks large quantities of hot water + soap + induces other patients to do the same. Is generally restless at night. Continued by Dr. Phelps. July 28 '98 Noisy + intractable at times: Takes articles from other patients - Aug 1 Wt. 171# Still quarrelsome + abusive. Sept 1 Wt. 181# Dec 9 Complains of being poorly: Has been complaining for a couple of weeks. Before that had been behaving somewhat better + had been working at laundry. Dec 15 Says he feels much better. 21 Visited by brother + taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Michael D. Reeves.

Whole No. 5042

Residence, Winnebago City, Minn.

Date Admission, May 11th 1898.

Admitted by Dr. R. A. Bibb hour, 6.45 P.M.

How Sent, Josiah F. Winship J. of P. Faribault Co.

Sex, male Age, 21 yrs.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Laborer (Father a clergyman)

Degree Education, Common school.

Profession, Religion, none.

Habits, not intemperate.

~~Nationality~~ Nativity Minn. (Parents born in Illinois)

Because resident of State & Co. in 1877.

Physicians Committing, W. S. Fullerton & F. L. Durgin.

Correspondents, Rev. Reeves, Winnebago City, Minn.

No. of Years, 208

Insane Relatives, none.

Cause Exciting, none known

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Has threatened it.

Date of this Attack, Dec. 25th 1898.

Duration, over 4 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 21

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 9/29/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Power of attention diminished, preoccupied continually muttering to himself

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, No reliable history given by patient.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None known.

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, fair and Bowels,

Personal and Medical History of Michael D. Reeves.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 143½ lbs USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, Scars on right temple & hip post. Surgical scar - Rt. side abdomen. Skin normal

TONGUE, Coatings or Promptness of Movement, Clean - fairly prompt. slight tremor.

Teeth - 16 uppers - all good - 14 lowers good & 2 roots.

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

SIGHT, good

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

HEARING, good.

COORDINATION, Arms, good Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of tongue.

PATELLAR REFLEX, not increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite good.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, fairly strong Sounds, Size,

Apex Beat, 5-u. Regularity, regular

ARTERIES,
Apparently normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest Symmetrical.
Expansion fair
B. sounds feeble.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, acid Color and Appearance, dark yellow

Albumen, 0 Sugar, 0

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Restless - not good.

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient in fairly good physical condition. No gross lesions. Attitude somewhat stooped: Chest narrow. Muscular condition quite good. Hair very dark: eyes dark brown. Patient has horizontal scar on r. temple also one on hip. Large scar on R. side abdomen from surgical operation. Mental. Memory very poor. says he is 29. gives very confused statements about his life. Remembers nothing since coming to hospital. Says he has been here 30 hrs. Attention poor. Seems preoccupied with thoughts that follow each other without any connection. Constantly moves about talking rapidly to himself. Previous mental grade probably quite fair. Present condition may be due masturbation.

Personal and Medical History of Michael D. Reeves.

1898

This patient was brought here by Deputy Sheriff F.W. Wyatt. attended by John C. Reeves, in good physical condition, with the following history: No history of consanguinity on heredity: First symptoms of insanity manifested Dec. 25 '97 by senseless laughing, & walking about the house talking to himself: Disease appears increasing: Is variable: No rational spells: Derangement manifested by thinking that he is not the child of his parents but was stolen from what he pleases to call his parents: Says he was lately mesmerized & that the memory of his early youth came back to him: Is ugly to his father: Has threatened but never attempted suicide: No filthy nor destructive habits: No previous peculiarities noted: Father uses tobacco: No severe disease nor injury to head:
No confinement nor restraint employed but has been watched by a brother in Austin, Minn. - No treatment pursued.
On personal examination physical condition, so far as can be learned, is normal: Patient restless & obstinately adheres to the story of his mistaken identity - Talks rationally on other subjects.
On admission put upon B3 E (G.H.U. Rpt. Complexion dark: hair black: eyes brown: Condition of skin good: Red spot on right hip: Is clean: Behavior good.)

May 11 Summary 14 day record by Dr. Herzog. Appetite fairly good: Bowels regular: Temp. normal: On B3: Goes out daily: Is fairly tidy in personal appearance: Behavior very good during first fourteen days. Is slightly slouchy in dress: uses large quantities of tobacco: Glance furtive: will not look interlocutor squarely in eye. Has little capacity for work: Requires considerable watching to get him to do anything & then does not do it well: Believes in hypnotism but does not like to talk about it. Shows adolescent type of insanity with a rather exalted idea of his abilities but is not very restless, has slept well, during entire two weeks.
Continued by Dr. Phelps. June 2 Wt. 157# Patient is rather restless & careless: & foolish in manner In fairly good health. June 4 Visited by relatives.

June 25 Tried to elope several times today, escaped but was brought back: Transferred to Infirmary. July 5 Trans. to B3. Patient continually tries to elope.

Aug 5 Patient operated upon for appendicitis: Operation successful. Aug 1 Patient still in bed on Infirmary: Temp. occasionally above normal: Is quite restless. Jan 31 '99 Patient now in fairly good health: Is rather incoherent & irrational. Feb 1. July 31 '99 (Dr. Wanous) Wt. 147# Restless & troublesome: walks floor & gesticulates as if using telephone. Trans. to B1. Is restless & noisy & untidy in habits. Has to be kept in bay.

Aug 1 to Jany 31 1900 No change mentally. Aug 1 - Jan 31 '1900 (Dr. Chapple) Aug 2 Wt. 148# No improvement during period. Patient very incoherent & irrational most of time: Talks & laughs to himself & occasionally becomes maniacal and violent. Habits cleanly but is untidy in appearance.

Personal and Medical History of Michael D. Reeves.

1900

Febyr July 3/20 " 31 Very restless: Physical condition fairly good. Febyr. Wt 146# P89. July 3. Visited by mother & sister. July 20. Vaccinated: result good. July 31. Patient rather more quiet in behavior; otherwise little change: very irrational & incoherent, talking & mumbling to himself, almost constantly: at times, noisy & pugnacious: appearance fairly tidy: Masturbates very frequently. Quite restless at night, and frequently noisy: has worked some in ward dining-room. Aug 1. Wt 139#

Aug 1 1901 Jany 31 Patient works some on ward: health fairly good: is slowly becoming demented, talking to himself, most of time. Is very restless; has a very furtive and nervous manner: appears startled, whenever spoken to; answers questions reluctantly: is irritable & very pugnacious, at times; habits somewhat slouchy: Masturbates frequently. Febyr. 145# May 1. 140# Aug 1. 143#

Nov 1 1902 Jan 31 Wt 145½# Jany 31/02. Visited by father: has shown some mental deterioration during year. Actions queer: mutters to himself, a good deal: Exhibits delusions: frequently scratches face producing bleeding sores; works quite well, on ward: fairly tidy & well behaved: health fairly good.

Jan 31/03 (Dr. Chapple) Has been gradually growing more demented but is somewhat less trouble. Works a little about the ward. almost constantly talks to himself; at times picks and scratches his face, causing ulceration and thus requiring mechanical restraint.

Personal and Medical History of Michael Groth.

Whole No. 5045	No. of Years, 2 1/1
Residence, Believed to be legal resident of State - Co. unknown.	Insane Relatives, Unknown.
Date Admission, May 17th 1898	Cause Exciting, ?
Admitted by Dr. H. H. Herzog hour, 8:45 P.M.	Cause Predisposing, ?
How Sent, P. P. Moran J. of P. Dakota Co.	Form, Acute Mania
Sex, male Age, 36	Accompanying Bodily Disorder, —
Civil Condition, Single	Suicidal or not, Unknown.
Children, —	Date of this Attack, unknown
Age Youngest Child, —	Duration, unknown.
Occupation, Common laborer	No. of Attack, ?
Degree Education, Common school.	No. of Admission, ?
Profession, Religion, Not a church member.	Age First Attack, ?
Habits, Unknown	Time of Leaving, 20th Aug 1901
~~Nationality~~ Ovation, Prussia	Time in Hospital, 3 Yrs 3 Mos 3 Ds
Physicians Committing, (President of State B. & C. -- (See letter attached) A. VanBeuck + Jos. Fitch.	Result, Died: Phthisis: Chronic ulcerative
Correspondents, Friend - Aug. Fisch Pine City, Minn.	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Clear - quick	HISTORICAL.
MEMORY, Past Events, Good	LENGTH INVASION,
Recent Events, good. Special Subjects,	ONSET, Gradual or Sudden,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, Alert. Correct.	HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption), Knows nothing of history.
REASONING POWER, Ordinary Subjects, fair	Father, Living Mill
Special Subjects,	Paternal Relatives,
Own Mental State, not good.	Mother, living. Mill.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,	Maternal Relatives,
	2 Brothers and/Sisters, Well.
	PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
DELUSIONS, Systematized, Transitory, Special Subjects, Probably has them tho they are not clear.	Gonorrhoea denies Syphilis Measles &c.
	HABITS, Drinking and Smoking, Both says not to excess.
	HEADACHES, VERTIGO, OR CONVULSIONS, Headaches
HALLUCINATIONS, Yes. Probably	OCCUPATION, Healthy or not, Farmer
ILLUSIONS,	Detail Date, Duration, and Character of Previous Attack, if any,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,	Sleep, Appetite, and Bowels, good

5045
20/1237

M. Michael Groth

Copy of Order for Hearing Petition of W. D. Davidson & May 8 1901
for appointment of
as guardian for
Michael Groth insane; served and
service admitted

(Papers filed with commitment papers.)

Served by mail - No copy - See note on letter of
E. Olsen Town Clerk of Pine County - April 23/1901

5045

Notice of intention to occupy land, held by Michael Groth who died here, leaving no heirs.

Hearing to be held at Pine City, Pine Co. Minn. May 20 - 1904.

...y 17th., 1898.

...N, Quite good. in good condition

...of examination of Michael ..., being committed from this County. Those who brought him here knew nothing of him except that he ...rked two or three days with a Rail Road Surfacing crew at Farmington ...insane on Friday night. We were un- ...t him, but after ... was Michael Groth ...and came to Amer- ...d around the country ...l, later on he took ...innesota, and it ap- ...898, when he came to ...o do so hired out ...ith a surfacing crew on the I. & M. Divis... Road and went to Farmington to work.

IENTS,

Our County attorney called on the State Board of C. & C. in relation to the committment of Groth and was informed that the Secretary and Agent were East, we therefore concluded to examine Groth and he being adjudged insane was committed. We suppose the State Agent will investigate the matter of residence.

Respectfully,

Thos. Moran

ce, Yellow - Clear.

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In fairly good physical health. No. lesions discernable. Says he was living on a claim near Hinckley Minn. and that he was bothered by hunters who didn't pay him for supplies etc. While with R.R. crew was abused because he was a Slav (Polander) The men threatened to kill him etc. (all of which may be true. Says he slept with a man at Hotel at Farmington + the man became angry + struck him + said he would shoot him Probably acute mania.

Personal and Medical History of Mich[illegible]

Whole No. 5045

Residence, believed to be legal resident of State - Co. unknown.

Date Admission, May 17th 1898

Admitted by Dr H H Herzog hour, 6th P.M.

How Sent, T. P. Moran J. of P. Dakota Co.

Sex, male Age, 36

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Common Laborer

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Unknown

~~Nationality~~ Gratuity, Prussia

Physicians Committing, Resident of State & Co. -- (See letter attached) H Van Beeck & J. C. Fitch.

Correspondents, Friend - Aug. Frich Pine City, Minn.

No. fo[illegible]

Insan[illegible]

Cause[illegible]

Cause[illegible]

Form,

Accor[illegible]

Suicid[illegible]

Date

Duration, unknown.

No. of Attack, 2

EXAMINATION ON ADMISSION BY DR.

MENTAL CHARAC[illegible]

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear - Quick

MEMORY, Past Events, Good.

Recent Events, Good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Alert. Correct.

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State, not good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Probably has them tho they are not clear.

HALLUCINATIONS, yes, probably

ILLUSIONS,

The gross signs 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,

ONSET, Gradual or Sudden,

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

Knows nothing of history.

Father, Living well

Paternal Relatives,

Mother, living well.

Maternal Relatives,

2 Brothers and Sisters, Well.

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

Gonorrhoea denies Syphilis Measles &c.

HABITS, Drinking and Smoking, Both says not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches

OCCUPATION, Healthy or not, Farmer

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

Sleep, Appetite, and Bowels, good

THOS. P. MORAN,
JUDGE OF PROBATE,
Hastings, Minn.

Hastings, Minn., May 17th., 1898.

A. F. Kilbourn, M.D.

Rochester, Minnesota.

Dear Doctor:-

Enclosed find certified copy of examination of Michael Groth, who was sent to the Hospital to-day, being committed from this County. Those who brought him here knew nothing of him except that he worked two or three days with a Rail Road Surfacing crew at Farmington in this County, and that he became insane on Friday night. We were unable to ascertain his residence from those who brought him, but after talking with him for some time learned that his name was Michael Groth that he was born in Prusia on September 23rd., 1862 and came to America in 1882; that since comming to America he bummed around the country considerable, and in 1885 was naturalized in St. Paul, later on he took 144.15 acres of land in Section 2 Kanabec County, Minnesota, and it appears that he lived on said land until May 4th., 1898, when he came to St. Paul to enlist, but not having an opertunity to do so hired out through an employmeny agency at St. Paul to work with a surfacing crew on the I. & M. Division of the C. M. & St. P. Rail Road and went to Farmington to work.

Our County attorney called on the State Board of C. & C. in relation to the committment of Groth and was informed that the Secretary and Agent were East, we therefore concluded to examine Groth and he being adjudged insane was committed. We suppose the State Agent will investigate the matter of residence.

Respectfully,

Thos P. Moran

N, Quite good. in good condition

MENTS,

ice, yellow - Clear.

Give condensed statement of present Mental and Physical Condition (the nearest type of insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In fairly good physical health. No lesions discernable. Says he was living on a claim near Hinckley Minn. and that he was bothered by hunters who didn't pay him for supplies etc. While with R.R. crew was abused because he was a slav (Polander) the men threatened to kill him etc. (all of which may be true. Says he slept with a man at hotel at Farmington & the man became angry & struck him & said he would shoot him Probably acute mania.

A[illegible]

Occu[illegible]

Degree [illegible]

Profession, [illegible]

Habits, [illegible]

~~Nationality~~ Gratuity, [illegible]

Physicians Comm[illegible]

Correspondents, Fr[illegible]

[illegible]nic City, Vienna.

[illegible] Attack, ?

Time of Leaving, 20th Augt 1901

Time in Hospital, 3 Yrs 3 mos 3 Ds

Result, Died: Phthisis: Chronic ulcerative

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Good. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State, not good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Probably has them tho they are not clear.

HALLUCINATIONS, yes, probably

ILLUSIONS,

The gross signs above being lacking, 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),
Knows nothing of history.

Father, Living well

Paternal Relatives,

Mother, living well.

Maternal Relatives,

2 Brothers and Sisters, Well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Gonorrhoea denies Syphilis Measles &c.

HABITS, Drinking and Smoking, Both says not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches

OCCUPATION, Healthy or not, Farmer

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

Sleep, Appetite, and Bowels, good

[illegible]nal and Medical History of Michael Groth.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, Skin in good condition. 31 Teeth - in good condition

TONGUE, Coatings or Promptness of Movement, Prompt. no tremors

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

SIGHT, Good.

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

HEARING, good.

COORDINATION, Arms, good Legs, do. Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size good N.

Apex Beat, N. Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion fair
Bowels 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,

8/9/98 EXAMINATION URINE, Quantity, — Sp. g. 1028 Reaction, Acid. Color and Appearance, Yellow - Clear.

Albumen, None Sugar, —

Casts and Crystals, —

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). In fairly good physical health. No lesions discernable. Says he was living on a claim near Hinckley Minn. and that he was bothered by hunters who didn't pay him for supplies etc. While with R.R. crew was abused because he was a slav (Polander) the men threatened to kill him etc. (all of which may be true. Says he slept with a man at hotel at Farmington & the man became angry & struck him & said he would shoot him Probably acute mania.

Personal and Medical History of Michael Groth

1898

This patient was brought here by Sheriff's deputy J.H. Hyland attended by Caleb Truax in fair physical condition, with the following history:- Patient was brought to notice on Saturday morning (May 14th) was brought in from Farmington in a state of acute mania: Disease appears stationary so far as can be discovered: Not variable: Derangement manifested by desire to dwell upon philosophical questions & subjects: Claims he can work miracles when about to perform divests himself of all clothing: Nothing known as to homicidal or suicidal tendencies: Habits filthy: No information concerning previous peculiarities, injury to head or severe diseases: Was brought in tied, on Saturday last, & was placed in jail to await word from state authorities: Nothing known as to treatment - probably none.

On personal examination - is restless, excitable, talks incessantly & seems physically exhausted: Complains of being tired.

May 17 On admission put upon Infirmary East (G.H.N. Rpt. Complexion light: hair light; eyes gray; Skin good condition: Marks on back: mole on back between shoulders: Several scars on wrist & body: Hernia on right side: Is clean: Behavior pugnacious.)

Summary 14 da. record by Dr. Herzog:- 17th Temp 99.8 P100 R24. Came on ward at 7:15 very excited: Hot bath 115° given for 15 minutes. Struggled violently: Was pugnacious & received bruise on shoulder during struggle: several marks on arms. Struck nurse Latty. Slept 6 hrs. during night. May 18 On regular & extra diet: Took good meals: Bowels moved 9 AM. Took egg-nog in A.M. - refused it at night. Says it is poison: Composed during day. May 19 Temp. 99.5-99. On regular & extra diet: eggnog between meals & hot malted milk at bed-time. Restless during day: Filthy at one time. Slept 4 hours.

20 6:15 AM Patient found eyes both blood-shot & face red. Told nurses that he was afraid he was going to be put on rack & as he could not get out of window, he tried to hang himself with sheet: Could find no nail but succeeded in choking himself until he became unconscious: Was very much frightened on being seen in morning & said people tried to kill him in night: Nurses were suspected but nothing found.

21 Marks on neck show much more plainly today that strangulation was due to attempted suicide May 22 Temp. normal: Was more excited than usual:

23 Up & out for walk: Answers questions quite freely & sensibly.

24 Up & out - More depressed today. Bowels inclined to be constipated.

26 Trans. to B3 May 27 Quiet & well-behaved but depressed. Has a hernia.

31 Quiet & well-behaved: Sleeps fairly well: Does a little work on ward but his hernia pains him somewhat & he cannot do as much as he would like. Has hallucinations of hearing: Says voices differ at times - realizes that they are hallucinations but finds them very disagreeable.

Personal and Medical History of Michael Groth

1898

July 1 Wt. 141# Is depressed; seemingly more so than at time of coming: Is confused in manner; Seems to be afraid. Sept. 1 Wt 145# Is sitting about quietly on ward. Rather dull. Patient quiet & dull in behavior: Is irritable

1899 Feb 1 - July 31 '99. (Dr Wanous) Wt. 140# Does no work: Seldom speaks: habits clean: No change mentally

Aug 3 Wt 122# P72. Oct 31. Patient well-behaved: is easily irritated: inclined to be pugnacious. Works

Nov 30 on ward - Nov 30. Condition remains about the same. Jan 3/1900. Ears frost bitten, while out walking:

Jan 3 1900 would not keep ears covered - Apl 11/1900. Transferred to TW: operated for double hernia. —

Apl 12/18 Complains of pain in chest and back. Apl 18. Operation successful: healed by primary union.

May 14/16 Patient up on ward. Mental condition same as before operation. May 16. Transferred to B3.

July 21 Transferred to B2 - Aug 1 - Wt 118# - Oct 12. Tooth extracted: Jany 31/1901. Physical condition

1901 Jan 31 improved somewhat, during first part of period - Recently, has been suffering from herpes-zoster on side. Is usually very quiet; seemingly depressed: quite neat in habits: rarely does anything: sits or stands in one place. Answers questions well, but is deluded - Physical condition

Feby 1 rather poor. Feby 1. Wt 119# May 1. Wt 116½# Physically failing: very delusional; and, at

May 1 present, inactive: has some cough & is rather restless. June 24. To TW. Still failing:

July 7 Expectorates. July 7. Examination of sputum shows tubercular bacillae - Aug 17 visited

Aug 17/20 by Father Riordan - Aug 20. Has been gradually failing. Expired today. 8.45 AM.

(Tuberculosis Pulmonalis)

— Died —

Personal and Medical History of Stephen Halpin.

Whole No. 5046
Residence, St. Paul, Minn.
Date Admission, May 20th 1898.
Admitted by Dr C. B. Eby hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 31 yrs.
Civil Condition, married.
Children, –
Age Youngest Child, –
Occupation, Clerk in Grocery Store.
Degree Education, Common School.
Profession, Religion, Catholic.
Habits, Addicted to use of morphine & cocaine
Nationality, Minn. (Parents born in Ireland)
Physicians Committing, Park Ritchie & Talbot Jones.
Correspondents,

No. of Years, 212
Insane Relatives, Father here in Rochester Hospital.
Cause Exciting, use of morphine & cocaine
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Yes – Attempted with Knife.
Date of this Attack, 3 or 4 yrs ago.
Duration, 3–4 yrs.
No. of Attack, 1st continuous
No. of Admission, 1st here. At St. Lukes, St Paul.
Age First Attack, about 27.
Time of Leaving, ~~July~~ June 30. 1898
Time in Hospital, ~~2~~ 10 mo. ~~13~~ d.
Result, Discharged Nov. 8. 1898 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Stephen Halpin.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Stephen Halpin.

1898

This patient was brought here by sheriff's deputy Samuel Marks, in poor physical condition, with the following history: No history of consanguinity - father insane. Father was intemperate: Patient became addicted to morphine habit three or four years ago: was at St. Lukes hospital, St. Paul, imprisoned but was not cured: Disease appears increasing: not variable: Derangement now manifested by delusions - is constantly under influence of drug: Has threatened to injure others: has attempted suicide with a knife: propensity probably active: No disposition to filthy or destructive habits: Patients father was intemperate, has been insane 12 yrs. - is in this (Rochester) hospital: No previous peculiarities manifested: No severe disease nor injury to head: Patient has been watched for two months: No information concerning treatment procured.

May30 On personal examination no further information obtained.
On admission put upon Infirmary Ward East (G.H.W. Rpt. Fair dark: eyes blue: is partly bald: second finger on right hand has been broken: Many hypo scars on arms & thighs & small scar on side of neck: Is clean: behavior good.)

Summary 14 da. record. Dr. Herzog. Patient a morphine fiend. Temperature normal during entire 14 days: Was received on ward at 7:15 & put to bed: given glass milk: 1/2 gr. morphine given hypodermically: Slept 6 hrs: Talks very rationally & freely. May31 1/2 gr. morphine at 9 Am. 1/30 & 6 Pm. Bromide mixture - 30 gr brom. given & 1/2 gr Morph at 9:30 Am. 6 Pm. & 1:30 Am. Slept 3 hrs.

31 Ate light breakfast fair dinner & supper. 1/2 gr. Morph. at 7 Am. 1/4 gr 12 M. 1/2 gr at 6 Pm. Bromide mixture 4 times per day: bowels moved by enema. In addition to regular diet hot malted milk given between meals & at bedtime. June 1 3 1/4 gr. morphine at 8 Am. 2 PM. 7 Pm. & 2 Am. Bromide continued. Slept one hour. June 2 Given 3/4 gr. morphine 1/40 gr. Strych. Began to complain. June 3 Ate good breakfast & fair other meals. 1/8 gr morph. at noon & 1/4 gr. at 6 Pm. Bromide mixture increased to 30 grs. 4 times a day. Bowels inclined to be constipated.

26 Complains much 1/8 gr. morph. given at noon - 6 Pm & 10 Pm 27 Vomited 6:30 Am. 1/4 gr. Morph. 6:45 Am 6:30 & 9 Pm. 1/40 gr Strych at 12 M. & 6 Pm. Slept 6 hrs.

28 2 1/8 grs. morph. & 1/40 gr Strych given - begs for morphine. June 4 1/40 gr. Strych at 12 M. 1/8 gr morph at 6 & 10 Pm. Slept 3 hrs. 2 1/8 grs. Morph. & 3 1/40 gr. Strych given: very restless: Ran away: Was in room without screen on window. Pried blocks off, went to clothes room & picked out his clothes: Went down town & made some disturbance there: Went to Dr Mayos office & asked for morphine: Told him who he was & where from. Dr Herzog went down to office & took him upstairs. Nurse Miller came for him in buggy: Patient asked him for morphine & on being refused turned & struck miller in face causing nose to bleed. Patient taken down by Miller, Spillane & Dr Herzog, held on floor until he gave up.

Personal and Medical History of

Patient said Miller was rough: not true. Also fought Later with Miller & Supervisor Anderson. Put in bag. Slept 4 hrs. May 31 Takes good. Quantities of nourishment. Slept 3 hrs. June 1 No morphine - Chloralamid given at 9 Pm. 3 1/40 gr. hypo. strych given during day. also bromide. June 2 Wt. 107 1/2 lbs. Is improving. June 3 left dressed & out: Behavior good: Trans. to T3. Patient got along with very little suffering during cutting off of morphine except on day he ran away.

June 4 Continued by Dr Phelps. Patient quite bad today: Is watched carefully to prevent another escape. June 25 Tried to elope by running away from crowd.

25 Hypodermics discontinued June 30 Went home: Mental state a little changeable & flighty but fairly rational in his talk.

Discharged

Personal and Medical History of Hans Peterson

Whole No. 5048
Residence, Pilot Grove, Minn.
Date Admission, May 29th 1898.
Admitted by Dr. R. M. Phelps hour, 10 to R. M.
How Sent, J. F. Winship J of P. Faribault Co.
Sex, male. Age, 62.
Civil Condition, widowed.
Children, 2.
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Can read & write.
Profession, Religion, Lutheran
Habits, Not intemperate.
~~Nationality,~~ Nativity Denmark – (Parents also born here)
Physicians Committing, A. C. Jacobs & F. W. Hunt.
Correspondents, Henry J. Lawrence – Elmore, Minn.

No. of Years, 214.
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, Internal haemorrhoids.
Suicidal or not, Threatened by suicide.
Date of this Attack, 3 wks. ago.
Duration, 3 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 62
Time of Leaving, June 17. 1898
Time in Hospital, 19 da.
Result, Died – Erysipelas

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* May 30/98

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,
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 Hans Peterson.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Detailed examination impossible, owing to condition of patient. He is undersized & poorly nourished – Has seborrheoic eczema of scalp having a large crust over scalp. Evidently neglected. Pupils contracted & do not respond to light & apparently not to accomodation. Lies in bed shouting single disconnected words with an inspiration between each word – Does not seem to understand what is said to him & does not do anything he is told.

Personal and Medical History of Hans Peterson.

1898

This patient was brought here by Sheriff's deputy attended by Henry J. Lourince, in fair physical condition with the following history: No history of heredity nor consanguinity: First symptoms manifested three weeks ago - became frightened, thought some-one was going to injure him: Disease appears increasing: Is variable: with irregular rational intervals: Derangement now manifested at times on religious subjects, but at this date is incoherent & almost stupid, will not converse: No disposition to injure others. Has attempted suicide by hanging: propensity not now active: No disposition to filthy nor destructive habits: Previous peculiarities extreme dullness of comprehension at times: Is an Epileptic: No confinement nor restraint employed: Has been given sedatives & tonics at times.

On personal examination - patient has internal haemorrhoids.

May 28 On admission put upon Infirmary East (G.H.N. Rpt. Complexion dark: eyes gray: hair black & gray: Condition of skin not good: Vaccination marks on left arm: Many small scars on body: Is clean: Behavior restless)

Summary Nurses Notes by Dr Herzog The first three nights slept none & the first night & first two days took no nourishment but liquids: On the second day was noisy: on 3rd stupid, mumbling to himself: breathing with difficulty & frothing at the mouth. May 31 Ate some solid food with persuasion. June 1 Put on bromide mixture, 20 gr bromide mixture, 3 times a day. June 2 Up & out of doors Filthy in habits: In constant activity, shouting & gesticulating June 3 Quiet.

June 4 Restless: Trans. to B'- Troublesome, filthy, noisy, slept none, From this time to 8th slept 2 to 4 hours a night, usually with a hypnotic, -20-30 gr. chloralimid. Requires feeding by Nurses: Takes small amount of nourishment: Is growing weaker & more excited. June 13 A. severe attack of facial erysipelas: Temp. at once rising to 104° Trans. to Infirmary Temp. 104 P. 104 R. 26: On liquid diet: Eggnog with 20 drop. tincture iron. Ointment applied to face: Sponge baths every hour or ½ hour failed to reduce temperature below 103.

14 Temp. ranges from 102 - 104°. Takes small amounts eggnog - 2 glasses during day - wine every ½ hour. Lies on back in comatose condition, breathing heavily. Nostrils being entirely occluded. June 15 Temp. rose at 11 P.M. to 107° in spite of sponge baths every hour. 16th 5 A.M. Temp. 106. Impossible to get nourishment into him as he is so comatose that the liquids tend to be inspired into lungs: wine given every ½ hour & 1/40 gr. strych. every two hours: Failed gradually & died at 12:20 A.M. Death due to facial erysipelas under a very malignant form: Skin entirely removed in several places & face presented an unsightly appearance after death: Beard removed with difficulty. Son-in-law took body home in sealed casket.

Died

Personal and Medical History of

Personal and Medical History of Fred Fritz

Whole No. 5051

Residence, Clinton Falls, Minn.

Date Admission, 7 June 3rd 1898

Admitted by H. H. Herzog M.D. hour, 11 Am.

How Sent, W. A. Eggleston J. of P. Steele Co.

Sex, male Age, 22 yrs.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, None

Habits, Unknown

~~Nationality,~~ Nativity, Wisconsin. (Parents born Germany.

Physicians Committing, President of State of 1885 J. L. Hatch & A. D. Stewart.

Correspondents,

No. of Years, 217

Insane Relatives, Father.

Cause Exciting, Masturbation.

Cause Predisposing, Heredity

Form,

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, 2½ mos. ago.

Duration, 2½ mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 22.

Time of Leaving, August 30 – 1901

Time in Hospital, 3 yrs 2 mos 27 DS

Result, Improved —

Discharged by B of C April 14/02

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear & quick.

MEMORY, Past Events, Good.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Quite correct.

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

normal

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, In an asylum at Oshkosh, Wis.

Paternal Relatives, rest of family

Mother, are well.

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, drinks & smokes very moderately

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer

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

Sleep, Appetite, and Bowels,

Sleep not good previous to commitment - worried over financial affairs

Personal and Medical History of Fritz Fritz

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in. PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, good.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Slightly coated.

Teeth - Mo out above & one below.

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

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, Other Reflexes, present.

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal. regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good

BOWELS, Present Condition, fairly 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 well-behaved, quiet & orderly but tries to run away on every opportunity. He talks clearly & has not seemed to have any peculiarities

Personal and Medical History of Fred Ritz.

1898

This patient was brought here by sheriff ~~Deputy~~ J.B. Barncard, in fair physical condition, with the following history: No history of consanguinity: Father insane: No information concerning intemperance in parents or self. This is first attack: First symptoms manifested 2½ months ago by lack of concentration of mind: Disease appears increasing: Not variable: No rational intervals: Derangement now manifested by insomnia: want of concentration of mind, + deficient memory: Not disposed to injure anyone: Neither filthy nor destructive in habits: Has been erratic for two years: No severe diseases nor injury to head so far as known: No confinement nor restraint employed: Has received no treatment.

On personal examination shows retarded comprehension + lack of memory. On admission put upon Infirmary East (G.H.U. Rpt. Complexion dark: eyes brown: hair black: Vaccination mark on left arm + several warts on back of each hand: 2 scars on forehead. Is clean: Is afraid of everything)

June 3 to 17 incl. Summary 14 da record by Dr Herzog. Received on Infirmary at 10:30 A.M. On regular + extra diet: Takes a fair amount of nourishment. Temp 100° P. 100 at 5 P.M. 5 gr. calomel + 5 gr. soda bi-carb. Slept 6 hours. Hunyadi water 10:30 A.M. Salts 8:30 P.M. Seems afraid: Resisted bathing: Wants to go away: Slept well first two nights: Temp. fell to normal - Well behaved. On 5th transferred to B³. Takes 2 drahms Elixir cinchona, iron, strychine + bismuth. Does not eat so well on B³: Seems more dazed + confused: Tries doors tries to get away: Tries to walk away when out walking. June 6 Refused dinner + supper June 7 Refused breakfast: Transferred to Infirmary. Bowels constipated: Takes a fair amount of nourishment with some urging: Is quite melancholy + stupid: Sleeps well but needs much urging to get him to take food + medicine: Is dazed + confused. Continued by Dr. Phelps. July 1 Patient rather stubborn + depressed: Continually afraid: Wants to go home. Is fed by force: Is obstinate + wilful + at times resists being put to bed. July 16 Visited by relatives: Is looking rather emaciated. Aug 1 Is badly confused. Has to be prompted to go to bed. Wt 113# Sept 1 Still dull + melancholy: lies quietly in bed: Appetite poor. Oct 1 Still lying in bed: Stupid + dull. Nov 1 Wt. 147# Rather untidy, stubborn + stupid. Jan 31'99 Wt. 139# Inclined to resist what is done for him. Feb 1 - July 31'99. (Dr Wanous) Remains upon ward: kept in bay: Frequently attempts elopement. Mch 8 Trans. to B¹. July 7. Tried to hide in trees when out: refused to get down when requested to do so. Aug 1 - Jan 31'1900 (Dr. Chapple) Aug. 2 wt. 160#.

Aug 1 to 1900 Jany 31 No change during period. Talks quite rationally + intelligently: Is restless + walks about singing or whistling. Is stubborn + pugnacious at times + watches for chances to escape. Habits tidy. Health very good.

Personal and Medical History of Fred. Ritz

1900

Feby 2 July 20/31 Aug 1 Sep 25 1901 Jan 31 Feby 1 Aug 30 Wt 161#. Pg 2. July 20. Vaccinated. July 31. Physical condition quite good: no illness: no medicine: behavior very troublesome; has been much confused: incoherent in speech: pugnacious towards both nurses and patients: very stubborn in manner; at times, threatens bodily harm to nurses + others. Oflate, has been doing a little work on ward. Goes out for exercise. Sleeps rather poorly. Aug 1. Wt 161# - Visited by brother - Nov 16. 2 teeth extracted - Jany 31/1901. Behavior somewhat improved, oflate - Is rather restless: walks about ward, whistling or singing: talks incoherently: habits quite tidy - works on ward. Makes frequent attempts to run away - Feby 1. Wt 160# May 1. Wt 140# Eloped today. Has been somewhat improved mentally: well-behaved + works well about ward - but still shows some mental confusion.

Discharged

Personal and Medical History of William Sample

Whole No. 5052
Residence, Etna, Minn.
Date Admission, June 3rd 1898
Admitted by Dr. R.M. Phelps hour, 6 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age,
Civil Condition, married
Children, - four -
Age Youngest Child, -
Occupation, Farmer
Degree Education, Can read & write -
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity Canada (Father Scotland - Mother Canada)
Resident State & Co for 30 yrs.
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents,

No. of Years, 218
Insane Relatives, Unknown (sister)
Cause Exciting, Unknown.
Cause Predisposing, Previous attack
Form,
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Not.
Date of this Attack, Has had delusions for 4 yrs.
Duration, -
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 46 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,
sluggish
MEMORY, Past Events, fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
illusive
REASONING POWER, Ordinary Subjects, poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed at times
DELUSIONS, Systematized, Transitory, Special Subjects,
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,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
+ sister
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, Sister in Insane Hospital
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid -
HABITS, Drinking and Smoking, Drinks to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, farmer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, good + regular

Personal and Medical History of William Sample

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 in. PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, First toe on left foot cut partly off. Skin sluggish
TONGUE, Coatings or Promptness of Movement, Clear.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal.
SIGHT, good -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, normal - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked -
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating + slow -
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, weak N
Apex Beat, Regularity, regular
ARTERIES,
Pulse weak + flabby.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion poor
B. sounds normal

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

8/11/98 EXAMINATION URINE, Quantity, — Sp. g. 1028 Reaction, acid Color and Appearance, clear. yellow
Albumen, — Sugar, —
Casts and Crystals,

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

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

A case of acute melancholia due to dissipation & worry over surroundings. Physically he is well nourished + in fairly good condition

1898 Personal and Medical History of William Sample.

This patient was brought here by E. K. Blexrud, sheriff's deputy, in fair physical condition, with the following history:- No history of consanguinity, no knowledge of heredity: First attack occurred in 1894 + patient was confined in this (Rochester) hospital from ~~Aug.~~ Sept. 7 '94 to Mch 26/95 (See vol. 29 fol. 17 no. 3832) Has had delusions for past four years: Disease appears increasing: Is stationary: Derangement now manifested by hoarding his money + hiding it in obscure places, will not pay his debts nor provide for his family: Has various delusions: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities, severe diseases nor injuries to head. Has been confined in hospital as above stated. On personal examination has all the appearance of chronic mania. On admission put upon B³E (G.H.u.Rpt. Complexion sandy: Hair brown: eyes light blue: Skin good condition: Left leg swollen: Scar on big toe of left foot: Is clean: Behavior good.)

June 3 to 16 incl. Summary 14 da record by Dr Herzog - First few days had a slight rise of temp. 99x being the highest point reached: Appetite good: Sleeps well: Conversation fairly intelligent: Is somewhat anxious to leave: Has an idea that there is a worm or some other living animal in his stomach + feels it crawling about. Does not speak of this unless questioned, + is not troublesome. He is, however, simple + mildly demented: Requires careful watching unless he escape. Continued by Dr Phelps. July 25 Visited by sister:

July 31 Wt. 229# Talks quite freely + in an intelligent manner: Has a slightly sullen appearance: Aug 1 Visited by relatives. Sept 1 Wt 225# Sept 10 Visited by sister

14 Visited by relatives. 27 Attempted to elope: In attempts to elope is rather dull + unintelligent, trying simply at times to walk away from crowd.

Oct 1 1899 Visited by sister. Jan 31 '99 Patient changes almost none: Visited on 22nd by sister: Is quiet + dull, talk mostly rational in form.

Feb 1 - July 31 '99 (Dr. Wanous) Wt. 221. Patient well-behaved. Does no work: Is rather melancholy.

Aug 3 Remains in room most of time. July 5 Visited by sister + brother. Aug 3 Wt 218# P96

Oct 30 Is rather stubborn + easily irritated; frequently tries to elope: has "spells" of marked depression;

Dec 20/31 1900 Refuses to work; remains in his room, most of time. Dec 30 visited by sister. Dec 31. about same.

Mar 12 Visited by sister. Apl 30. Patient enjoys out-door games. July 6. Wt 208# P80. July 30. Patient's

July 30 Condition remains about the same. Was vaccinated successfully, at this date.

Aug 30 Confused: remains in room: Nov 1. Patient appears brighter - Jany 19/1901. Visited by sister.-

1901 Jan 31 No special change to note. Feby 1. Wt 207# P80. Mar 31: is quiet: remains in his room,

Mar 31 most of time. Is disturbed, by spells. Apl 17 visited by sister. July 31. No change to report

July 31 1902 in patient's condition. Physical health seems good. Aug 1. Wt 195# Jany 1/02. Weight 179#

Jany 31 Patient has recently developed a small hernia, which he seems to have first noticed about 2 weeks before. Has recently sat in his room, with head down + in a stooping position. Is now persistent, wheeo up + about. Has failed some in flesh + looks somewhat weakly: very stubborn. Has various delusions. (Was visited by sister Augt 22 - Oct 1 + Dec 14 + by brother Jany 25)

Personal and Medical History of William Sample.

Feb. 2/02. Wt. 173#. Apr. 16. Visited by wife, Apr. 9 was visited by sister. Apr. 14. Noted as having been stubborn + threatening - his health seems to be failing somewhat. July 1/02 Wt. 155# July 31/02 Has improved some; has complained of a pain or weakness in chest; weak pulse; lameness of feet + back. Sept. 1/02 weight. 174#. Has improved considerably. Aug. 29 was visited by wife and Oct 9 by sister. Eloped from waiting-room when left alone. returned in the afternoon voluntarily. Nov. 20 Visited by sister. Jan. 10/03 Visited by sister; Got into quarrel with Thos. McGovern. would not stop or give up cue - resisted + was taken by nurses + put in "bay." Has been somewhat threatening + resistive.

Personal and Medical History of Donald J. Grant.

Whole No. 5053
Residence, Faribault, Minn.
Date Admission, June 4th 1898.
Admitted by Dr. H H Herzog hour, 3.45 P.M.
How Sent, R. A. Mott J. of P. Rice Co.
Sex, male Age, 28
Civil Condition, Singer
Children, –
Age Youngest Child, –
Occupation, none – invalid
Degree Education, Common school.
Profession, Religion, None.
Habits, Not intemperate.
~~Nationality~~ Nativity Minn. (Parents born Ontario, Canada.)
Residence of State & Co at birth.
Physicians Committing, F. J. Fischer & F. M. Ross.
Correspondents,

No. of Years, 219
Insane Relatives, None.
Cause Exciting, Injury to head when 2 yrs. old.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not.
Date of this Attack, 26 yrs ago
Duration, 16 yrs.
No. of Attack, 1st continuous.
No. of Admission, 3rd here.
Age First Attack, 2 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.
MEMORY, Past Events, good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
normal.
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),
Epilepsy.
Father, living
Paternal Relatives,
Mother, living
Maternal Relatives, No history of insanity
Brothers and Sisters, Well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Rec'd some injury to head when small.
HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, good.

Personal and Medical History of Donald J. Grant.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. ½ in. PRESENT WEIGHT, 259 lbs. USUAL WEIGHT, NUTRITION, good
WOUNDS, Abnormalities and condition of Skin, none. skin in good condition
TONGUE, Coatings or Promptness of Movement, Clear.
PUPILS, Equality, Size, Response to Light, and Accommodation, equal – normal.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good –
COORDINATION, Arms, good Legs, good Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, steady
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, weak
size somewhat enlarged –
Apex Beat, Regularity,
apex beat indistinct
regular & rapid
ARTERIES,
full & compressible –
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good –
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,

8/11/98 EXAMINATION URINE, Quantity, – Sp. g. 1020 Reaction, Neutral Color and Appearance, yellow – cloudy.
Albumen, Fair trace by heat. Nitric Acid & Tannite Sugar, –
Casts and Crystals, Many pus corpuscles – Epith. cells – A few Epithelium & hyaline casts.

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

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

Patient probably a defective. has poor mental development. & epileptic convulsions are numerous. Patient appears stupid & dull most of time.
Physically he is well nourished & in good condition.

Personal and Medical History of Donald J. Grant.

1898

This patient was brought here by Sheriff's deputy Wm. Moshier attended by Ed. Russell in fair physical condition, with the following history:- Father & mother cousins No history of heredity nor intemperance in parents or self: Patient received injury to head when two years old - hurt by a horse, has not been right since. This is third commitment to this institution - was here (under name of Daniel Grant) from July 2' 1889 to Aug 13' 1889 (Vol. 12 Fol. 118 No. 2098) & from Dec 16/90 to Nov 29/91 (Vol 15. Fol. 93 No. 2562). Disease appears stationary: Not variable mind is impaired & he is subject to fits of violence & to epilepsy. Often attempts injury to others: Habits not filthy but when angry he destroys anything in his way: Has received hospital care & treatment as above stated & had had everything possible done for him without reference to trouble or expense. On personal examination no further particulars noted.

On admission put upon B³E (G.H.u.Rpt. Complexion dark: eyes blue: hair black: Condition of skin good: Several warts on back of right leg: Eruptions on body: Is clean: Behavior cross & ugly)

June 4 to 19 Summary 14 da record by Dr Herzog Is an epileptic imbecile: was at first sullen & very threatening in his demeanor, having been brought here by persons who deceived him as to his coming here - believed he was being brought here on a visit - Slept well: fair appetite but is inclined to be sullen and abusive. Thinks himself strong & capable & insists that he is entirely relieved of his Epileptic attacks: Has been taking a patent medicine;- Dr Miles Nervine & has been allowed to continue its use. June 11 Had 3 very hard convulsions, the first since admission. June 13 Had one convulsion. June 15 Very restless during night. June 16 One convulsion.

Continued by Dr Phelps July 2 Wt 255# Patient has quite frequent convulsions: Is rather dull & usually quiet, but is, however, easily irritated & needs watching. 12 Visited by mother & sister. Jan 31'99 Patient has had trouble with other patients from time to time: Will usually fight if interferred with but on the whole is comparatively quiet.

1899

Feb 1 - July 31'99 (Dr Evanons) Wt. 245. Patient very disagreeable toward nurses & patients: has convulsions daily. July 1: Visited by mother & sister & taken for a drive. July 31. Has been told not to see cigars to friends as they impose upon him. Wt 248#. P100. Aug 31. Has fits very frequently: "Epileptic Spells". Patient appears dull & refuses nourishment. Nov 16. Transferred to T.W. & put to bed and on light diet. Improved under treatment. Nov 21. Up on ward: Transferred to B³. Nov 30. Patient has had several convulsions through November. Dec 1. Transferred to T.W.: put on vegetable diet: Convulsions less frequent. Dec 15. Visited by mother & brother. Jany 1/1900 Wt 240#. Patient is a ravenous eater; has special fondness for meats and syrup. Mar 31/1900. No change specially noticeable. Wt 237# July 7. Vaccinated successfully: July 20. Talked with mother over long distance telephone

Aug 3/31 Sep 14 Nov 16/21 Dec 1 " 15 1900 Jan 1 July 6/7/20

Personal and Medical History of Donald J. Grant

1900

Aug 30 Sep 5 for 1901 Jan 9 25 27/31 Feby 1/5 Apl 18/26 June 16/23 July 31 1902 Jan 31

Patient has "epileptic spells" varying from 1 to 12 a day. Sep 5. Very dull & confused. Transferred to T.W.: put on treatment & improved. Sep 24. Up & dressed. Dec 13. In convulsion, fell out of bed; cut over right eye, which required suture. Jan 9/1901. Patient became much disturbed and maniacal. Jany 25/1901. Patient is very stupid: transferred to T.W.: Is having very severe convulsions continually. Jan 27. Visited by mother. Jany 31. Is improving somewhat. Patient seems confused: has frequent convulsions. Feby 5. Seems some better: up & dressed and able to be around: (given clothes): seems weak physically. Is put on regular diet. — Filthy and demented. Transferred to T.W. & put to bed - Apl 26. Is again up and dressed, & around - June 16. Transferred to B³ East. June 23. Tooth extracted. July 31. Patient seems somewhat brighter & is able to be up & about - Aug 1. Wt 223# - Nov 30. No special notes. Patient very stupid; & at times, filthy. Has very many convulsions - (Wt. Jany 1st 198#) (On Dec 8 Patient went to T.W. for treatment and staid until the 16th. Trouble seemed largely a stupid condition on account of repeated convulsions). On Jany 29th was visited by uncle - Apr. 1/02 Wt. 189#. Sept. 30, visited by Cousin.

03 Jan 17. Patient has been having a good many convulsions; but today had quite a series of them (for 1 day) (7 in number). Was transfered to T.W. and put to bed. Visited by mother & uncle. Jan 31/03 Patient is slowly improving Was very stupid for several days after the series; but is now about as usual. Is rather sullen and more inactive than a year ago.

Personal and Medical History of William McBride

Whole No. 5054
Residence, Erin, Rice Co. Minn.
Date Admission, June 4th 1898.
Admitted by Dr. H H Herzog hour, 3 P.M.
How Sent, R.A. Mott J. of P. Rice Co.
Sex, male Age, 34 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity Minn. (Parents born in Ireland)
Physicians Committing, President of State & Co Fat. Bdd. T.M. Rose & J.S. Seeley.
Correspondents,

No. of Years, 220
Insane Relatives, First Cousin.
Cause Exciting, 1st attk. Kicked in face by horse 30 yrs ago.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not
Date of this Attack, 10 days ago
Duration, About 10 days
No. of Attack, 4th
No. of Admission, 4th here.
Age First Attack, 21 yrs.
Time of Leaving, May 1. 1899
Time in Hospital, 10 m. 27 d.
Result, Discharged Oct. 31. 1899 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of William McBride

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in. PRESENT WEIGHT, 143 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of William McBride

1898

This patient was brought here by Sheriff's Deputy G.W. Moshier attended by D. Penninger in fair physical condition, with the following history:- No history of consanguinity: first attack occurred at age of 24 yrs. This is fourth attack of insanity & fourth admission to this institution - patient was here from Jan 13/85 to Dec 3 '85 (vol. 5 Fol. 89 No. 809) from Apr 18/87 to Nov. 23/87 (vol. 8 folio 71 No. 1331) & from Oct 1/90 to Oct 21/91 (Vol 14 folio 169 No. 2509) - First symptoms of present attack manifested about 10 days ago: Mind was wandering & incoherent. Disease appears increasing. Is variable, no rational intervals. Is mentally weak & incapable of logical conclusions: Is disposed to injure others: No filthy nor destructive habits: First cousin insane: Previous peculiarities, - disposition has been peculiar for 15 years past: Patient was kicked in face by horse 20 yrs. ago which injury is supposed to have been cause of insanity. Has received hospital treatment as above stated.

No further particulars noted on personal examination.

On admission put upon B³ E (G.H.N. Rft. Complexion dark: hair black: eyes blue: Skin good condition: Has hernia on right side: Is clean: Behavior good.)

June 4 to 17 Incl. Summary 14 da. record by Dr Herzog. Patient's appetite good: Temperature normal: Behavior fairly good: Does a little work about ward: Frequently asks to go home: Shows a mild dementia with no definite delusions: attempts to write, but writing is entirely illegible: Frequently laughs to himself without provocation & is silly. During entire time slept well - 7-8 hours a night. Continued by Dr. Phelps June 1 Wt 156# Trans. to B'. Has been rather confused & slightly irritable in manner. Sept 1 Wt. 150# Has improved very considerably, is not so irritable & more rational in talk. Jan 31 '99 Patient seems fairly well recovered: Talks quite intelligently & Works some & seems of fair disposition

Feb 1 to May 1 '99 (Dr. Wanous). Patient quiet & well behaved: Talks rationally: goes walking. Apr. 28. Takes a good deal of interest in his appearance: Is very well-behaved. May 1st went home.

Discharged.

Personal and Medical History of

Personal and Medical History of Lawrence Gromowski.

Whole No. 5055
Residence, Winona Co. Minn.
Date Admission, June 6th 1898.
Admitted by Dr. R. M. Phelps. hour, 6 45 PM
How Sent, H. L. Buck J. of P. Winona Co.
Sex, male Age, 50
Civil Condition, married
Children, 5 children
Age Youngest Child, –
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Catholic
Habits, Very intemperate.
~~Nationality~~ Nativity, Prussia (Parents also born there)
Physicians Committing, W. T. English & Edwin S. Muir.
Correspondents,

No. of Years, 221
Insane Relatives, Not Known.
Cause Exciting, "
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, June 4th 98
Duration, 2 days
No. of Attack, several.
No. of Admission, 1st
Age First Attack, about 38 yrs.
Time of Leaving, 4th July, 1901.
Time in Hospital, 3 yrs — 11 Ds
Result, Recovered. Discharged Nov 30/1901.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Quiet.

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, Twelve years

ONSET, Gradual or Sudden,

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

Father, Unknown

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

None known.

HABITS, Drinking and Smoking, Very intemperate.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

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

Has had many attacks during past 12 years. of about 3 days duration. Has been in Co. Jail 10 or 12 times during past 6 yrs. for abuse of family etc.

Sleep, Appetite, and Bowels,

Personal and Medical History of Lawrence Gromowski.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 in. PRESENT WEIGHT, 154 lbs. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Lymphatic glands slightly enlarged.
Nose deviates slightly to left.

TONGUE, Coatings or Promptness of Movement, N.
Teeth. 5 out below & two above.

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

SIGHT, N.

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

HEARING, N.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Exaggerated. 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,

Chest well developed.

Normal.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Good.
Appetite fair - digestion good.

BOWELS, Present Condition,

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

Patient rarely speaks & will give no history of himself or family - Speaks English very poorly.

Personal and Medical History of Lawrence Gromowski.

1898

This patient was brought here by Sheriff A.W. Fuhrmann, in fair physical condition, with the following history:- No information concerning history of consanguinity or heredity:- Has had attacks of insanity at intervals for past twelve years lasting about 3 days at a time: First symptoms of present attack manifested June 4 by accusing wife of receiving $200.00 from police captain & demanding a portion of it & threatening her: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by breaking furniture & delusions concerning wife's unfaithfulness: Is very vicious - Is disposed to harm others: Habits filthy & destructive: No information concerning previous peculiarities: No severe diseases nor injuries to head: Has been confined in county jail 10 or 12 times during last six years for breaking furniture & for abuse of family. Has received no treatment.

On personal examination is quiet - has the idea of his wife's unfaithfulness. On admission put upon B3 (G.H.N. Apt. Complexion dark: hair dark brown: eyes blue: Skin good condition: Scar on left leg: Bruise on inside of left elbow & on back: Behavior good: Temp 100 P. 80 R. 22.)

June 6 to 19 incl. Summary 14 da. record by Dr. Herzog. Has had no rise of temp: effects of alcohol soon passed off: Is quiet, well-behaved, pleasant & willing to work: Does not show much of a desire to go home: Seems fairly contented, tho at times a trifle despondent: On questioning shows some resentment against wife, having him sent here but is not particularly demonstrative: Thinks wife is insane instead of he.

July 31 '98 (Summary continued by Dr. Phelps.) Wt 151# Rather sullen & stubborn: will sing to himself in a noisy way: Sits in room or on ward reading religious books: Sept. 4 More confused & restless: Indifferent about appearance:

12 Visited by relatives: 14 Moved to B. because of picking plants to pieces

Jan 29/99. Is eating poorly & refused at times to eat at all. Rather restless & troublesome in many ways & has to be watched. Feb 1 - July 31 '99 (Dr. Evanous) Wt. 158#

Physical condition good: Talks very little: Is inclined to meddle with furnishings, especially beds. May 5, 7, 10. Refused nourishment: Is inclined to

Aug 1 skip a meal occasionally. Aug 1 - Jan 31 '1900 (Dr. Chapple) Wt. 159# Pulse 84.

-To- Much depressed: Does not talk: Is somewhat agitated.

1900 Jan 31 Sits in one place most of the time. Has been rather destructive

Feby 2 Dec. 30 Visited by son: Does no work. Feby 2. Wt 162# P 80. July 20 vaccinated:

July 20 result good: July 31. very little change. Has been very quiet: sits in one place by the window, most of

31 time, in state of chronic melancholia: never speaks: appears somewhat agitated, as shown by expression & constant fumbling of hands: has habit of plugging up closets with paper, rags &c, and is

Aug 1 kept in "Bay". Habits quite tidy. Does a little work, at times. Aug 1. 159# Sep 11. visited by friend.

Nov 22 visited by friends. Jany 31/1901. Apparently little change: patient never speaks, but usually understands

1901 Jan 31 what is said to him: appears very melancholy: works a little on ward: is quite tidy in

Personal and Medical History of Lawrence Gromowski.

1901 Cont'd

Jan 31 appearance & habits. Usually sits by window, fumbling his hands: plugs water-closets

Feby 1 with papers & rags &c: health good. Feby 1 Wt 166# May 1. Wt 161# July 4 - Patient has

July 4 been in good health, working some on ward: very rarely speaks, but appears rational in actions. Habits tidy: Mastoday taken home by wife & son, on trial, who thought he was as well as usual.

Discharged

Personal and Medical History of Gilbert Gilbertson #2

Whole No. 5057
Residence, Whalen, Minn.
Date Admission, June 8th 1898.
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, E.V. Farrington, J. of P. Fillmore Co.
Sex, male Age, 35 yrs.
Civil Condition, Single
Children, none
Age Youngest Child, –
Occupation, Farm laborer.
Degree Education, Can read & write.
Profession, Religion, Yes. Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway. Parents also born there.
Physicians Committing, President of State & C. Yor. Phillips & G.A. Love.
Correspondents, Ole H. Slende. (Brother-in-law) Whalen, Minn. (2 miles out)

No. of Years, 223
Insane Relatives, maternal aunt.
Cause Exciting, Unknown
Cause Predisposing, Previous attack, possibly heredity
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 10 days ago.
Duration, About 10 days
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, December 19–1900
Time in Hospital, 2 yrs 6 mos 11 Ds
Result, Recovered: Discharged Apl 30/1901.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 6/30/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear. somewhat slow.
MEMORY, Past Events, Good.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Slightly dull. Correct.
REASONING POWER, Ordinary Subjects, Good
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slight depression
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dullness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Living - well.
Paternal Relatives,
Mother, died - abortion
Maternal Relatives, one aunt feeble-minded.
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, Sleep much broken for a week previous. Bowels regular.

Personal and Medical History of Gilbert Gilbertson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ in. PRESENT WEIGHT, 117½ lbs. USUAL WEIGHT, NUTRITION, Face pinched & thin
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Clean - somewhat slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Respond to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, 8 equal Other Reflexes, Abdominal reflexes exaggerated.
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Regular
Sounds weak. Apex beat at nipple line - feeble
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Very long below nipple line. Expansion 1½ in at nipple line - circum. 32. Slight dullness & bronchial breathing - right apex.

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

8/8/98 EXAMINATION URINE, Quantity, – Sp. g. 1026 Reaction, Slightly acid Color and Appearance, Reddish yellow - clear
Albumen, – Sugar, –
Casts and Crystals,

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is quite thin & his lung capacity is below normal. The features are singularly sharp & facial expression melancholic. Complains of previous sleeplessness without feeling tired during day. Has some difficulty in expressing himself & cannot fully explain what kept him awake. Shows a simple melancholia today. No delusions discoverable. Masturbates & worries about it.

Personal and Medical History of Gilbert Gilbertson, #2

1898

This patient was brought here by Sheriff's deputy C. P. Hauch, in fair physical condition, with the following history: No history of consanguinity: maternal aunt insane: No history of intemperance in parents or self: First attack occurred several years ago + lasted about one week: First symptoms of present attack manifested about 10 days ago by loss of sleep, became very quiet + then began to act peculiarly: Talked incoherently + a great deal: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by melancholy + depression: Is very fearful in regard to his soul; Thinks he cannot be saved: Not disposed to injure others. No filthy nor destructive habits: Has always been very religious: No severe disease nor injury to head: Has not been confined nor restrained. No information concerning treatment. On personal examination patient sits very quiet, with eyes closed, says nothing.

June 8 to 21 incl. On admission put upon B³ E. (GHN Rpt. Complexion light: hair brown: eyes gray: Condition of skin good: Small mole on breast: Is clean: Behavior good) Summary 14 da. Record by Dr Herzog. Slept well after 1st night: Depressed + confused. Fairly quiet: Inclined to walk away when out of doors: Has gained slightly in flesh but practically none mentally: Temp. normal: Appetite fairly good: Takes two drahms elixir cinchona, iron, strych + bismuth. 3 times a day. Continued by Dr Phelps. Wt 145# Quite stupid: Does not talk so well as at time of coming. Aug 10 Is becoming very dirty in habits: Transferred to Infirmary. Sept 1 Is lying quietly in bed, in a stupid way: Temp. normal: rather emaciated. It is hard to get him to eat.

Oct 26 Now up + out walking: still makes some trouble about eating:

Jan 31/99 Patient moved to annex: Is rather dull, quiet + melancholy.

Feb 1 - July 31'99 (Dr. Wanous) Wt. 134# June 27 Visited by friend: Physical condition good:

Aug 1 Has very little to say. Aug 1 - Jan 31'1900 (Dr Chapple) Wt. 136# Is depressed +

Jan 31 1900 dull: Talks fairly rationally: Is cleanly, quiet, inactive. ——

Feby 1/10 Wt 146# Abs. Feb 10. Ten days' temperature, at no time higher than 99⁴. Apl 5. Has tonsilitis. Apl 6. Con-

Apl 5/6 dition much improved, under treatment. July 20. Vaccinated: result negative. July 31. Has

July 20/31 improved slightly, and works in kitchen regularly. Still very dull. Talks very little: appears demented. Walks in rather stooping attitude: appetite rather poor: Sleeps well. Appears to have some delusions in regard to people he has known, but his mental state appears to be one of depression. Habits cleanly.

Aug 1 Wt 150#. Sep 10. Transferred to D³. Dec 19. Has been working regularly in kitchen: habits neat — Is very quiet; rarely speaks, but answers questions rationally: Slow in movements: Shows little

Dec 19 interest in anything. Probably about as well as he can be. Sent home today —

Discharged

Personal and Medical History of

Personal and Medical History of Chester Stumph.

Whole No. 5059
Residence, Winnebago City, Minn.
Date Admission, June 9th 1898
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, J. F. Winship J. of P. Faribault Co.
Sex, male Age, 22 yrs.
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Cigar-maker.
Degree Education, Common school.
Profession, Religion, None
Habits, Not intemperate.
~~Nationality,~~ Nativity Iowa (Father Ny. Mother Penn)
Because resident of State & Co in Mch. 1896.
Physicians Committing, J. E. Cooper & Dr. Hunt.
Correspondents, George Hope, Winnebago City, Minn.
Elmer Stumph Spooner, Wis.

No. of Years, 225
Insane Relatives, Mother committed suicide
Cause Exciting, Self pollution.
Cause Predisposing, Heredity.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes. attempted by jumping from bridge
Date of this Attack, 7 mos. ago
Duration, 7 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 22
Time of Leaving, Aug. 30. 1898
Time in Hospital, 2 m. 21 d.
Result, Discharged Aug. 30. 1898
Unimproved

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* June 10/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, Unable to support family
Paternal Relatives,
Mother, Suicided when he was 8 yrs. old.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Temporal headaches
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Bowels costive: Sleep poor last week.

Personal and Medical History of Chester Stumph.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in PRESENT WEIGHT, 142 lbs. USUAL WEIGHT, NUTRITION, Some impairment.
WOUNDS, Abnormalities and condition of Skin, left testicle soft. left varicocele, says injured. Skin slightly greasy
TONGUE, Coatings or Promptness of Movement, Clean, anaemic, slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. much dilated - Response to light & accom. slow.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slightly impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs noted. Sounds slightly weak
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Patient has always been a trifle "queer". Reticent, does not make friends readily. Has little confidence in himself. Denies attempting suicide. Says was only joking. Fears his masturbation is ruining his bodily & mental health. Thinks people shun him on this account. Has a nasal catarrh dropping down into pharynx.

Personal and Medical History of Chester Sturph.

1898

This patient was brought here by Sheriff's deputy G.M. Wyall, in fair physical condition with the following history:- No information concerning consanguinity: Mother committed suicide: First attack occurred seven months ago: has not been well since: First symptoms manifested by aberration of mind: Disease appears increasing: Is variable: No wholly rational intervals: Derangement manifested by listlessness, sleeplessness & wandering off: Not disposed to injure others: Attempted suicide by jumping from bridge: No filthy nor destructive habits: No previous peculiarities manifested: No history of intemperance in parents or self: No severe disease nor injury to head: Patient has been locked in room & watched at night; was treated by physician at Winnebago City.

On personal examination shows morbid mind, excessive irritation causing
6/9/98 indecent exposure &c. On admission put upon B3 (G.H.M. Rpt. Complexion dark: hair dark brown: eyes blue: Skin good condition: Scar on right knee: Is clean: behavior good.)

Summary 14 da. record by Dr Herzog. Pulse & temp. normal, appetite & sleep good. bowels constipated: regulated with cascara. Complains of not being able to sleep well but night nurse reports him sleeping from 6 to 9 hrs. every night. No improvement during 14 days. Very much depressed, frequently complains of headache. Answers questions fairly intelligently but does not begin a conversation. Continued by Dr. Phelps. July 21 Transferred from B3 to Infirmary. Has been very depressed & melancholy, dull & quiet: This is a change from time of coming in, when he was able to talk considerably tho then depressed. Aug 30 Visited by father & taken home. Patient has been somewhat better in behavior & mental state, has, however, been depressed & somewhat resistive.

Discharged.

Personal and Medical History of

Personal and Medical History of Fred Marclaire

Whole No. 5060
Residence, St. Paul, Minn.
Date Admission, June 10th 1898.
Admitted by Dr. C. B. Eby, hour,
How Sent, G. Willrick J. of P. Ramsey Co.
Sex, male Age, 44
Civil Condition, married
Children, two.
Age Youngest Child, —
Occupation, Stone-cutter
Degree Education, Reads French
Profession, Religion, Catholic
Habits, Intemperate
~~Nationality~~ Nativity, Montreal Canada (Parents born Canada.)
Became resident of State in 1879 Of Co. 15 yrs ago
Physicians Committing, Chas Blitz & H. Guéré
Correspondents, —

No. of Years, 227
Insane Relatives, None.
Cause Exciting, Drink
Cause Predisposing, Previous attacks
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes - Jumped in river. Also homicidal.
Date of this Attack, June 7 '98
Duration, 3 days
No. of Attack, Several
No. of Admission, 1st
Age First Attack, 39 yrs.
Time of Leaving, July 14. 1898
Time in Hospital, 1 m. 4 da.
Result, Discharged Nov. 8 '98 Recovered.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* June 11/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had what he calls "neuralgia" 5 yrs. ago. Left hearing impaired - Suppurating bubs left groin when young - 2 scars.
HABITS, Drinking and Smoking, Has drunk very hard for 5 yrs.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Fred Marclaire

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in PRESENT WEIGHT, 145 USUAL WEIGHT, NUTRITION, Fairly good.
WOUNDS, Abnormalities and condition of Skin, Low palate - Helix of ear deficient - no lobule.
TONGUE, Coatings or Promptness of Movement, prompt, Grayish coat on dorsum, edges clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal: Size about normal: Response to light & accom. excision
SIGHT, Some impairment.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, pupils are not perfectly round & change shape slightly on dilatation.
HEARING, Much impaired, particularly in left ear.
COORDINATION, Arms, Slight impairment Legs, do. - Finger to nose, eyes shut ~~Grasp~~, some difficulty - Slight difficulty standing on one foot: Turning quickly - fetches a wide circle Standing eyes shut - quite good.
TREMORS, Hands, Tongue, Facial Muscles, General, quite marked of hands - fine & coarse of tongue - Slight of lips.
PATELLAR REFLEX, 9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat hesitating & jerky - French accent.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs - Slightly irregular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

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

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

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has been drinking very heavily. Says does not know what he did - Denies attempt at suicide tho it was made. Has been 4 days away from liquor. 2 days in City Hospital. Presents appearance of paretic. Handwriting quite characteristic. Pupillary troubles are suggestive - as is his gait. He walks with a very important semi-military strut but at same time is unsteady. Shows no delusions but at same time a sense of well-being curiously mixed with ready depression & tears when he speaks of his home. The alcoholism, however, may produce all the symptoms shown.

Personal and Medical History of Fred Mardain

1898

This patient was brought here by Sheriffs Deputy J.B. Arend, in fair physical condition, with the following history:- No history of consanguinity or heredity: First attack occurred 5 yrs. ago, has had several at intervals since, lasting from one week to ten days: First symptoms of present attack manifested June 7th '98. began drinking & threatened his wife with violence: Disease appears increasing: So variable with irregular rational intervals: Derangement now manifested by believing his wife unfaithful: When he is crazed by drink tries to kill her; jumped into river: No filthy nor destructive habits: No previous peculiarities noted: Patient very intemperate, which is cause of disease: Has never been confined nor restrained in any way: Has received no treatment.

June 10 On personal examination is nervous & emotional.

On admission put upon B3 (G.H.N. Rpt. Complexion dark: hair black: eyes gray: Skin good condition: So clean: Behavior good: Is slightly deaf.

Summary 14 da. record by Dr. Herzog. Pulse & temp. normal: appetite good, after first day sleep good. First few days showed physical effects of alcoholic debauch. 1/40 gr. strych. given 3x day. the first 17 days. Physical condition much improved in 14 days & quite clear mentally. So agreable & well behaved. neat & tidy & takes an interest in amusements. Assists some with ward work. Is very anxious to go home; shows a very slight dementia & has vague ideas of persecution by his wife, not amounting to definite delusions. Continued by Dr Phelps. July 2 Wt 152.th So noted as having slept well. So neat in habits: Talks freely: answers intelligently: Assists with work. July 14 '98 Taken home on trial

Discharged.

Personal and Medical History of

Personal and Medical History of F. C. Harrison

Whole No. 5061

Residence,

Date Admission, June 11th 1898.

Admitted by Dr. H. H. Herzog hour, 4 P.M.

How Sent, C.M. Dickey Sh'ff of D.C. 4th Judicial Dist.

Sex, male Age, –

Civil Condition, –

Children, —

Age Youngest Child, —

Occupation, —

Degree Education, —

Profession, Religion, —

Habits, —

Nationality, —

Physicians Committing, —

Correspondents, —

No. of Years, 228

Insane Relatives, —

Cause Exciting, —

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

Suicidal or not, —

Date of this Attack, —

Duration, —

No. of Attack, —

No. of Admission, —

Age First Attack, —

Time of Leaving, Dec. 2. 1898

Time in Hospital, 5 mo. 21 da.

Result, Discharged Dec. 2. 1898. Unimproved – By being turned over to Sheriff of Hennepin Co.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

ST. PAUL DISPAT

LAWYER'S FALL.

AN ATTORNEY UNDER ARREST CHARGED WITH BEING A SNEAK-THIEF.

ROBBERY AT HIGH SCHOOL.

The Charge Made Against F. C. Harrison—He Is Said to Be Responsible For the Theft of Overcoats, Etc., From the School Building—How He Was Discovered.

F. C. Harrison, an attorney-at-law, is in a cell at the central police station accused of being a sneak thief.

It is alleged by the police that he is the man who has been stealing articles from the cloak room at the high school building.

The teachers, scholars and officials about the building have been on the lookout for the person who has been carrying off a variety of articles.

At 10 o'clock this morning Harrison was caught leaving the building with an overcoat belonging to one of the students over his arm.

He was detained until Patrolman P. Smith was summoned, and the officer placed him under arrest and sent him to the station. When searched Harrison was found to have possession of a skeleton key and two unused candles. He will therefore be called upon to face two charges, that of larceny and being in possession of burglars' tools.

This is not the first time that Harrison has come in contact with the officers of the law. Last April he was arrested for alleged forgery, was held to the grand jury, but escaped trial and conviction. He claimed then that he had been in the city but a short time and gave whisky as the primary cause of his misdeeds.

Four overcoats and a number of other articles have been stolen from the high school building within the past two months, and all these thefts are charged up to Harrison, since he was caught in the act of taking the fifth. Three of the coats were taken some time ago, and were recovered in second-hand stores by Detective Hallowell. The fourth was taken yesterday, after a lapse of considerable time between the raids.

Medical History of F. C. Harrison

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION,

l condition of Skin,

tness of Movement,

ponse to Light, and Accommodation,

rcus Senilis, or other troubles,

Legs, Grasp,

Facial Muscles, General,

Other Reflexes,

lesitating, Slow,

tic, Sad, Etc.,

Sounds, Size,

pansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of F. C. Harrison

Whole No. 5061

Residence,

Date Admission, June 11th 1898.

Admitted by Dr. H. H. Herzog hour, 4 P.M.

How Sent, C. U. Dickey Clk of D. C. 4th Judicial Dist.

Sex, male Age, –

Civil Condition, –

Children, —

Age Youngest Child, —

Occupation, —

Degree Education, —

Profession, Religion, —

Habits, —

Nationality, —

Physicians Committing, —

Correspondents, —

No. of Years, 228

Insane Relatives, —

Cause Exciting, —

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

Suicidal or not, —

Date of this Attack, —

Duration, —

No. of Attack, —

No. of Admission, —

Age First Attack, —

Time of Leaving, Dec. 2. 1898

Time in Hospital, 5 mo. 21 da.

Result, Discharged Dec. 2. 1898.

Unimproved – By being turned over to Sheriff of Hennepin Co.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

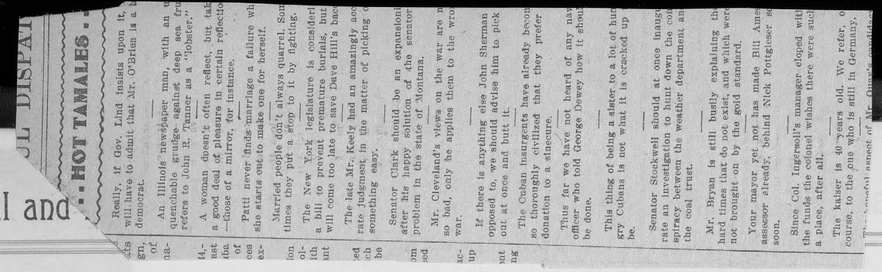
HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and



PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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,

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

Personal and Medical History of F. C. Harrison.

1898

This patient was brought here by Deputy R. C. Royce, with the following history: Patient was sent here upon the order of Charles B. Elliott. Judge of District Court, Fourth Judicial District: Only accompanying paper warrant of Commitment, containing information that patient was brought before Court on charge of forgery & upon examination, was adjudged insane & ordered sent to this hospital for care & medical treatment.

June 11 On admission put upon Infirmary Ward East (GHN Rpt) Complexion dark: Hair black, slightly gray: Eyes brown: Skin good condition: Has two large boils on neck: a few pimples on back: Is clean: Behavior good: T. 99° P. 76 R. 19)

Summary 14 da. record by Dr Herzog. Temp. 99° Pulse 76. Boils on back of hand dressed with boric acid: Is depressed & confused. June 12 Anxious & depressed bowels constipated. Temp. normal: appetite quite good: boils dressed with boric acid. June 15 Exam. of urine made. Sp. gr. 1005. Reaction slightly acid: pale yellow, no albumen. Still confused but no definite delusions June 17 Boils improving. up for a short time. June 18 Up, dressed & out for walk. In much better spirits but still readily confused. June 19 Up part of day This to occupy his mind by working on ward. Had a severe attack of palpitation of heart. hypo 1/10 gr dig. given. June 24 Up & about: Helps on ward: Very obliging; behavior good: Is improving mentally. Considerable improvement physically. Still has attacks of palpitation relieved by 1/10 gr. dig.

Continued by Dr Phelps. July 1. Patient helps with ward work: Seems quite pleasant, was somewhat nervous & confused at time of coming & rather depressed; now, however, talks freely, altho has spells of being very nervous:

Aug 1 Seems to be improving: Talks freely & rationally: No delusions noted: Aug 3 Went to Oronoco camping. Sept 20 Returned having eloped while camping.

Sept 21. Restless & nervous the last two nights. Oct 18 Trans. to Infirmary. Despondent & restless. Nov 1 Now working with painters: Seems to be relieved to have some occupation: Is said to scream loudly without knowing that he was saying anything. Dec 1 Taken to Minneapolis by sheriff: Wished to be taken.

Discharged.

Personal and Medical History of

Personal and Medical History of Grant Holton.

Whole No. 5063
Residence, St. Paul, Minn.
Date Admission, June 14th 1898.
Admitted by Dr. C. B. Eby hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 28.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer
Degree Education, None
Profession, Religion, Methodist.
Habits, Not intemperate.
~~Nationality~~ Nativity Minn. (Father Conn. Mother Scotland)
Physicians Committing, President of Co. for 10 yrs. J. B. Burnhall & A. Schuzzi.
Correspondents,

No. of Years, 230
Insane Relatives, None.
Cause Exciting, Masturbation(?)
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, —
Suicidal or not, Not.
Date of this Attack, 3 wks. ago
Duration, 3 wks.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 25 yrs
Time of Leaving, Sept. 24. 1898
Time in Hospital, 3 mo. 10d.
Result, Discharged Feb. 8. 1899 Unimproved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Grant Holton.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 126 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Grant Holton.

1898

This patient was brought here by Sheriff's deputy J.H. Jansen, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or self: First attack occurred three years ago & lasted but a few hours: First symptoms of present attack manifested three weeks ago, became violent without provocation: Disease appears increasing, is variable with irregular rational intervals: Derangement manifested as follows:- mental capacity became more reduced: more stubborn: became at frequent intervals very violent: Is disposed to injure others: Destroys everything in reach when in spell: Before accession of disease showed choreic movements of head & face: Is apparently indifferent to surroundings: No severe disease nor injury to head: Has not been confined nor restrained, has received no treatment.

On personal examination is deaf & dumb - shows chorea in neck & face:

June 14/98 Is pale & emaciated. On admission put upon B3 (G.H.N. Rpt. Complexion light: hair & eyes brown: Condition of skin good: Is clean: Behavior good:)

Summary 14 day record by Dr Herzog. Pulse & temp. normal: Appetite & sleep good. Entire 14 days. Is continually cheerful & agreeable, but helps some in ward work. Is somewhat feebleminded & simple, laughs readily & with no provocation & is considerably troubled by being deaf & dumb.

Continued by Dr Phelps. July 2 Wt. 137# Seems to be in fair health: Is deaf and dumb & imbecile in manner. 22 Visited by brother. 24 Taken home by brother. Patient always quiet & imbecile.

Discharged.

Apr. 7'99 Note Patient came back to hospital by himself today: Was kept here over-night & brother called for him the next day.

Personal and Medical History of

Personal and Medical History of Thomas Howard.

Whole No. 5064

Residence, Youngstown Ohio - Committed from State Prison Stillwater M.

Date Admission, June 14th 1898.

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

How Sent, Frank T. Wilson J. of P. Washington Co.

Sex, male Age, 27.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Puddler (Iron worker)

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Intemperate

~~Nationality~~ Nativity, New York (Father Ireland - Mother New York)

Physicians Committing, E. O'B. Freligh - & F. G. Landeur.

Correspondents,

No. of Years, 231

Insane Relatives, Unknown.

Cause Exciting, Self Abuse.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Apr. 19 '98

Duration, nearly 2 months

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27

Time of Leaving, Sept. 27. 1898

Time in Hospital, 3 m. 13 d.

Result, Discharged Feb. 8 1899 Unimproved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas Howard.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 146 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Thomas Howard.

1898

This patient was brought here by Sheriff's deputy, Dr M.E. Withrow, in fair physical condition, with the following history:- No history of consanguinity: No information concerning heredity: First attack occurred in April 1898: continuous since then: manifested by hallucinations of hearing: Disease appears increasing: Not variable: Derangement now manifested by delusions & hallucinations: Claims he is hypnotized Hears voices of guards & relatives at all times - they call him awful names, also subject him to an X ray machine: No disposition to injure others shown, except when trouble began: No filthy nor destructive habits: No previous peculiarities noted: No severe disease nor injury to head: Has been in prison nearly three years: Has received no treatment. (Was committed to State Prison Apr. 25/96 on charge of Grand Larceny in 2nd degree - to serve a three year term.)

On personal examination is nervous, pulse rapid, temperature normal,
6/14/98 is well-nourished. On admission put upon B³E (G.H.n. Rpt. Complexion dark: hair black: eyes brown: Skin good condition: Small mark on chin: Scars 1 over right eye, 1 on right breast, 1 on right hip 2½ in long: one on left hip. Eruption on back: Is clean: Behavior good.)

Summary 14 da. record by Dr. Herzog. Pulse & temp. normal, appetite & sleep good during entire 14 days. Was quiet & fairly well behaved up to June 18, fairly intelligent: slightly dull, Conversation quite rational on ordinary subjects: Has delusions of persecution. June 18 refused medicine & was sullen & obstinate.
19 Restless, walking up & down ward, is sullen but not so obstinate.
22 Still restless & not amenable to discipline: Delusions of persecution with grandiose delusions noted: Has a very high idea of poetry which he writes:
26 Refused to go walking. Threatening in demeanor, restless & uneasy.
Continued by Dr Phelps. Wt. 144# At times sullen; at others excited: Says he is persecuted: That he is is a poet. Sept 27 Taken to his home in Ohio by Agent Gates of State Board C.&C. Still holding to his former delusions & behavior about same as formerly.

Discharged.

Personal and Medical History of

Personal and Medical History of Henry Müller

Whole No. 5066	No. of Years, 2.33.
Residence, Stillwater, Minn.	Insane Relatives, None.
Date Admission, June 15th 1898.	Cause Exciting, Business Reverses.
Admitted by Dr. C. B. Eby. hour, 6th PM.	Cause Predisposing, —
How Sent, Frank T. Wilson & offr. Washington Co.	Form,
Sex, male Age, 32 yrs.	Accompanying Bodily Disorder, —
Civil Condition, married	Suicidal or not, Not.
Children, one	Date of this Attack, Two years ago.
Age Youngest Child, -	Duration, 2 yrs.
Occupation, Mechanic.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, None.	Age First Attack, 30 yrs.
Habits, Not intemperate.	Time of Leaving, Apr. 26. 1900
~~Nationality~~ Nativity Minn. (Parents born in Germany)	Time in Hospital,
Physicians Committing, B.J. Merrill & W.H. Pratt MD.	Result, Transferred to Asst sys.
Correspondents,	

EXAMINATION ON ADMISSION BY DR. H.A. Herzog *Date of* June 16/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - sluggish

MEMORY, Past Events, Some imp airment.

Recent Events, do Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - quite correct.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Variable - in the main 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,

ONSET, Gradual or Sudden,

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

Father, died accident

Paternal Relatives,

Mother, died some lung trouble

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Very moderate drinker - Smokes a little.

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 Henry Müller.

The following is a clipping of a notice recently made

Handwriting Henry Müller

June. 16/98.

CHARACTERISTICS.

lbs. USUAL WEIGHT, NUTRITION, somewhat impaired

what high - Forehead wide

le anaemic - quite prompt.

ght slightly larger - about normal.

e excretion.

Henry Muller of Stillwater died this morning at the hospital for the insane at Hastings. Deceased was for many years a well-known resident of Stillwater and lost his reason about six years ago. He is survived by a widow and one daughter. The body was brought here and the funeral will be held to-morrow.

Sawmills that are running nights did not run last night, their crews having laid off to attend the street fair and carnival.

The funeral of Henery Muller occurred this afternoon and the remains were laid to rest in Fairview cemetery under the auspices of St. John's lodge, A. F. and A. M., of this city.

Arcus Senilis, or other troubles, —

ue, Facial Muscles, General, Some impairment Legs, considerable impairment Grasp, fingers move, eyes shut quite good
ek great difficulty Standing eyes shut. sways markedly -
of hands - notmarked of tongue - of lips when speaking -

& equal. Other Reflexes,

Hesitating, Slow, Slurred & hesitating

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
no murmurs noted

Apex Beat, Regularity,

Sounds fairly good.

ARTERIES, Somewhat stiff

Tension high.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Patient exhibits all symptoms of general paresis except that it is difficult to draw him out on his grandiose ideas - He, however, shows a general exalted tendency & fails utterly to realize that he is unfit for business. He is somewhat under flesh & realizes this but thinks it is his whole trouble.

Personal and Medical History of Henry Müller

Whole No. 5066

Residence, Stillwater, Minn.

Date Admission, June 15th 1898.

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

How Sent, Frank T. Wilson J. of P. Washington Co.

Sex, male Age, 32 yrs.

Civil Condition, married

Children, one

Age Youngest Child, -

Occupation, Mechanic.

Degree Education, Common school.

Profession, Religion, None.

Habits, Not intemperate.

~~Nationality~~ Nativity Minn. (Parents born in Germany.)

Physicians Committing, B. J. Merrill & W. H. Pratt M.D.

Correspondents,

No. of Years, 233.

Insane Relatives, None-

Cause Exciting, Business reverses.

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, —

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, 30 yrs.

Time of Leaving, Apr. 26. 1900

Time in Hospital,

Result, Transferred to Hastings.

[illegible]

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* June 16/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - sluggish

MEMORY, Past Events, Some impairment.

Recent Events, do Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull - quite correct.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Variable - in the main 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,

ONSET, Gradual or Sudden,

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

Father, died accident

Paternal Relatives,

Mother, died some lung trouble

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Very moderate drinker - Smokes a little.

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 Henry Müller.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 in PRESENT WEIGHT, 122½ lbs USUAL WEIGHT, NUTRITION, somewhat impaired

WOUNDS, Abnormalities and condition of Skin, Palate somewhat high - Forehead wide

TONGUE, Coatings or Promptness of Movement, clean - pale anaemic - quite prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, right slightly larger - about normal. Response to light & accomodation excessive.

SIGHT, Good-

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

HEARING, Good.

COORDINATION, Arms, some impairment Legs, considerable impairment ~~Grasp~~, finger to nose, eyes shut quite good Stands on one foot with great difficulty Standing eyes shut sways markedly -

TREMORS, Hands, Tongue, Facial Muscles, General, of hands - not marked of tongue - of lips when speaking -

PATELLAR REFLEX, 8 equal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, no murmurs noted.

Apex Beat, Regularity,

Sounds fairly good.

ARTERIES, somewhat stiff

Tension high.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Patient exhibits all symptoms of general paresis except that it is difficult to draw him out on his grandiose ideas - He, however, shows a general exalted tendency & fails utterly to realize that he is unfit for business. He is somewhat under flesh & realizes this but thinks it is his whole trouble.

Personal and Medical History of Henry Müller

1898

This patient was brought here by Sheriff's deputy Granville W. Smith, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or self.- First symptoms manifested about 2 years ago by mental irritability: Delusions regarding business: General physical impairment: Disease appears increasing: Not variable: No rational intervals: Derangement now manifested by delusions as to business: Thinks he is carrying on an extensive business while doing nothing Rambling & disjointed in assertions & statements: Has assaulted wife & child for trivial causes: No filthy nor destructive habits: No previous peculiarities noted:- On contrary was a man of exemplary habits & disposition: Also industrious: No severe diseases nor injury to head: Has not been confined nor restrained. Has received no treatment.
On personal examination is physically emaciated. Delusions confirmed as above.
June 15 98 On admission put upon B3 E (G.Au. Rpt. Complexion light: Hair light brown: eyes blue: Condition of skin good: Small scar on back: Is clean: Behavior good: Temp 98⁴ P 64 R 18.)
Summary 14 da. record by Dr Herzog. June 15 to 20 - Appetite good. Sleep fairly good: Pulse & temperature normal: Is confused but happy & contented, memory poor. has general characteristics of paresis. June 20 While out walking became very weak, very much confused mentally & showed very much incoordination; brought in & put to bed: Trans. to Infirmary. 7 P.M. Temp 102. Very irrational & dull, ate light supper - June 21 Slight paralysis of left arm. Has difficulty in swallowing: bowels moved by enema: 8 A.M. Temp. 102⁶. Pulse 96 R 18. 5 P.M. T. 103⁴ P. 90 R. 28. June 22 unable to feed himself: Took a fair amount of nourishment. Habits filthy. 8 A.M. T. 103 5 P.M. 103⁶. June 23 Gradually recovering use of left arm. is restless - throws clothing about: realizes nothing. A.M. Temp. 102' P.M. 102 - Remained much confused & quite helpless until 27th began to improve. Is able to feed himself: somewhat brighter - Temp 100⁹ to 99⁸.
June 28 Small bed-sore on back. Temp. a little elevated: Bowels constipated: Except when moved by enema June 30 Still confused but able to help himself & to walk about room. Continued by Dr Phelps. July 10 Up & about on ward: At times during first part of stay was very dull, Could not find his own room etc, Now walks out with crowd. Wants to day to pay his board bill. Has various hallucinations. Sept. 1 Wt. 145# Rather mixed in conversation; talks rather freely: Behavior somewhat more
1899 Jan 31 quiet. Jan 31 '99 Patient seems somewhat better. Rather more quiet in manner.
Feb 1 Now on A'. Feb. 1 - July 31 '99 (Dr. Wanous) Patient stubborn & very talkative to
to visitors on ward. Is very faultfinding and continually complaining
July 31 about food. June 20 Struck Otto Jenson when coming in from walk: Trans. to B'. Works in dining room: Talks to himself a great deal when alone

Personal and Medical History of Henry Müller

1899

Aug 1/31 Wt. 155# - P84. Aug 31. Talks & laughs to himself: fairly well behaved: good physical condition. Sep 8. Com-
Sep 8/10/30 plains of headache: given treatment for same. Sep 10 Transferred to B3. Sep 30. Patient continually complains about
Nov 30 Clothes, food &c. Is never satisfied with what he gets. Will not work: Nov 30. Does light work on ward. Otherwise about same
1900 Apl 6/26 Wt. 160. P 78. Apl 26. Transferred to Hastings Hospital.

Personal and Medical History of Melville S. Demick.

Whole No. 5067

Residence, Spring Valley, Minn.

Date Admission, June 17th 1898

Admitted by Dr. A.F. Kilbourne hour, 10 30 Am.

How Sent, Ex. Farmington & of P. Fillmore Co.

Sex, male Age, 40

Civil Condition, Single

Children, -

Age Youngest Child, -

Occupation, Laborer

Degree Education, Can read & write

Profession, Religion, No.

Habits, Drinks liquor & smokes

~~Nationality~~ Nativity, Wisconsin (Parents born in Ohio.)

Physicians Committing, J.R. Johnson & J.D. Letts.

Correspondents,

Mrs. C. Demick (mother)
Spring Valley, Minn

No. of Years, 234

Insane Relatives, None

Cause Exciting, Mental weakness - sickness & use of narcotics & stimulants

Cause Predisposing, —

Form,

Accompanying Bodily Disorder, hump-back.

Suicidal or not, not.

Date of this Attack, January 1 1898.

Duration, 6-7 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 40 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 - quick -

MEMORY, Past Events,

Recent Events, Apparently good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat 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, Six months.

ONSET, Gradual or Sudden, Gradual -

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Says none
Father, died heart disease.

Paternal Relatives,

Mother, living - Well.

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says he has had all the diseases going - Remarks not to be relied upon.

HABITS, Drinking and Smoking, both.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
Says he was at St Peter about six months.

Sleep, Appetite, and Bowels, Says all quite good.

Personal and Medical History of Melville S. Demick

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 100 lbs USUAL WEIGHT, NUTRITION, fairly good.

WOUNDS, Abnormalities and condition of Skin, Scar on left leg. Patient is a hunch back from lateral spinal curvature.
Skin in healthy condition
TONGUE, Coatings or Promptness of Movement, Clean - prompt.

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

SIGHT, says good

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

HEARING, good

COORDINATION, Arms, Quite good Legs, Quite good. Grasp,

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

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal -

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Quite strong Sounds, Size, N -

Apex Beat, Regularity, Regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest assymmetrical
B. Sounds normal

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sound -

BOWELS, Present Condition, Regular

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

Patient is a hunchback - says since 6 yrs. old - due to fractured collar bone (?) Condition is a lateral curvature, otherwise seems in fair physical health - Had delusions & is rather morose. Statements cannot be relied upon.

Personal and Medical History of Melville S. Demick.

1898

This patient was brought here by Sheriff's Deputy, C.A. Lamson, attended by John Demick (brother) & Frank Liskow, in fair physical condition, with the following history: No history of consanguinity or heredity. Patient is intemperate: First symptoms noted Jan. 1st 1898:- was afraid that people were going to injure him, especially in the night - awoke suddenly with great fear: Disease appears increasing: Is variable, with irregular, rational intervals: Derangement now manifested by delusion that his widowed mother is keeping men in her house nights, & threatens to injure her: Is disposed to do injury to others: No filthy nor destructive habits: No history of previous peculiarities: No severe disease nor injury to head: Has been neither confined nor restrained: Has received no treatment. On personal examination he is under the impression that his mother & friends are trying to injure him - Mother is afraid to remain at home with him.
Note - brother says patient has had three bad spells this winter, appeared scared, was afraid he would be killed - Threatened to kill his friends - First noticed early last winter.

June 17/98 On admission put upon. B³E (G.H.U. Rpt. Complexion dark: hair gray: eyes black: Skin good condition: Vaccination marks on left arm: Scars on shins: hunch back Behavior good) Summary 14 da. record by Dr. Herzog. Appetite good: Bowels regular & sleep good during entire 14 days. Complains very much of pain & has marked delusions of persecution. Continually complains of persecution & is extremely anxious to get away. Feels that he is not being treated well & that all the patients are opposed to him - Is melancholy & depressed. Continued by Dr. Phelps. Aug 1 Wt 109# Health seems good: Talks freely: answers intelligently: Seems to have improved some since coming here. Dec. 1 Wt 113# Has told of other patients trying to chloroform him & has many such ideas. Feb 1 to July 31 '99 (Dr. Wanous) Wt. 111# Does no work. Lounges around through day a good deal: June 19. Trans. to Annex: June 21 Visited by friends. No change in general condition from day to day.

Aug 1 - Jan 31 1900 (Dr. Chapple) Aug 1. Wt. 108# Aug 10. Visited by mother. Sept 13 by friends Nov. 1 Wt. 114# Very little change during period. Behavior contrary & surly: Refuses to answer questions: Habits untidy. Is inactive: Lies on floor most of time. Feby 1. Wt 111# P80. Mar 15. Ten days' temperature normal. Mar 13. Visited by friends. Apl 5 Had what appeared to be, a "hysterical spell"; would not get up, nor speak - May 25. Small superficial abscess on foot opened & dressed. Visited by sister. July 20. Vaccinated. July 31. But little change. Appears rather melancholy, with exacerbation; at times refusing to eat for several days. Nearly always lies down behind benches, very inactive: does nothing. Stubborn & surly in disposition: habits rather untidy: Physical condition is fairly good. Aug 1. 107½ lbs - Visited by friends. Sep 10 Transferred to Dr. - Jany 31/1901. But little change: Eats & sleeps well: physical condition rather poor very sluggish & indolent;

Personal and Medical History of Melville S. Demick

1901 Cont'd

Jan 31. lies on floor, behind benches, most of time: sullen in manner: health fairly good.
Feby 1902 Wt 110#: May 1. 109#: Aug 1. 108#: Nov 1 110#: - Jany 31/02. No change: patient very stubborn: inactive: lying in corner on floor, from morning till night: cross & surly, when addressed. but causes no trouble: habits fairly neat.
Jan 31/03 (Dr. Chapple) No illness and nothing of importance has occurred during past year. Lies about quietly, and has nothing to say. Rather reserved; sulky & somewhat indifferent. Does no work.

Personal and Medical History of Charles O'Graskey

Whole No. 5068	No. of Years, 235
Residence, J Spring Valley, Minn.	Insane Relatives, None.
Date Admission, June 17th 1898	Cause Exciting, Illness
Admitted by Dr A. F. Kilbourne hour, 10 30 Am.	Cause Predisposing, —
How Sent, E. V. Farrington J. of P. Fillmore Co.	Form,
Sex, male Age, 76	Accompanying Bodily Disorder, ?
Civil Condition, Married	Suicidal or not, Not.
Children, 2	Date of this Attack, October 1897.
Age Youngest Child, —	Duration, 8 months.
Occupation, Tailor.	No. of Attack, 1st
Degree Education,	No. of Admission, 1st
Profession, Religion, Lutheran.	Age First Attack, 76
Habits, Not intemperate.	Time of Leaving, Apr. 29. 1899
~~Nationality~~ Nativity, Germany (Parents also born there.)	Time in Hospital, 10 m. 12 d.
Physicians Committing, Dr Dutley & R. L. Moore (Resident of State Supp. Office 40 days)	Result, Dead. Exhaustion in Senile Dementia.
Correspondents, Frank Liskow, Spring Valley, Minn (Son-in-law.)	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Charles O'Graskey

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 118 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Charles O'Grady

1898

This patient was brought here by Sheriff's Deputy Ed. Lawson attended by Frank Liston + James Derrick, in fair physical condition, with the following history:- No history of consanguinity nor heredity: First symptoms of attack manifested in October 1897 - did not know his wife + could not be controlled without difficulty: Disease appears increasing: So variable, but no rational intervals: Derangement now manifested by violence, attempts to injure wife + grandchildren: Runs away from wife + menaces neighbors: Habits filthy: No previous peculiarities manifested: No history of intemperance in parents or self: was sick three weeks in April + since then has been growing more violent: Has neither been confined nor restrained: Has received no treatment:

On personal examination seems unable to appreciate what is said or done in his presence.

June 7 On admission put upon B's E. (Gen'l Rpt. Complexion light hair gray eyes brown. Skin good condition: Bruise on left leg + on right foot. So clean: Behavior noisy)

Note - Son-in-law says Attack first Feby 98 - had not been well for two or three years. Can not keep him at home - Too violent: Wanders away. Is poor financially.

Summary 14 da record by Dr Herzog. Pulse 84 Temp. 98⁶ Resp. 20. Ate a good dinner + supper: Is much confused, + it is necessary to dress + undress him: Slept 4 hours. restless. June 14 Trans. to Infirmary + put to bed: given light meals. 5 P.M. Temp. 100⁹ P 106 R. 20 Slept 7 hrs. June 19 Temp. (Asm.) 99⁴. P.M. 99². Slight amount of nourishment: Frequently out of bed: Very much confused picks bed clothing - Resists taking temperature. So very much confused Appetite poor: Fed by nurses. June 21 Bowels loose + thin Eggnog + wine added to diet. June 23 Takes somewhat more nourishment June 25 Small specimen of urine examined Specific gravity not known - a large amount of albumen found - Up to 29th Much confused, filthy in habits, picks at bed-clothing: Complexion pale + sallow: mumbles + himself: impossible + understand what he says: Sleep broken: Bowels regular. So taking a fair amount of nourishment. Continued by Dr. Phelps. July 15 Remains much confused + restless: kept in bed. out part of time. Oct 1 Wt. 104.⁷ Still in bed: Oct 7 Visited by daughter: Nov 1 Wt. 106. Dec 1 Wt. 108. Patient gradually failing in mental state + physical ability. Jan 31 At times very dull. At present lying quiet in bed mainly on account of not having any ability to stand. Feb 4 Patient appears confused, stubborn + demented. Continually pulls bed clothing out. Visited by wife Feb 14. Did not appear to recognize her. Sleeps a good deal of the time through day. Apr. 12 Forefinger, left hand. badly festered opened by Dr Phelps. Visited by wife Apr. 25. Seems to be failing. Apr. 27. Passed blood with stools. Apr 29 Failed very rapidly + died at 9:10. Hips + back quite red. No marks nor bruises noted.

Died.

Personal and Medical History of

Personal and Medical History of Karl C. Olson

Whole No. 5069
Residence, Rice Co. Minn.
Date Admission, June 17th 1898
Admitted by Dr A.F. Kilbourne hour, 4 P.M.
How Sent, R.A. Mott J. of P. Rice Co.
Sex, Male Age, 32
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
~~Nationality~~ Nativity, Minn. (Parents born in Norway)
Became resident of Co. in 1879
Physicians Committing, W.H. Robilliard & P.A. Smith.
Correspondents, Ole M & Ivr M. Olson (bros.)
Webster Rice Co. Minn.

No. of Years, 236
Insane Relatives, Brother died here – Father quiet – Paternal uncle reported crazy.
Cause Exciting, –
Cause Predisposing, Probably heredity.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, June 4th '98
Duration, 13 days.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 22 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,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Karl C. Olson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 163 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Karl C. Olsen

1898

This patient was brought here by Sheriff's deputy G. W. Mosier attended to Dwight Penniman, in fair physical condition, with the following history:- No history of consanguinity: Father queer, paternal uncle reported insane: one brother died in this hospital: This is patients 2nd attack + 2nd admission here was here from Sept 4 '1888 to August 24 '1889 - (Aw. Vol. 11 P57 No. 1857) First symptoms of present attack manifested June 4th '98. Was at Northfield, got heated + mind has wandered ever since: Derangement manifested on no particular subject: Is generally demented: Not disposed to injure others: Previous peculiarities, amorous inclinations, talked about the girls a good deal: No intemperance in parents or self. No evidence of severe disease nor injury to head: Has been under hospital care + restraint as above mentioned: On personal examination appears restless, illogical, forgetful + subject to delusions.

June 17 On admission put upon B3C (G.H.u Rpt. Complexion dark: hair light eyes gray: Skin good condition: Vaccination marks on both arms: Body covered with pimples: Is dirty: Behavior good.)

Summary of 14 da. records by Dr. Herzog. Pulse + temperature normal: Appetite good: Sleep usually good, with exception of first three nights. First week considerably confused + restless, irrational + incoherent. During two weeks considerable improvement. Still slightly demented + silly but agreeable + much improvement in conversation. Continued by Dr Phelps. July 31 Very neat in habits: Flighty in manner: Works some. Sept 14 Visited by father + taken home. Patient had improved considerably altho there was a tendency toward flighty behavior: Could answer questions with fair accuracy.

Oct 17 Returned: Is rather restless. Oct 20 Trans. to C. Nov 1 Silly but rather more quiet: seems to be gaining some again. Jan 25 '99 Patient has remained about same; very little change since last note: Talks quite

1899 Feb 1 to July 31 intelligently Feb 1 - July 31 '99. (Dr. Wanous) Wt. 180# Has some delusions: Is quiet + well-behaved. Physical condition good: Bowels regular: Works in dining room

Aug 2 Patient out Camping. Sep 4. Returned. Is well-behaved: works in dining-room (congregate). —

Sep 8/11/22 Sep 8. About as usual: still works in C.D.R. Sep 11. visited by friend. Sep 22. Has been given parole.

1900 Feby 2 Wt 174 P86. Apl 30. Patient continues at dining-room work; mentally, seems improved —

July 20/27 Vaccinated successfully. July 27. Went out Camping. Aug 1. Out Camping. Sep 11. Returned.

Sep 11 has parole: works in Centre Dining-room: is a defective: Oct 31. Condition about same-

1901 Jany 1/31 still works in Centre Dining-room: habits clean. Jany 1/1901. 179#. P82. Jany 31. No change to report.

Feby 1 Wt 171#. P80. March 31. Is in good condition + has a parole - Occasionally, expresses

July 5 desire to go home: works faithfully in C.D.R. July 5. visited by mother. July 31 No

31 apparent change in patient's condition. Still works in C.D.R. Aug 31. Keeps in good

Aug 31 physical health. Works in "C.D.R". Jany 31/02. Has parole. Talks quite rationally

1902 Jany 31 Still works in "C.D.R"; health good. Mental condition chronic: a kind of mild dementia.

Personal and Medical History of Karl C. Olsen

03 Jan. 31 Condition has been practically unchanged during whole of year. Has worked a good deal. Quiet + dull. Visited by half sister on 25th.

Personal and Medical History of Staley Knutson

Whole No. 5070
Residence, Probably Lake Mills, Winnebago Co Iowa
Date Admission, June 18th 1898
Admitted by H H Herzog M.D. hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 45
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer
Degree Education, Slight
Profession, Religion, Lutheran
Habits, unknown.
~~Nationality~~ Nativity,
Physicians Committing, J Ohage. J.F. Lewistison M.D.
Correspondents,

No. of Years, 237
Insane Relatives, unknown.
Cause Exciting, unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, unknown
Date of this Attack, 3 days ago.
Duration, 3 days.
No. of Attack, unknown.
No. of Admission, unknown.
Age First Attack, unknown
Time of Leaving, Aug 25. 1898
Time in Hospital, 2 mo. 7 d.
Result, Discharged Aug. 25 '98
Much Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Staley Knutson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 PRESENT WEIGHT, 150 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

8/8/98 EXAMINATION URINE, Quantity, – Sp. g. 1021 Reaction, Slightly acid Color and Appearance, Yellow - clear.

Albumen, — Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Staley Kuntson.

1898

This patient was brought here by sheriff's deputy J.B. Arend attended by John Moriarty, in fair physical condition, with the following history:-
No information concerning previous history, heredity consanguinity, previous attacks, injuries to head, nor severe diseases: Patient was found at large three days ago, by police officer. Imagines that a crowd is going to hang him.

June 18/98 On personal examination is indifferent: has delusions about being hung. On admission put upon B3E (Sth Rpt. Complexion dark: eyes gray: hair dark brown: Skin slightly pimpled: Small scars around knees: One quite good size around left knee. Nose slightly crooked to left. Fingers sore from work: Behavior good.)

June 18 to July 25 Summary 14 da record by Dr Herzog. Pulse & Temp. normal: appetite rather poor during first week, good during 2nd. At first dazed & confused & inclined to be restless. On 22nd became rather brighter & answered questions quite intelligently. June 24 Very restless during night. Slept only two hours. June 25 Very restless & confused lying on floor: Attempted to elope while out doors: struggled when brought back: 26th restless & confused; slept two hours, got up & dressed during night & refused to go back to bed; force necessary to get him to do so: July 1st by became somewhat quieter but is still much confused. Continued by Dr Phelps

Aug 25 Patient talking quite freely & answering quite intelligently: Works some: Today taken home by friends. Was rather careless & indifferent at first, but has quite steadily improved.

Discharged.

Personal and Medical History of

Personal and Medical History of Elias Christianson

Whole No. 5073	No. of Years, 240
Residence, Lenora, Minn	Insane Relatives, None.
Date Admission, June 21st 1898.	Cause Exciting, Unknown.
Admitted by Dr H H Herzog hour, 6.45 P.M.	Cause Predisposing, "
How Sent, E.V. Farrington Jap. Fillmore Co.	Form,
Sex, male Age, 59 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single	Suicidal or not, Not.
Children, —	Date of this Attack, 3 wks ago
Age Youngest Child, —	Duration, 3 wks.
Occupation, Farmer	No. of Attack, Has had several.
Degree Education, Can read & write.	No. of Admission, 1st
Profession, Religion, Lutheran	Age First Attack, Unknown.
Habits, Not intemperate.	Time of Leaving, October 17-1902.
Nationality, Norway - (Parents also born there)	Time in Hospital, 4 yrs. 3 mos 26 Ds
Residence of State of Ohio.	
Physicians Committing, J.H. Phillips & G.A. Love.	Result, Died: Paralysis from Potti Disease (last illness) abt 2 mos)
Correspondents,	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

E Christianson

Copy of notice of hearing petition for appointment of S. Boyd as guardian for Elias Christianson

Served 9/9/98

RISTICS.

WEIGHT, NUTRITION,

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Elias [illegible]

Whole No. 5073
Residence, Lenora, Minn
Date Admission, June 21st 1898.
Admitted by Dr H H Herzog hour, 6.45 P.M.
How Sent, E.V. Farrington Jaf P. Fillmore Co.
Sex, male Age, 59 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Can read & write.
Profession, Religion, Lutheran
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway - (Parents also born there)
Residence of State & for 35 yrs.
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents,

No. of Years, 240 [illegible]
Insane Relatives, Nor[illegible]
Cause Exciting, Unkn[illegible]
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None me[illegible]
Suicidal or not, Not.
Date of this Attack, 3 wks ago
Duration, 3 wks.
No. of Attack, Has had several.
No. of Admission, 1st
Age First Attack, Unknown.
Time of Leaving, October 17-1902.
Time in Hospital, 4 yrs. 3 mos 26 Ds
Result, Died: Paralysis from Potti Disease (last illness) abt 2 mos)

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

[illegible]onal and Medical History of Elias Christianson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ in PRESENT WEIGHT, 138 lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

1898 Personal and Medical History of Elias Christianson.

This patient was brought here by Sheriff's deputy E. K. Blexund attended by Charles Schoernbaugh, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or self. Has had several attacks: First symptoms of present attack manifested about three weeks ago: became very quiet & would without provocation assault neighbors & friends: Disease appears increasing: Is variable, with rational intervals: Derangement now manifested by spells of violence: Is disposed to injure others: Neither filthy nor destructive in habits: Has always been peculiar, lived alone & has had little to do with anyone: No severe disease nor injury to head sustained: Has neither been confined nor restrained. No information concerning treatment. On personal examination patient is quiet: Will not talk much: Cannot remember much of the past.

June 21 On admission put upon B³E (G.H.N. Rpt. Complexion light: hair gray: Eyes blue: Condition of skin good: 5 moles on back: 1 scar on back 2½ in. long. Is dirty: Small white spots on back & legs: Behavior good.) Summary Nurses 14 day record by Dr Herzog. Pulse & temp. normal after first two days - on which temp. was 99. Appetite & sleep good, is quiet & well-behaved. Speaks in English, answers questions hesitatingly & appears to be afraid of something but it is impossible to discover what his delusions are. Is neat & tidy, does some work about ward when requested, speaks very little - No improvement during 14 days. Continued by Dr Phelps.

Aug 1 Wt. 147# Patient is rather old & feeble but works some. Not inclined to talk very much. 16 Trans. to A'. Jan 30 '99 Has drifted along in a quite intelligent altho melancholy way. Health fairly good. Wt. 160#

Feb 1 - July 31 '99 (Dr. Wanous) Patient never speaks to anyone: Is melancholy: Does no work: Coughs some - put on treatment. Remains in room most of time

Aug 1 Wt. 154lb p 86. Oct 30. Patient quiet & well-behaved: never speaks unless quizzed - Nov 8. Trouble with

Nov 8 1900 Nurse because refused bath: became pugnacious. Feb 28/1900 - Condition remains about the same

July 9/20 Wt 143# P 78. Remains in room, most of time, while onward: assists with ward-work. July 20. Was

Aug 31 1900 vaccinated successfully. Aug 31. Assists with ward-work. Nov 1. 145# P 101; Is easily irritated -

Jany 31 No change noted in patient's condition. Feby 1. Wt 143# P 74. May 31. Is quiet and well-

July 31 1902 & Jany 31 behaved. July 31. No change to report, in general condition - Aug 1. Weight 144# - Quiet & well-behaved. Inappearance, rather aged & weakly. (Jany 1. Was noticed first, as having intermittent pulse: does not show many marked symptoms of heart-weakness - Pulse is both intermittent & irregular). Feb. 1/02 Always rather dull & quiet Feb. 10 Examined and found to have quite severe valvular heart disease. Put to bed on I.W. Mar. 28 Gotten up - not improved much. Aug 1/02. 127#. Aug. 16 to I.W. has been noted for over a week as having a stiff neck,

Personal and Medical History of Elias Christianson.

showing swelling and a projecting vertebra. (Diagnosis:- Pott's disease of the Spine). Oct. 17 Patient died today at 7.15 P.M. Failing had been quite steady; had practically been unable to lift his head or make movements of the neck for several days. Post mortem examination showed vocal abcess, which had finally invaded the spinal cord.

Personal and Medical History of Levi Jones

Whole No. 5074
Residence, Geneva, Minn.
Date Admission, June 22 1898
Admitted by Dr. A.R. Babb hour, 7½ P.M.
How Sent, Herman Blackmer J. of P. Freeborn Co.
Sex, male Age, 61
Civil Condition, widowed
Children, 9
Age Youngest Child, -
Occupation, Farmer
Degree Education, Fairly good
Profession, Religion, None
Habits, Intemperate also uses Opium & Morphine
~~Nationality~~ Native, New York. (Parents also born there)
Physicians Committing, A.R. Wedge & G.W. Barck.
Correspondents, Anson Jones (Son) Albert Lea, Minn.

No. of Years, 24
Insane Relatives, None.
Cause Exciting, Intemperance.
Cause Predisposing, -
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About a months ago.
Duration, About one month.
No. of Attack, Unknown
No. of Admission, 1st time.
Age First Attack, Unknown,
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Levi Jones

PHYSICAL CHARACTERISTICS.

HEIGHT, 6ft ½ in PRESENT WEIGHT, 215½ lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,



CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Levi Jones.

1898

This patient was brought here by sheriff's deputy E.H. Ellickson, In fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents: Patient has been a hard drinker & has used opium & morphine for 15 years: No information concerning previous attacks: has been in many hospitals: First symptoms of present attack manifested about one month ago: Disease appears increasing: Is variable: Derangement now manifested by delusions on nearly all subjects: Not disposed to injure others: Habits filthy & destructive: No previous peculiarities manifested: No severe diseases nor injuries to head. Has been in confinement as above stated, but no particulars known: I On personal examination appears to wander in mind: Conversation delusive: is extremely nervous.

June 22 On admission put upon B³E (G.H.N. Rpt) Complexion light: Hair gray: eyes blue: Skin good condition: Legs & feet discolored from old ulcer left one considerably swollen - both legs bandaged: Is clean: Small scars on right arm: Back & breast marked from scratching himself: Behavior good.)

Summary Nurses Notes (14 da. record) by Dr Herzog On admission Temp. 100⁶ P. 78 R 18, Is quite weak: Oedema of legs and feet. Old ulcers on legs. June 23 Trans. to Infirmary. put to bed 2 gr. morphine during day. Temp. normal in morning Pm. 101². Legs bandaged. June 24 Temp. 100 night & morning: On regular & extra diet: milk given between meals: Takes a fair amount of nourishment. 4 gr: morphine during day: Put on pills protiodide of mercury ¼ gr. 1 pill 3x day, increase 1 pill each day. Legs oedematous, extremities bandaged.

June 30 Taking 3½ gr. morphine per day & 3 pills protiodide merc. 3 times a day. July 1 Up & dressed: Same amount morphine: pills decreased to one a day. Talks much more rationally. Gets along fairly well on this amount of morphine. July 5 Body lice discovered for first time. Still some discharge from legs. It has been decided best to keep him on about four grains of morphine per day as he has taken it for so long. Continued by Dr Phelps. July 31 Had an abscess on arm. Is in general quite improved in physical health. Looks somewhat old & nervous system is shattered by morphine habit. Is tremulous, heart action poor. Has ulcers on legs which prevent him from walking, & is content, usually to stay quietly in ward.

Aug 1 Wt. 214# Patient usually well-behaved: sits reading newspapers most of time. Irritable if he does not get morphine. Sept 3 Wt 214# No special change. No considerable attempt has been made to stop morphine as it was considered that his physical health is such as to make it dangerous. Jan 31'99 Wt. 241# Sits around in a dull quiet way: Legs bandaged: rather untidy in appearance; is quite helpless: Receives morphine, about one gr. 4 x day.

Personal and Medical History of Levi Jones

1899

Feb 1 - July 31'99 (Dr Wanous) Wt. 251# Talks very intelligently: mind seems good. In poor physical condition: legs are continually breaking out; are kept bandaged. May 21 Leg dressed by physician: Improved very much. Is suspected of picking locks & stealing morphine from medicine case: Locks changed: Has several abscesses on arms. July 5. Abscesses opened & dressed. July 14. Complained of not having enough morphine. July 17 Very abusive & cranky: morphine gradually diminished.

Aug 1 - Jan 31'1900 (Dr Chapple) Wt. 228. Pulse 102 on Aug 1st. Nov. 1 245#. Behavior improved during period: At times is very abusive in language & threatening: Conversation for the most part rational.

- To -

1900 Aug 5 Secreted table knife & wire on person: Aside from several attacks of indigestion, health good. Jan 31. 1900. Has been taking frequent hot baths of late. Feby 1. Wt 244#. P. 86. July 17. Vaccinated: result negative - July 31. No change of importance:- remains about same, from day to day. Is very fleshy: general health fairly good. Is troubled with swelling of the legs and has to keep them bandaged: has had frequent hot baths: requires cathartics frequently: habits cleanly. Does no work. On ordinary subjects, talks quite intelligently & rationally - Disposition very "cranky": makes frequent complaints as to his own treatment & that of others - very unreasonable in his arguments.

Jan 31 Feby 1 July 17 " 31

Aug 1 1901 Wt 249½ lbs - Jany 31/1901. Little change to be noticed: physical condition rather poor; legs swelled badly, and are kept bandaged. Is unable to take much out-door exercise: takes talks regularly. Stays in his room, most of time; reads a great deal: talks very sensibly, on most matters. At times, becomes abusive & threatening: Inclined to complain and is "cranky" - Feby 1. Wt 260#. May 1 - 259#. Has parole about buildings. Wt 273#. Nov 1. Wt 268½#. Jany 31/02. No change mentally: has shown some gradual physical failure. Cannot stand as much exertion as formerly: habits rather slouchy. Shuts himself in room, where air is very foul: (will not have windows open): reads a good deal & discusses the questions of the day frequently. Shows no special delusions: has varicose ulcer of leg & complains greatly of catarrh. June 9/02 Visited by daughter.

Feby 1 Aug 1 1902 Jany 31

Jan. 31/03 In rather poor physical condition; extremely fleshy; Also has ulceration of legs; sits up in chair most every night. Habits are very sloven. Is occasionally abusive, but as a rule talks sensibly and fairly intelligently & reads the daily papers.

Personal and Medical History of Alexandro Ernal.

Whole No. 5076
Residence, Monterey Mexico
Date Admission, June 23 1898
Admitted by Dr. H H Herzog hour, 10:30 Am.
How Sent, J. A. Leonard J. of P. Olmsted Co.
Sex, male Age, 30
Civil Condition, Do not know.
Children, —
Age Youngest Child, —
Occupation, Do not know
Degree Education, ?
Profession, Religion, ?
Habits, Unknown
~~Nationality~~ Nativity, Mexico
Physicians Committing, F. R. Mosse & C. T. Granger.
Correspondents,

No. of Years, 243
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Unknown
Date of this Attack, "
Duration, "
No. of Attack, "
No. of Admission, 1st here.
Age First Attack, "
Time of Leaving, Nov. 22. 1898
Time in Hospital, 5 m. 30 d.
Result, Discharged Feb. 8. 1899
Unimproved.
Deported to Monterey, Mexico. OK PM

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Alexandro Ernal

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 3/4 PRESENT WEIGHT, 113 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

1894 Personal and Medical History of Alexandro Ernal.

This patient was brought here by sheriff's deputy M. Ryan, in fair physical condition, with the following history:- Nothing known of patient beyond fact that upon seeing some women he started after them: Has delusions:- thinks he is a soldier, pursues women: Is destructive, melancholic, talks at random: Does not answer questions: Gives no account of himself:- Was committed by order of State Board of Corrections & charities, on ground that his legal residence is uncertain. The above information noted on personal examination.

June 23 On admission put upon C' E (G.H.U. R'pt. Complexion dark: hair black: eyes brown: Skin good condition: Scar on right hand: Is clean: Somewhat excited.)

Summary 14 da. record by Dr. Herzog. Pulse & temp. normal: appetite good: sleeps well: uneasy, restless, despondent during first day. June 24 Kicked over left eye by George Wright - slight discoloration. Attempted to write to brother unable to finish it. June 25 Drowsy during day, lying on floor, somewhat hysterical. Is not pugnacious but is restless & noisy. July 1 Struck over eye by I. Saunders. Trans. to B³. July 5 Troublesome in dining room: would not take his place, got up & seized food from plates of other patients was removed from room. Struggled very vigorously - required 2 nurses to hold him. Continued by Dr. Phelps July 10 Patient rather confused & restless as yet. Gets into trouble with other patients: occasionally is quite demented. Sept 10 Patient's behavior somewhat better. Talks more freely. Talks about Mexico a good deal. Nov. 22 Went to Monterey Mexico: Was sent by State Board. Patient not in very good mental state but recovered enough to talk about place of residence etc.

Discharged.

Personal and Medical History of

Personal and Medical History of Peter L. Daniels

Whole No. 5078
Residence, Medford, Minn
Date Admission, June 23 1898
Admitted by Dr H.H. Herzog hour, 8th P.M.
How Sent, C.V. Farrington J. of P. Steele Co.
Sex, male Age, 40
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, None.
Habits, Temperate
Nativity, Nationality, Newfoundland. (Father Scotland, Mother Newfoundland)
Became resident of State & Co. in 1862.
Physicians Committing, W.C. Eustis & E.E. Bigelow.
Correspondents,

No. of Years, 45
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing,
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Two weeks ago.
Duration, Two Wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 40 yrs.
Time of Leaving, June 25. 1898
Time in Hospital, 2 da.
Result, Died Meningitis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter L. Daniels

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

1898 Personal and Medical History of Peter L. Daniels.

This patient was brought here by Sheriff's Deputy D.A. McKinley attended by E.P. Robertson, in fair physical condition, with the following history:- No history of consanguinity nor heredity noted: First symptoms of disease manifested two weeks ago; would not answer questions & appears dull: Disease appears increasing: Is not variable: Derangement manifested on no particular subject: Not inclined to injure anyone: Habits filthy but not destructive: No previous peculiarities manifested: No head injury sustained - has had lagrippe several times: Has had to be watched for two weeks past: Has received no treatment.
No further facts ascertained on personal examination.

June 23 On admission put upon Infirmary East (G.H.N. Rpt. Complexion fair: hair dark: eyes gray: Condition of skin good: Slight bruise on left side: Is clean Behavior good: Is very weak) Temp. 100° R. 104 R. 20.

June 23 Fourteen day record - Patient came on ward at 8:15 P.M. Given bath & put to bed. Is in a stupid condition: does not notice his surroundings: Does not speak & takes but little notice when spoken to. On liquid diet. 9:30 P.M. given 1 pt. hot malted milk. Very restless & appears to be in considerable pain. Very Emaciated. Eyes look as if he had been without sleep for some time. Bloated over bladder. Catheterized at 9 P.M. 24 ℥ 10 P.M. 40 ℥. Restless in bed rolling from side to side S. 4 hrs.

June 24 8 A.M. Temp. 101° P. 110 R. 18. On liquid diet given every two hours - Restless when awake last night: Rolled out of bed at 1:50 A.M. cutting himself slightly over right eye: hot cloths applied. bruise slightly swollen & discolored - Catheterized at 10:45 A.M. about 20 ℥. Examination of urine shows an acid reaction, Sp. gr. 1021. Slightly cloudy - acid & heat tests absent, a slight trace of albumen shown by Tanrets. No sugar. Cold sponge bath at 10:30 Has been restless all day. Visited by wife this P.M. Did not appear to know her. Takes medicine & nourishment fairly well. Catheterized at 2:45 P.M. Tongue dry & coated: Mouth washed out with listerine: Groans & rolls from side to side - Requires constant attention of nurse. June 25 8 A.M. T. 101 P. 140 R. 26. 12 M. T. 101 P. 136 R. 28 Restless all night: nourishment & medicine continued. Pulse weak & more rapid this morning: Catheterized at 10 A.M. about 30 ℥. Lies in a stupid semi-comatose state. 11:45 A.M. Swallowed with difficulty, gagged & struggled at 12:10 took but part of milk - 12:30 Labored Cheyne Stokes respiration: Pulse weak & quite rapid. Died suddenly at 3:15 P.M.

Note by Dr Herzog. This patient has been under care of Drs. Mayo, Stinchfield & Graham for some time previous to being brought here & the disease has been obscure its entire course. There was no retention of urine prior to the time when he was taken to his own County to be committed. The cause of death was decided upon after consultation with Drs Mayo & Stinchfield, as probably - an old meningial inflammation.

Died.

Personal and Medical History of

Personal and Medical History of George S. Blakeley.

Whole No. 5079	No. of Years, 246
Residence, St. Paul, Minn.	Insane Relatives, None.
Date Admission, June 24th 1898	Cause Exciting, Unknown
Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.	Cause Predisposing, "
How Sent, G. Willrich J. of P. Ramsey Co.	Form,
Sex, Male Age, 35.	Accompanying Bodily Disorder, None mentioned
Civil Condition, Single	Suicidal or not, Not
Children, —	Date of this Attack, Feeble minded since a child
Age Youngest Child, —	Duration, —
Occupation, Has been a clerk	No. of Attack, 1
Degree Education, Common school.	No. of Admission, 1
Profession, Religion, Not a church member	Age First Attack, ?
Habits, Not intemperate.	Time of Leaving,
~~Nationality~~ Nativity, Minn. (Mother Mich- Father Mass.)	Time in Hospital,
Physicians Committing, Park Ritchie & C. E. Riggs	Result,
Correspondents, Sheldon Blakeley. 525 Jackson St. St Paul, Minn	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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 George S. Blakeley.

5079
39/329

M George Blakeley

Copy of Order for Hearing Petition of Henry Blakeley for appointment of as guardian for George Blakeley insane; served and service admitted Apl 11/1901

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION,

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

8/8/98 EXAMINATION URINE, Quantity, — Sp. g. 1017 Reaction, Neutral Color and Appearance, Yellow- clear.

Albumen, Slight trace by Taurets Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of George S. Blakeley.

Whole No. 5079

Residence, St. Paul, Minn.

Date Admission, June 24th 1898.

Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.

How Sent, R. Millrick & of P. Ramsey Co.

Sex, Male Age, 35.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Has been a clerk

Degree Education, Common school.

Profession, Religion, Not a church member

Habits, Not intemperate.

Nationality, Minn. Mother Mich- Father Mass

Physicians Committing, Park Ritchie & C. E. Figge

Correspondents, Sheldon Blakeley. 575 Jackson St. St Paul, Minn

No. of Years, 246

Insane Rela

Cause Excit

Cause Predis

Form,

Accompanying

Suicidal or not

Date of this A

Duration, —

No. of Attack,

No. of Admissio

Age First Attack, 4

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of George S. Blakeley.

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

8/8/98 EXAMINATION URINE, Quantity, —— Sp. g. 1017 Reaction, Neutral Color and Appearance, Yellow- clear-

Albumen, Slight trace by Esbachs Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of George S. Blakeley

1898

This patient was brought here by Sheriff's deputy Meissen attended by Sheldon & Russell Blakeley, in fair physical condition, with the following history:-
No history of consanguinity, heredity. Nor intemperance in parents or self.
Patient has been feeble-minded from childhood, has gradually become more demented: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by delusions of persecution: No disposition to filthy & destructive habits.
No previous peculiarities noted, beside general feeble-mindedness
No severe diseases nor injury to head sustained: Has neither been confined nor restrained. Has received very little treatment & with no effect. No further particulars noted upon personal examination.

June 24 On Admission put upon Infirmary Ward East (G.H.N. Rpt. Complexion dark: Hair dark brown: eyes brown: Skin good condition: Small scar on chin & one on ankle: Is clean: Behavior good after he reached hall, but had to be taken there by force.)

Summary Nurses 14 day record by Dr Herzog. Temp. slightly elevated during first four days: Appetite fair during first week, good during 2nd. Sleep good with exception of first & second nights June 24 Slept 5 hrs. 25 ½ hour. Resisted being brought to ward, afterward quiet. Has delusions of persecution. Dislikes to remain in bed. Is somewhat melancholy. July 26 Up & dressed. Trans. to B3. Complains some of headache. Is confused & dull. July 29 Somewhat brighter - went to ball game. Takes an interest in his surroundings & appears contented - Continued by Dr Phelps.

July 31/98 Patient quite demented but seems to have brightened considerably of late: Can answer a good many questions with fair intelligence: Aug 1 147#

Aug 22 Visited by relatives: 24 Trans. to A1. Talks quite intelligently: rather reserved in manner & not inclined to talk unless addressed.

Oct 31 1899 No special change Jan 31 '99 Still working in a quiet way on ward: Has hallucinations but but behavior fairly good. Feb 1. July 31 '99 (Dr. Warrous) Patient quiet & well behaved: Seldom speaks to anyone: Physical condition good.

Feby 1 to July 31 Has hallucinations & talks to himself. June 27 Visited by father.

Aug 2 Wt 149# P 84. Oct 30. Has hallucinations of sight: "sees things about him" - Strikes & kicks at them.

Dec 2 1900 Treated for cold. Feb 1/1900. Works on ward July 9. Wt 141# July 20. Physical condition good. Plays

Feby 2 July 20 fool. Is well-behaved. Vaccinated successfully. Aug 1. Patient rather depressed: seldom

Aug 1/11 talks; well-behaved: neat & clean in habits: Aug 11. Had left inferior molar extracted. Oct 30. No

Oct 30 1901 change to note, specially Jany 12/1901. Patient fell, while skating, and sprained ankle: was transferred

Jany 12/31 to T.W. for treatment: Jany 31. Ankle improved. Condition about same as previously reported -

Feby 1/16 Continues quiet & well-behaved. Habits very neat & clean - Feby 16. From TW to A1 -

July 31 Ankle well. July 31. During the period, no change noticeable in mental condition to report. Health seems good. Has a limited parole & spends much of his time on the "Open Ward".

Aug 1/8 Wt 145#. Aug 8. Visited by brother. Nov 30. No special notes. Jany 31/02 - Physical

Personal and Medical History of George S. Blakeley

1902 cont'd

Jan 31 Condition uniformly good. Is quite incoherent in talk: talks to himself; at times goes through "queer motions": quite neat in habits: sometimes looks rather solemn. Is an incessant smoker.

03 Jan. 31 Patient practically the same throughout the whole period. Health good - has parole. Rather quiet and dull.

Personal and Medical History of Merlin Haggard

Whole No. 5080
Residence, Oronoco, Minn.
Date Admission, June 27th 1898
Admitted by Dr. H.S. Herzog. hour, 4 P.M.
How Sent, J.A. Leonard J. of P. Olmsted Co.
Sex, male Age, 16 yrs.
Civil Condition, Single
Children, None.
Age Youngest Child, —
Occupation, School-boy
Degree Education, Common School.
Profession, Religion, Christian church.
Habits, Not intemperate.
~~Nationality~~ Nativity, Minn. (Father Minn. - Mother Indiana)
Physicians Committing, W.W. Mayo & Chas. T. Granger.
Correspondents,

No. of Years, 17
Insane Relatives, None.
Cause Exciting, Supposed to be a masturbator & to have been frightened by patent medicine posters.
Cause Predisposing, Previous attack.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, June 26/98
Duration, 1 day.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 15 yrs.
Time of Leaving, May 8. 1899
Time in Hospital, 10 m. 11 d.
Result, Discharged Oct. 31. 1899 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Merlin Haggard.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Merlin Haggard.

1898

This patient was brought here by Sheriff C. N. Stewart, in fair physical condition, with the following history:- First attack occurred in 1897 + patient was in this hospital from June 27/98 to (Vol. 37 fol. 185 No.) First symptoms of present attack manifested June 26'98- refused to answer questions - became noisy + destructive - as in August 1897. Disease appears increasing: Not variable: Derangement now manifested by destruction of clothing; refusal to answer questions; abusive —. Is inclined to injure others: Habits filthy + destructive: No previous peculiarities noted: No history of intemperance in parents or self: No severe diseases nor injury to head sustained. Has received no treatment: Confined in this hospital as above stated: On personal examination is stupid: Refuses to answer questions.

June 7 On admission put upon Infirmary Ward (2nd N. Apt.) Complexion light: hair brown; eyes blue: Skin good condition: Mark on right knee: Is Clean, behavior good. Will not talk.

Summary 14 da. Records by Dr. Herzog. Pulse + temp. normal: appetite good + sleep good: during 14 days does not associate much with other patients: does not commence conversation but talks answers questions: slight carelessness in dress: habits clean. Delusions fixed + somewhat systemmatized; believes that he is imitation of God: That Cooley is God: That he talks with God; that his parents are not true parents: delusions all of paranoiac nature.

Summary 14 da. record by Dr Herzog No delusions - On admission refused to talk: Is stubborn + cross. Sleeps well. July 1 Appetite much improved: began to talk a little. July 3 Up + dressed: behavior good: Talks freely + quite rationally: Ordered massage daily from 5th to 9th inst. discontinued. Much better: shows a slight degree of forgetfulness: Is quiet + quite well behaved. Continued by Dr Phelps Aug 5 Went home on trial this afternoon. Fairly quiet + well behaved: Quieted down quite rapidly after coming: Now answers questions intelligently - 9th Returned. Is lying in bed somewhat noisy + boisterous Sept 2 Out of doors today: Much confused mentally: Brightened up a little but again became confused. Sept 16 Visited by Mother + sister: Has improved very much. 25 Home with mother 27 Returned.

Dec 1 Has been out for short periods, several times: To day on Infirmary restless + excitable. Jan 1 Up on ward: Is quiet, rational + well behaved.

Jan 31 Has been out several times. Feb 1 - May 8 99 (Dr. Wanous) Remains up on ward. Quiet + well behaved. Helps to carry trays + assists with work.

Feb 4. Visited by mother + Taken home. Feb 16. Taken home + returned on Feb. 27. Trans to A' Ward 4. May 8 Taken home on trial

Discharged

Personal and Medical History of

Personal and Medical History of Harry L. Duerre

Whole No. 5081
Residence, Reeds Landing, Minn.
Date Admission, June 27th 1898
Admitted by Dr A.F. Kilbourne hour, 6th P.M.
How Sent, M. Kennedy Sof P. Wabasha Co.
Sex, male Age, ?
Civil Condition, Single -
Children, —
Age Youngest Child, —
Occupation, Clerk in store.
Degree Education, Common school.
Profession, Religion, None
Habits, Uses tobacco excessively
~~Nationality~~ Nativity, Minn. (Parents born in Germany)
Physicians Committing, J.D. Love W.F. Milligan
Correspondents, Brothers - Reeds Landing, Minn.

No. of Years, 248
Insane Relatives, None.
Cause Exciting, Worry about business
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, None mentioned,
Suicidal or not, Not.
Date of this Attack, 2½ yrs ago
Duration, 1st Continuous 2½ yrs.
No. of Attack, 1st
No. of Admission, 2nd
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused
MEMORY, Past Events, good
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, illusive
REASONING POWER, Ordinary Subjects, good.
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, gradual.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, dead.
Paternal Relatives, No history of ins.
Mother, living
Maternal Relatives,
Brothers and Sisters, Well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, In excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Student.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, irregular.

Personal and Medical History of Harry L. Duerre

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11 ins. PRESENT WEIGHT, 166 lbs. USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, none - skin sallow.
TONGUE, Coatings or Promptness of Movement, Clean - responds readily -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Rise normal - responses good.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, present of hands, tongue & facial muscles.
PATELLAR REFLEX, present - normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Clear.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, ~~No~~ Murmurs, Strength, Sounds, ~~No~~ Size, ~~No~~.
Apex Beat, Regularity, regular

ARTERIES,
Compressible

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical - Expansion good - B. sounds clear.
Aug 8-98

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. 1024 Reaction, Acid Color and Appearance, Yellow - clear.
Albumen, — Sugar, —
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
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). So much disturbed. So confused mentally. So very noisy & condition probably brought on by excessive work & irregularity of habits. Physically is well nourished - Refused food for a time but is eating now. Sleep much disturbed. Chews tobacco to excess - Has suicidal tendencies.

Personal and Medical History of Harry J. Duerre

1898

This patient was brought here by Judge M. Kennedy, in good physical condition, with the following history:- No history of consanguinity or heredity. First symptoms of disease manifested about 2½ years ago - Patient was in this hospital from Sept 18 1897 to Oct 17 '97 (See Vol. 37 Fol. 233 No 4877) when he eloped. Disease appears increasing; Is variable with rational intervals: Derangement now manifested by delusions that his brothers are not using him right: No disposition to injure others: No previous peculiarities noted: No severe diseases nor injuries to head: Has been in hospital as above stated - No further treatment received. On personal examination is very excitable & mind wanders in conversation

June 27 On admission put upon B3E (G.H.N. Kpt Complexion dark: hair black: eyes brown: Skin in good condition: Is clean: Behavior good.)

Summary 14 da. record by Dr Herzog. Pulse & temperature normal - Appetite good: Sleep usually quite good: generally sleeping 5 hours during two weeks - Restless & uneasy continually watching for a chance to escape - Paces floor nearly all day. Is generally quiet & agreeable - answering questions fairly rationally - except on July 5 when he was very restless, depressed & cried - Thought that someone was attempting to kill him Continued by Dr Phelps July 21 Visited by brother on 18th Has been quite restless & flighty & half maniacal -

Aug 1 Wt 167# Oct 8 Much confused & restless: Condition has varied a good deal since coming. Oct 10 Transferred to Infirmary, has been rather restless & eating poorly Nov 1 Wt 138# Still on Infirmary Jan 31 99 Still on Infirmary: Rather restless & troublesome & at times dirty.

1899 Feb 1 - July 31 '99 (Dr Wanous) Patient very obstinate. Lies quiet in bed most of time Filthy in habits: Has to be coaxed to take his nourishment. Very much depressed at times. Has habit of stealing food from others. Feb 28 Trans. to B. Mch. 10 Visited by brother, would not recognize him -

Apr 5 Complained of sore throat. Very restless & noisy: put on treatment. June 1. Wire found in patient's clothing. Frequently attempts to escape by unlocking screens: Has to be watched. July 31 Pulled lock from screen

Aug 3/10 Attempted to escape. Aug 3. Wt 157#. P116. Aug 10. Patient still restless. Rather confused &

Sep 16 Depressed: untidy in habits: Sep 16. Struck nurse in face. Oct 31. Walks up & down hall continually:

Oct 31 noisy at night - Nov 12. Must be locked in room - Nov 15. Patient threw cup through a window.

Dec 2/4 Vomited blood at supper: Says "he had eaten glass, with suicidal intent". Dec 4. Special nurse

" 16 to watch case, through the night. Dec 16. Broke window with fist, on A3, cutting his hand.

" 18/27 Broke mirror in wash-room, striking same with fist: he was put in muffs". Dec 27. Got hand

Feb 1900/23 out of muff & struck nurse, while attempting to put hands back. Feb 23. Transferred to C!

" 26 Kept in "Bay" Feb 26. Kicked patient Barth in stomach: no injury: must be fed by nurses.

Apl 1 Frequently attacks nurses: attempted elopement while nurse opened door. May 8. Attempted to

July 9/18 elope. July 8. Attacked patient Welles. July 17. Was vaccinated. July 18. Struck patient Kreuger.

Personal and Medical History of Harry J. Duerre

1900 July 19 Struck Patient Kreuger. Aug 1. 156#. Dec 24. Visited by friend. Jan 28/1901. Dental abscess:

1901 Jan 28/30 tooth extracted: face & neck swollen; was put to bed and hot applications used. Jan 30. Transferred to T.W.

31 Aside from present trouble, physical condition quite good. Is a very troublesome patient; seems very melancholy: will not speak, for long periods. At times, laughs in a silly manner, and, at times, pugnacious, without provocation. Habits destructive & filthy. Kept in "Bay" —

Feby 1/4 In bed: Feby 4 Improved. Transferred to C!. May 2. Wt 170#. Aug 1. Wt 167#. Oct 31 Wt 164#

Decr 1902 Visited by Mr Cassidy: Jany 31/02. Has become, if anything, more demented: very irrational

Jan 31 and obscene in conversation: laughs silly: becoming violent, without provocation; habits dirty: kept in "Bay". Physical health very good. Aug. 14/02. to J.W.E. Had a slight febril attack, sore throat, probably Tonsilitis. Aug. 19. Sent back to C!

Jan. 3/03 Health has been fair. Mental derangement growing worse. Maniacal & filthy more often. Very pugnacious & is kept in "Bay".

Personal and Medical History of Henry (G.) Mc Anerney.

Whole No. 5083	No. of Years, 250
Residence, Winona Co. Minn.	Insane Relatives, None,
Date Admission, July 1st 1898.	Cause Exciting,
Admitted by Dr. T. A. Bebb hour, 4 PM.	Cause Predisposing, Previous attacks.
How Sent, H. L. Buck, S. of P. Winona Co.	Form,
Sex, male Age, 22 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single	Suicidal or not, Has threatened it.
Children, —	Date of this Attack, 1 yrs. ago.
Age Youngest Child, -	Duration, 1 yrs
Occupation, None	No. of Attack, 1st continuous.
Degree Education, Common school,	No. of Admission, 2nd
Profession, Religion, Catholic.	Age First Attack, 15 yrs (?)
Habits, Not intemperate.	Time of Leaving, Mar 10. 1900
~~Nationality~~, Nativity, Wisconsin (Parents born Ireland)	Time in Hospital, 8 m. 10 d
Physicians Committing, W. McGaughey, Chas. P. Robbins.	Result, Discharged Aug. 8. 1900
Correspondents, Mrs. Ellen Mc Anerney, 670 Winona St. Stromsburgh Polk Co. Nebr. ~~Winona, Minn.~~	Died Quick Heart Failure

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, good.

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, died of pneumonia.

Paternal Relatives,

Mother, living

Maternal Relatives, No history of insanity

3 Brothers and 3 Sisters, all well.

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

Some severe stomach trouble.

HABITS, Drinking and Smoking, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels,

WINONA BOY KILLED

Gordon McAneney Killed in a Railroad Accident at Grand Island, Neb

A telegram received by relatives here states that Gordon McAneney, lately residing at 670 Wincna street, was killed at Grand Island, Neb., We nesday in a railroad accident. Owing to meagre reports which have been received, the manner in which he was killed is a mystery. He was about 20 years old and went there for his health. The remains will probably reach here Friday or Saturday.

BODY ARRIVED

Remains of Goodhue McAneney Killed at Grand Island Received.

The remains of the late Goodhue McAneney arrived over the Northwestern from Grand Island at noon today, and will be interred in St. Mary's cemetery, Sunday, April 29. The funeral ceremony will be held at St. Thomas' Cathedral at 2:30 o'clock, Father Gallagher officiating.

The manner in which the young man was killed is still somewhat of a mystery, but it seems that he attempted to board a moving train on the Union Pacific road at Grand Island, Neb., and was in some manner thrown under the cars.

Two brothers, W. N. McAneney of Williston, Mont., and P. F. McAneney from Minot, N. D., also a sister, Mrs. Frank W. York from Minot are expected to arrive tomorrow to attend the funeral services.

The following young men will act as pallbearers: John Broderick, Frank McConnon, Berrard Cronin, Fred Birmingham, C. Steffes and T. F. Donnelly.

Funeral of Gordon McAneney.

The funeral of the late Gordon McAneney took place yesterday afternoon from St. Thomas' cathederal. Quite a number of friends attended and followed the remains to their last resting place in St. Mary's cemetery. The following young men acted as pallbearers: J. Broderick F. Birmingham, Frank McConnon Bernard Kroner, Thomas Donnelly and Sylvester Steffen.

Personal and Medical History of Henry J. McAnney.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 118½ USUAL WEIGHT, NUTRITION, fair.

s and condition of Skin, No wounds etc. skin well nourished.

romptness of Movement, Clear.

Response to Light, and Accommodation, equal - size normal. response to light + accom. normal

t, Arcus Senilis, or other troubles,

, good. Legs, good. Grasp,

ue, Facial Muscles, General, slight.

slightly exaggerated Other Reflexes,

d, Hesitating, Slow, slurred.

Paretic, Sad, Etc.,

gth, Sounds, Size, Mark, rity, irritable.

d.

, Expansion,

flattened

ry good.

ung.

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,

AMINATION URINE, Quantity, — Sp. g. 1026 Reaction, acid Color and Appearance, pale yellow - clear

Albumen, — Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

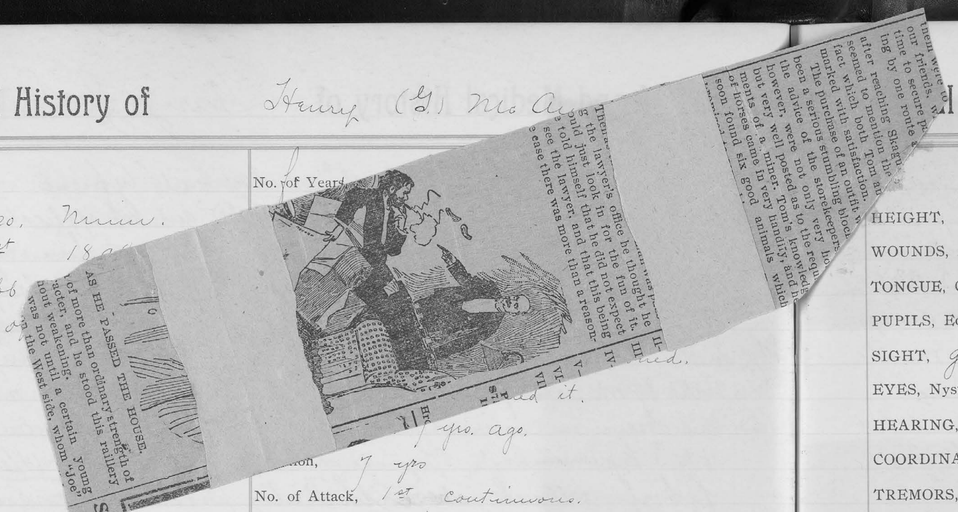
BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has been mentally unbalanced for sometime. Has run away from home on several occasions. Was in the habit of using liquor to excess + was very irregular in habits. Condition is that of a mental pervert. Physically he is fairly well nourished - Walks stooped. Chest expansion limited, tho no dullness on percussion. Heart is irritable. Patient has spells when he is very fragracious + unruly.

Personal and Medical History of Henry (G.) Mc Au...



Whole No. 5083

No. of Years,

Residence, Winona Co. Minn.

Date Admission, July 1st 18[illegible]

Admitted by Dr. T. A. Bebb

How Sent, H. L. Buck, Jo...

Sex, male Age,

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, None

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Not intemperate.

~~Nationality~~, Instinct, Wisconsin (Parents born Ireland)

Physicians Committing, W. McGaughey, Chas. P. Robbins.

Correspondents, Mrs. Ellen Mc Anerney, 670 Wacouta St. Dick Quick Clearing Stromburgh Polk Co. Nebr.

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, good.

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, died of pneumonia.

Paternal Relatives,

Mother, living

Maternal Relatives, No history of insanity

Brothers and Sisters, all well.

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

Some severe stomach trouble.

HABITS, Drinking and Smoking, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels,

...l and Medical History of Henry J. Mc Anney.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 118½ USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin, No wounds etc. skin well nourished.

TONGUE, Coatings or Promptness of Movement, clear.

PUPILS, Equality, Size, Response to Light, and Accommodation, equal - size normal. response to light + accom. normal

SIGHT, good.

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

HEARING, good.

COORDINATION, Arms, good. Legs, good. Grasp,

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

PATELLAR REFLEX, slightly exaggerated Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Weak Size, N

Apex Beat, N Regularity, irritable.

ARTERIES,

easily compressed.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetry flattened
Expansion not very good.
Murmur in R. lung.

8/2/98 EXAMINATION URINE, Quantity, — Sp. g. 1026 Reaction, acid Color and Appearance, pale yellow - clear

Albumen, — Sugar, —

Casts and Crystals,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has been mentally unbalanced for some time. Has run away from home on several occasions. Was in the habit of using liquor to excess + was very irregular in habits. Condition is that of a mental pervert. Physically he is fairly well nourished - Walks stooped. Chest expansion limited, tho no dullness on percussion. Heart is irritable. Patient has spells when he is very progressive + unruly.

Personal and Medical History of Henry (G) McAnney

1899

This patient was brought here by Sheriff A.W. Fuhrmann, in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance. First symptoms manifested seven years ago, by incoherent talk + wandering away from home: Patient has been confined in this (Rochester) hospital twice before. from Aug 17'93 to Nov 28'93 (Vol. 25 Fol. 5 No. 3445) + from Sept. 5' 1895 to July 12'96 (Vol. 31 Folio 213 No. 4192) Disease appears increasing: Is variable. Derangement now manifested by delusions of persecution + wandering away from home: Patient not disposed to injure others: Has threatened but never attempted suicide: Neither filthy nor destructive in habits: No previous peculiarities manifested. Patient uses tobacco: No severe diseases nor injuries to head sustained: Has received hospital care + treatment as above stated. Cause of disease "Results that believe that he was accessory to death of companion in 1891. On personal examination, is nervous: memory poor: gives no reason for leaving home except that he wants to go to Reform

July' school. On admission put upon B3E (G.H.N. Rpt. Complexion dark: hair dark brown; eyes blue: Skin good condition: Scar below left eye: one about 1/2 in. long on back: Pimples on back + legs: Is clean: Behavior good.)

July 14 Summary 14 da record By Dr Herzog. Temperature, pulse + respiration normal: Appetite good: Sleep good, after first night, during entire 14 days: As a rule quiet and well-behaved and does a little work about ward. Shows quite a little dementia: Laughs to himself with no provocation: Has some delusions of persecution, unsystematized, idea that someone is attempting to kill him: Physically emaciated: gait shambling: eyes restless. Continued by Dr Phelps. July 31 Rather restless + much confused: Feebleminded in appearance. Aug 1 Visited by sister. Oct 31 Wt. 131# Shows a slight improvement but not very much. Dec 1 129# At times has been inclined quarrel; usually,

1899 Jany 31 however, rather dull. Jan 31'99 No change. Feb 1 Wt. 130. Patient stubborn

Mar 30 Habits clean: Health apparently good. Mch 30 Has tried several times

Apl 30 to get away. Apr 30. Visited by mother. Continually attempting to

Aug 1 escape: Has to be kept inside. Aug 1. Wt 126 lbs p 92. Oct 30. Frequently attempts elope-

Nov 27/28 ment: habits fairly clean. Nov 27. Patient unlocked screen with wire in "C" hall dormitory. Nov 28. Found

1900 Jany 31 wire in his clothing: ordered locked in room nights. Jan 31/1900. Patient seems brighter + more rational.

Feb 28 Feby 28. Seems quite normal, both mentally + physically. Mar 1. Wt 149 lbs. Mar 10. Sent home alone

Mar 1/10

Discharged

Personal and Medical History of

Personal and Medical History of Albert Fund.

Whole No. 5086
Residence, South Stillwater, Minn.
Date Admission, July 7th 1898.
Admitted by Dr. H.H. Herzog hour, 6th P.M.
How Sent, F.D. Wilson J. of P. Washington Co.
Sex, male. Age, 20 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nationality, Norway - (Parents also born there)
Physicians Committing, J.H. Haines & F.E. Clark.
Correspondents, —

No. of Years, 253
Insane Relatives, Maternal Grandmother.
Cause Exciting, Unknown.
Cause Predisposing,
Form,
Accompanying Bodily Disorder, Exaggerated reflexes.
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, 19 yrs.
Time of Leaving, 13th April 1901.
Time in Hospital, 2 yrs 9 mos 6 Ds
Result,
Transferred to Fergus Falls Hospital at Board Meeting, St. Paul, July 29/1901. Transfer duly made Aug 10/1901. —

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear - rather sluggish.
MEMORY, Past Events, Quite good.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
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, Living - Well
Paternal Relatives,
Mother, Living - Well.
Maternal Relatives,
Brothers and Sisters, Well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Lung fever. Denies specific disease.
HABITS, Drinking and Smoking, Says drinks & chews
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, In saw mill.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Good Appetite, Good and Bowels, Regular

Personal and Medical History of Albert Fund.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 148 lbs USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Slightly flat footed. Vac. scar on left arm. Varicose veins left leg. Skin soft, pliable, pink - considerable acne. At face.
TONGUE, Coatings or Promptness of Movement, Clean - Quite prompt.
PUPILS, 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, Quite good. Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, increased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Quite good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size? Fair
Apex Beat, Regularity, Regular. 5
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
R. apex slightly depressed.
Expansion fair 3 in.
B. Sounds distinct.

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,

8/8/98 EXAMINATION URINE, Quantity, — Sp. g. 1030 Reaction, Acid Color and Appearance, Yellow - clear -
Albumen, None Sugar, Slight trace by Fehlings -
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION, Teeth - 16 upper all good condition 13 lower - & one (14 R. Molar) root.
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, good.
BOWELS, Present Condition, Regular

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient well formed - No abnormalities - Body well nourished. Considerable scarring of face from eruption.
Patient quiet - appears rather stupid - Says he has chewed & drank some & habits bad. Moral conception rather poor. Says he is Jim Jeffries - has Sullivan's nose &c. Has other delusions. Denies specific disease - gives no history of heredity or consanguinity. Practices masturbation.

Personal and Medical History of Albert Rund.

1898

This patient was brought here by Sheriff's deputy Peter Hagstrom, in fair physical condition, with the following history:- No history of consanguinity, nor intemperance in parents or self. First symptoms of disease manifested about a year ago by violent outbreaks of temper, without cause: Disease appears increasing: Not variable: no rational intervals: Derangement manifested by religious mania; seclusion for past years: Not inclined to injure others: No filthy nor destructive habits: Previous peculiarities a violent temper: avoided company: No severe diseases nor injury to head sustained: Has neither been confined nor restrained: Has received no treatment. On personal examination, exaggerated reflexes, fixed stare, demented look: Religious hallucinations in conversation.

July 7 On admission put upon B3E (G.H.N. Rpt. Complexion dark: Hair black: eyes blue: Skin poor condition: Eruptions all over body + pimples on face: Is clean: Behavior good.)

Summary 1st day records by Dr. Herzog. Pulse + temp. normal: appetite + sleep good during 1st days. Does not associate much with other patients; does not commence conversation but will answer questions; slight carelessness in dress: habits clean. Delusions fixed + somewhat systematized believes that he is an imitation of God: that Cole-younger is God. That he talks with God, that parents are not his true parents. Delusions are all of a paranoiac nature. Continued by Dr. Phelps Aug 1 Wt. 157#. Talks some to himself: Is rather despondent + not inclined to answer questions. Tries to rub away. Jan 31'99 Since Dec 15 has been at times. General health good. No special change in behavior.

Feb 1 - July 31'99 (Dr. Wanous) Wt. 150. Eruption on face + scalp continues: Put on medicine. Physical condition otherwise fairly good. Mch 21 Attempted to elope.

Aug 1 - several times. No change mentally. Aug 1 - Jan 31'1900 (Dr. Chapple) Aug 1 Wt. 164#

Jan 31 - 1900 No change of importance. Has been quiet for the most part. Talks very little.

Feb 1 - May 20 Is stubborn. Thinks he is a prize fighter: Has attacked nurses several times.

May 20 - July 17 Physical condition very good. Feby. Wt 165#. Feb. May 14. Transferred to C1. for threatening behavior. May 20. Transferred to B3E. July 17. Vaccinated. July 31. But little change. Physical condition quite good: good appetite; sleeps well: bowels regular: works some on ward; habits rather untidy: is careless: usually well-behaved, but contrary, at times. Has delusions: Says that he is "James Jeffries" = John. L. Sullivan etc" + is quite incoherent + irrational in his conversation. He also has delusions in regard to pictures on the wards and people about him. Masturbates frequently.

July 31 - Aug 1st 1901 - April 13 Wt 175#: Aug 14. Visited by parents: Jany 31/1901. Physical health good: Works some on ward. Is rather slovenly + does not associate with others. "Thinks he is a Prize Fighter" will not have his hair cut that. Frequently talks to himself + converses irrationally.

Feby 1 - April 13 Wt 171#. April 13. No change: habits tidy: Works well on ward: very delusional: "Thinks he is very strong: a prize-fighter etc" Visited by brothers today + was taken home on trial:

1901 April 13

Patient was ordered transferred to Fergus Falls Hospital, at Board-meeting, St Paul, July 29-1901. and Transfer duly made, August 10 - 1901.

Personal and Medical History of Albert Rund

Personal and Medical History of Frank Novak.

Whole No. 5087
Residence, St. Paul, Minn.
Date Admission, July 8th 1898
Admitted by Dr R.M. Phelps hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 50 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, None.
Profession, Religion, Catholic.
Habits, Not intemperate.
~~Nationality~~ Nativity Bohemia - (Parents also born there.)
Became resident of State & Co. 15 yrs ago.
Physicians Committing, C.F. Sweeney & A.C. Bacon.
Correspondents,

No. of Years, 254.
Insane Relatives, None.
Cause Exciting, unknown
Cause Predisposing, "
Form,
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, 50 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,

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,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,

Very stupid + will not talk - demented

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 Frank Novak

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1½ PRESENT WEIGHT, 150 USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, R. scapula prominent - R. inguinal hernia - Varicose veins of both legs. Skin in quite healthy condition.

TONGUE, Coatings or Promptness of Movement, fairly clean - slow.

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

SIGHT, Apparently fair.

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

HEARING, Apparently fair -

COORDINATION, Arms, steady - very slow Legs, do. Grasp,

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

PATELLAR REFLEX, normal - Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Will not talk.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, fair Size,
Apex Beat, 5 Regularity, regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion poor
B. sounds slightly roughened

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sound.

BOWELS, Present Condition,

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

Is in rather poor physical condition. Is thin, stooped, flat chested. Nutrition not good. Has a right inguinal hernia. No gross lesions of vital organs apparent. Is very stupid + downcast. Will not answer questions. Is very slow in movements + does not seem to be able to perform various movements as told. Is much demented - a chronic case - probably senile

Personal and Medical History of Frank Novak.

1898

This patient was brought here by sheriff's deputy John Moriarty, in fair physical condition, with the following history:- No information concerning history of consanguinity: No history of heredity nor intemperance in parents nor self: First symptoms of attack manifested about 6 months ago, by refusal to work; careless habits & refusal to eat or speak: Disease appears increasing: Not variable. Derangement now manifested by melancholia: Not disposed to injure others: Habits filthy: No previous peculiarities manifested: No severe diseases nor injuries to head sustained. Has neither been confined nor restrained: Has received no treatment. On personal examination refuses to speak: has an air of depression.

July 8/98 On admission put upon Infirmary. (G.H.N. Rpt. Complexion dark: hair dark-part gray: Eyes brown: Skin poor condition: Many scars all over body. Hernia on right side: Is dirty - has vermin: Varicose veins on both legs. Behavior good.)

Summary 14 da. record by Dr. Herzog. On admission put to bed: Dull & stupid: Does not answer questions. Veins varicose, has hernia on right side: Habits filthy: bowels constipated: Appetite good: slept 5 to 6 hours. Bowels did not move until July 11 July 14 Restless, sitting up in bed. Sits up part of time July 13 Bowels still constipated - enema given - Shower bath 85° given each day. July 15 Bowels more regular: slightly brighter. Frequently gets out of bed, walks to window & gazes about. Still dull & depressed: will not speak with exception of occasionally answering "yes" or "no" July 21 Slight improvement during 14 days. Skin has cleared up slightly: Appetite continually good but is still very melancholy & depressed: Inclined to be untidy in habits & still refuses to speak. Continued by Dr. Phelps July 31 Patient has a rather poor appetite: General health fair: Is indifferent & careless & rather stupid.

Oct. 31 Still stupid. Wt. 156#. Jan 31 '99 Still dull, stupid & depressed: Stands about ward leaning against wall. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 157# Patient stupid & demented: Does no work: Habits untidy. July 3. Trans to B2.

Aug 1 to 1900 Jan 31 Jan 31 '1900 (Dr. Chapple) Aug 1. Wt. 166#. Pulse 68. Oct. 7. Trans. to Annex. Very little change Does nothing. Is quite stupid & somewhat demented. Does not talk

Feb 1/10 Habits rather untidy: Physical condition fair. Feby 1. Wt 156#. P78. Feb 10. Ten

July 20 days' highest temperature 99 8/5 July 20. Vaccinated: result negative. July 31. No change noticeable.

31 A very demented, inactive patient: Does not talk: does nothing: habits fairly cleanly: Eats & sleeps well.

Aug 1/24 Wt 149½ lbs. Aug 24. Transferred to T.W. (Inflamed scrotum) - Aug 28. Transferred to Annex

Sep 1/7 To T.W. Refuses to eat. Sep 7. Transferred to Annex. Sep 10. To D2. Jany 31/1901. Little

Jany 31 1901 change: health rather poor: Is very demented: habits careless: very inactive: does nothing.

Feby 2 Wt 153#: May 1 Wt 151#: Aug 1 Wt 147#: Sept 2. To T.W. Physical condition failing, of late

Sep 2/15 and he refuses nourishment. Patient coughs & expectorates. Sep 15. Rectal fistula opened

22 and drained. Is very constipated. Sep 22. Has been fed, several days, with tube. Patient is

Personal and Medical History of Frank Novak

1901

Oct 30 very depressed & refuses nourishment. Oct 30. Up, onward: is somewhat improved physically: no change mentally: habits slouchy: is very inactive. Nov 1. Wt 118½#.

Nov 1 1902 Jan 8/31 To D2. Jany 31. No change noted. Sept. 28/02 To I.W. Had eaten nothing for three days. Jan. 20/03 To Annex. Is somewhat improved physically. Jan. 31/03 No change

1/31/03 noted. A very dull indolent subborn case. At times tries to starve himself & has to be fed with a tube.

Personal and Medical History of Nels Nelson #3

Whole No. 5089
Residence, Waseca, Minn.
Date Admission, July 13' 1898.
Admitted by Dr. A. F. Kilbourne hour, 6.45 P.M.
How Sent, Geo. A. Wilson Jof P. Waseca Co.
Sex, male. Age, 67.
Civil Condition, married.
Children, Two.
Age Youngest Child, –
Occupation, Laborer
Degree Education, None.
Profession, Religion, Norwegian church.
Habits, Very intemperate
~~Nationality~~, Nativity Norway (Parents also born there)
Physicians Committing, Resident of State ~~Co.~~ since 1891. Co. since Sept 1'98 (?). Wartwood + D. Cummings.
Correspondents, daughter - (Waseca) Josie Nelson Waseca, Minn.

No. of Years, 256
Insane Relatives, None.
Cause Exciting, Alcohol.
Cause Predisposing, Previous attacks.
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About July 1'98
Duration, About 2 weeks.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 66 yrs. 3 yrs ago
Time of Leaving, Sept. 2. 1898
Time in Hospital, 1 m. 20 d.
Result, Discharged Apr. 28. 1899 Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Nels Nelson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 113 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,

Aug 10/98.

EXAMINATION URINE, Quantity, Sp. g. 1025 Reaction, Acid Color and Appearance, Yellow - slightly cloudy
Albumen, — Sugar, —
Casts and Crystals, Calcium crystals - a few flat bladder cells -

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 Nels Nelson #3

1898

This patient was brought here by Sheriff's Deputy Goodspeed attended by Dorr Everson, in fair physical condition, with the following history:- No history of consanguinity nor heredity: Patient has been very intemperate - first symptoms of insanity were manifested about three years ago and on Sept 3'97 patient was admitted to this Hospital, he was out on trial from Sept 30'97 to Jan 1'98 & was discharged Aug 5'98 (For particulars see Vol. 37 Fol. 197, No. 4862). First symptoms of present attack manifested July 1st 98 by attempts to injure others: Disease appears stationary: is variable with irregular rational intervals: Derangement is now manifested by unnatural actions such as dancing or singing on streets, & acting in such a strange manner as to frighten the neighbors: Has shown no disposition to suicide, nor to filthy nor destructive habits: No history given concerning previous peculiarities (previous history states that he was always eccentric & irritable) No history of severe disease nor injury to head: Has neither been confined nor restrained, since leaving hos. - has received Hospital treatment as above stated.

On personal examination no further particulars noted - Commitment recommended because he is a source of annoyance, fear & possible danger to his family & neighbors.

July 13 On admission put upon B³ (Gth Pt. Complexion light: eyes blue, hair brown. Skin good condition: Scar on left side of neck 3 in. long. Is duty: Behavior good.) Summary 14 day record by Dr. Herzog. Pulse & temp. normal & appetite good during 14 days: sleep good. Conversation fairly intelligent after first day. During first day somewhat dull & depressed: wound in neck dressed daily - nearly healed during first week, some suppuration. Continued by Dr. Phelps Sept 1 Wt. 128 lbs. Sept 2 Went home with relatives: Has seemingly no delusions at present: Was quiet & usually ready & well behaved

Discharged.

Personal and Medical History of

Personal and Medical History of James M. Welles.

Whole No. 5090

Residence, Minneapolis, Minn.

Date Admission, July 13th 1898.

Admitted by Dr. A. F. Kilbourne hour, 6th P.M.

How Sent, F. C. Harvey J. of P. Hennepin Co.

Sex, male Age, 71 yrs.

Civil Condition, married.

Children, One

Age Youngest Child, -

Occupation, Farmer, lumber & Real Estate dealer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

~~Nationality~~ Nativity, New York. (Parents also born there.)

Resident of Mpls. for 17 yrs.

Physicians Committing, C. M. Carlow - A. P. Williamson M.D.

Correspondents, Mrs. Maria H. Welles (wife) 1301 7th St. S.E. Minneapolis, Minn.

No. of Years, 257.

Insane Relatives, None known.

Cause Exciting, Worry over loss of property.

Cause Predisposing, -

Form,

Accompanying Bodily Disorder, Sleeplessness.

Suicidal or not, Not.

Date of this Attack, Jany. 1st 1898

Duration, about 6 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 71 yrs.

Time of Leaving, Sept. 16. 1900

Time in Hospital, 2 yr. 2 m. 3 d.

Result, Died - Rupture of heart

7/21/98 Copy of order for hearing petition for appointment of Daniel D. Works, as guardian - filed

EXAMINATION ON ADMISSION BY DR. H. H. Herzog Date of July 16/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Slightly confused - quick.

MEMORY, Past Events, Quite good.

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

Quite alert & in the main correct.

REASONING POWER, Ordinary Subjects, Some impairment.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Somewhat exalted.

DELUSIONS, Somewhat Systematized, ~~Transitory~~ Fixed, Special Subjects, of persecution

Extremely Voluble. Sentences coherent but does not stick to subject.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Has drank some lately - does not smoke

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 James M. Welles.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 3/4 in PRESENT WEIGHT, 138 1/2 lbs. USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, Hair & beard white - Right side of body slightly weaker. Skin good condition

TONGUE, Coatings or Promptness of Movement, Slight yellow coat. large - prompt.

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

SIGHT, Some impairment

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

HEARING, do.

COORDINATION, Arms, Quite good Legs, do. Grasp,

TREMORS, Hands, Tongue, ~~Facial Muscles, General,~~ Slight of hands & tongue.

PATELLAR REFLEX, 8-9 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, No murmurs noted. Sounds quite good.

Apex Beat, Regularity,

Apex beat slightly displaced to left.

ARTERIES,

Quite markedly atheromatous.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Good

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

11/21/98 EXAMINATION URINE, Quantity, Sp. g. 1021 Reaction, Acid Color and Appearance, Light yellow

Albumen, — Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient has since January embarked in unusual business ventures. Bought 26 cows. 12 horses. Has gotten into much trouble. His cows have been impounded & & have wandered into other gardens. He has been arrested by the humane society & has threatened neighbors with violence. He believes that his troubles have been caused by the persecutions of a gang. He is extremely talkative & when asked a question usually starts back many years to begin his answer. Frequently gets off the track & does not get to answer. He frequently repeats his stories. His memory for recent events is quite good for senility.

Personal and Medical History of James M. Welles.

1894

This patient was brought here by Sheriffs deputy Algate Anderson, in fair physical condition, with the following history. No history of consanguinity nor heredity. First symptoms of disease were manifested about January 1st 1898 by sleeplessness, lack of mild speculation & irritability. Disease appears increasing in variable tho there are no wholly rational intervals. Derangement is now manifested 1st by delusion that a gang is after him to do him bodily harm 2nd unreasonable speculation & desire for speedy fortune. 3rd change in personal characteristics, was formerly quiet & reserved now profane & abusive. No disposition to suicide nor to filthy nor destructive habits noted. Has threatened to harm his imaginary persecutors. Previous peculiarities noted - depression of spirits & constant worry over loss of property.
No severe diseases nor injuries to head. Has neither been confined nor restrained in any way, & has received no especial treatment. On personal examination it was found that he expected to make ten thousand dollars within a year, out of real estate speculations & dairy business. Also threatened to kill his alleged persecutors. During examination sat quietly listening to testimony, occasionally interrupting witnesses. Appears well-nourished & at times manner is excited. Insanity has also been indicated by reckless driving & other facts previously stated.

July 12 On admission put upon Infirmary (G.H.K. Rpt) Complexion light. Hair - gray & bald, eyes hazel. Skin good condition. Left thumb joint stiff. Bruise on left cheek. Is clean. behavior stubborn. (Summary Nurses Notes by Drs Phelps) July 13 Patient very talkative upon entrance. Has the appearance of fair intelligence but mind rather erratic & patient slightly maniacal, & profane in speech. Has a hernia. Necessary to use force to get him to bathe. July 17 Writes letters frequently & makes all sorts of complaints in them. July 27/98 Not changed very much. Physical health fair for age. Talks at times incoherently & is usually profane & abusive. Sept 14 Still the same. Very talkative, abusive & loud in speech, & slightly incoherent at times; is easily excited. Sept 12 No change in behavior. Will tell his story to every one who will listen. Jan 31 '99 Patient has had much trouble with all the nurses, & with everyone with whom he comes in contact. Abuses everyone who interferes with him, but seldom fights. Steals all sorts of iron &c, anything to do damage with & fights when they are taken from him. Dec 1 to July 31 '99 (Dr Wausau) Wt. 140#. Is very irritable, cross, pugnacious & abusive. Has delusions of persecution. Very destructive of bedding or anything he happens to get hold of. Apr 3. Several pieces of glass & wire found on person. Has to be searched daily. Apr 25 Barricaded door with bed & would not remove it. Room had to be entered thro transom. Is continually destroying bedding & very untidy in room. May 1 Nurse found piece of flooring 1½ ft long in bed. Frequently refuses bath. Has to be locked in room to keep him from disturbing other patients during night. June 7 Complains of pain in chest. Says he was struck by another patient

Feb 1 - to - July 31 1899

Personal and Medical History of J.M. Welles.

1899

Examined, no injury found. Takes salt & pepper from dining room & carries it in pockets. Says he must have it. — * (See further note (omitted) below) ——

Autopsy conducted — by Dr. Morse.

Body well nourished. Panniculous adiposis. Fairly well developed. ½ in. over abdomen. Legs & feet apparently slightly swollen. No discoloration: no abrasions: skin clean. Lungs filled cavity - emphysematous. A few old dense adhesions over limited area of upper lobe of both lungs. Lungs elsewhere free. No indications or signs of acute disease - Pericardium tensely distended & contain large quantity of bloody serum, & heart covered by fresh clot of blood with serum & clots amounting to about 14 oz. Pericardium smooth & normal. Right auricle distended with fluid blood, & ventricles contracted. On the lateral surface of left ventricle are two cuts ½ in. apart & each ½ in long, nearly parallel & perforating wall of ventricle. Blood oozed from each when heart was lifted out of place. Tissue about ruptures soft. Heart-wall friable. Blunt probe pushed through it with very slight pressure. Muscle substance of a yellowish color. Cardiac valves fairly normal. Aortic arch thin, somewhat distended. Abdominal cavity not opened. Diagnosis - Cause of death Cardiac rupture.

Died

* 1898

Oct 29 Transfered to 7.W. Put in protective sheet: behavior has been very troublesome & violent during last three months - very abusive to everybody: constantly getting into trouble; carries sticks & stones, bones & everything he can find on to the ward: wraps lunches in towels & hides them - Tears his clothing into shreds: destroys bed - clothing: makes underwear out of the sheets: very filthy in his room, at night: has worn muffs frequently to prevent his destructiveness. Nov 1 - Transferred to 13z - Is now more quiet. Wt 135#. Pos: Sleeps poorly: Nov 6 very restless, at night. General condition not very good: put on tonic. T.I.D. Nov 6. Iron bar, a foot long, and wired found secreted in his clothing. Nov 11. Patient eloped from Crowd: was overtaken at a short Nov 11 distance & Returned. Jan 27/1900. Former notes hold good. Is still very destructive, violent & troublesome - During night, barricaded himself in water-closet & broke transom out & door had to be broken in, to get him out - Transferred to 1W and put in protective sheet - Patient received slight bruise on toe and shin, in scuffle. Jany 25. Taken out of sheet & transferred to 13z - Jany 31. No change 1900 Jan 21 to report. Took bed apart & barred door - Appetite good: bowels regular. Febys. Wt 137#. Pos 25/31 Feby 1 Was visited by friend. Feb 16. No change. Was, today, taken out on trial by friend. —— 15/16 Mar 15/16 Was Returned - Put on 13z - March 16. Exchanged blows with patient Adam Steiger: became 19 very pugnacious, when he was searched - Mar 19. Exchanged blows with patient W. H. Squire - Apr 5 Transfered to 1W: Has inflammatory swelling of right shoulder: dressings applied. — 9/14/15 abscess below right clavicle opened - Apl 14. Abscess in left hand opened - apl 18. Ward 23 wounds about healed - Patient has been on stimulants - apl 23. Transferred to 13z - Still continues his destructiveness & abusiveness to the patient & nurses: accumulates May 1/16 all sorts of rubbish - Mays. Wt 134#. P 73. - May 16. Transferred to 6. Had large rock June 5 concealed in clothing; attacked nurse Campion, when searched. June 5. Had a piece of

(Carried to 368)

Personal and Medical History of Itchie Bluem. or (Jos.)

Whole No. 5092
Residence, St. Paul, Minn.
Date Admission, July 14th 1898.
Admitted by Dr. R. M. Phelps. hour, 6th P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 37 yrs.
Civil Condition, widowed.
Children, 3.
Age Youngest Child, –
Occupation, Laborer.
Degree Education, None
Profession, Religion, Roman Catholic.
Habits, Not intemperate - drinks some.
~~Nationality~~ Nativity, Canada (Parents also born there.)
Because Incident of State Co. 10 yrs. ago.
Physicians Committing, J. A. Fowler
Correspondents, Brother in Employ of City Railway Co. St Paul.

No. of Years, 259.
Insane Relatives, None.
Cause Exciting, Epilepsy
Cause Predisposing, –
Form,
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not.
Date of this Attack, Epilepsy since 8 yrs old.
Duration, - long.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ? 8 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,
Quick.
MEMORY, Past Events, fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,
illusive at times.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
exalted at times.
DELUSIONS, Systematized, Transitory, Special Subjects,
Yes.
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, No history of insanity
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fits - pounds head at times.
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 Itchie Bluem

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 153 USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, none - skin covered with eruption.
TONGUE, Coatings or Promptness of Movement, slight coat - slight deviation to Right.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal.
SIGHT, normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands -
PATELLAR REFLEX, slight - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
full + compressible -
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion good -
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,

8/9/98 EXAMINATION URINE, Quantity, — Sp. g. 1027 Reaction, Neutral Color and Appearance, yellow - much light fluorescent sediment
Albumen, — Sugar, None by Fehlings
Casts and Crystals, Oxalate lime - many small crystals. Numerous long motile bacilli - fibrinous.

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

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

Patient only fairly well developed. Mentally.

Personal and Medical History of Stehie Blevins.

1898

This patient was brought here by Sheriffs deputy F.T. Logan in fair physical condition with the following history:- No history of consanguinity: Patient has had epilepsy since Eight years of age: Disease appears increasing. Is variable with rational intervals: Derangement now manifested by loss of memory + hallucinations: Patient has shown no disposition to injure others nor to filthy nor destructive habits except immediately after fits when he destroys everything within reach. No previous familiarities manifested. No injuries to head sustained. Has neither been confined nor restrained. Has received no treatment. No facts noted on personal examination. On admission put upon B3 E(½) 4th Rpt. Complexion dark: hair brown: July 9 Eyes blue: Condition of skin good. Slight bruise on forehead: Scar on right knee + one on left side of neck. Is clean. Behavior good.)

Summary 14 dys. record by Dr Herzog. Pulse + temp. normal: appetite good, recep good. Had one convulsion on nights of 17-21-23 - Somewhat more dull on days after convulsions + rather inclined to be pugnacious on those days but no actual violence. Continued by Dr Phelps July 31 '98 Changes none: Talks agreeably + intelligently. Aug 22 Since above note patient has several times gotten into trouble fighting with other patients. Today tried to escape + fought desperately when brought back. Had a convulsion on the 19th + has been rather maniacal since. Aug 23 Quite noisy, fights when an attempt is made to hold him: Trans. to B3. Aug 31 Trans. to B3 Was quite noisy + troublesome for a few days but has quieted down: Jan 31 '99 Patient has had convulsions since, but has never been so wildly maniacal as at time spoken of. Is anxious to go home. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 159th Patient has

1899 Feb 1 to July 31 — convulsions: becomes very much confused at times: No change.

Aug 3 — Wt 158#. Pg6. Oct 30 Patient easily irritated: has "Epileptic Spells": works on ward + in the dining-room.

Dec 31 — No change in condition from day to day: still works in dining-room. Feb 28/1900. Nothing specially to

1900 Feb 28 — report as regards Patients condition: Has "Epileptic Spells": very much confused at times. Works in D.R.

July 6/31 — Wt 153#. July 31. Was recently vaccinated, unsuccessfully. No change to note in his condition.

Aug 30 — Condition remains the same. Sep 30. Convulsions continue. Physical condition good. —

Nov 1 — Has 2 to 3 convulsions a week. Works in dining-room. Jany 4/1901. Wt 150#. Pg6.

1901 Jan 31 — No change in condition. — Feb 1 Wt 149# Pg6. March 30. Has convulsions,

Mar 30 — at irregular intervals — July 31. Patients seems quite demented. Is much confused

July 31 — after Convulsions — Works in dining-room. Attends Dances + other Amusements.

Aug 1 — Wt 145#. Nov 30. No change noticeable. Jany 31/02. Is an epileptic: very stubborn.

1902 July 31 — Mentally confused. Usually neat + clean: Easily irritated. Has from 5 to 10 convulsions a month.

1903 Jan. 31 — Patient has had a good many convulsions during the month. Is filthy + demented. Easily excited but usually cheerful and quiet.

Personal and Medical History of

Personal and Medical History of James F. Gavin.

Whole No. 5093

Residence, Minneapolis Minn.

Date Admission, July 14th 1898

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

How Sent, H.C. Henry J. of P. Hennepin Co.

Sex, male Age, — about 35

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Express - driver.

Degree Education, Academic.

Profession, Religion, Catholic.

Habits, Cocaine fiend.

Nationality, Wisconsin - (Parents born in Ireland) Lived in Minneapolis for 25 yrs

Physicians Committing, Wm. J. Byrnes + J.T. Moore.

Correspondents, Thos. Gavin 10 Oak Grove St. Minneapolis

No. of Years, 260

Insane Relatives, None.

Cause Exciting, Cocaine + Syphilis.

Cause Predisposing, —

Form, Syphiphobia

Accompanying Bodily Disorder,

Suicidal or not, Not.

Date of this Attack, May 1898.

Duration, About 6-8 wks.

No. of Attack, 2nd.

No. of Admission, 1st here - At St Peter.

Age First Attack, ?

Time of Leaving, Mar. 6. 1899.

Time in Hospital, 7 m. 22 d.

Result, Discharged Mar. 6. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. H.W. Herzog *Date of* July 14/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very slightly confused + sluggish.

MEMORY, Past Events, Very slight impairment.

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fairly good.

Special Subjects,

Own Mental State, do.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted

HALLUCINATIONS,

ILLUSIONS,
Conversation Coherent + fairly voluble.

The gross signs above being lacking, 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),
Syphilis 4-5 yrs. ago. Hot Springs in 1896. 3 mos.
1898 - 1½ mos.

HABITS, Drinking and Smoking, Has taken cocaine as much for 4 yrs. Chews tobacco - drinks moderately.

HEADACHES, VERTIGO, OR CONVULSIONS, Had 2 attacks of unconsciousness after taking cocaine at St Peter - attributed to it himself.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
Aug 97 - Sept 9/97 at St Peter - discharged recovered. Took cocaine all the time while there. No one knew it. Subsequent Habits Nov. 97

Sleep, Appetite, and Bowels,
Has not slept well while taking cocaine.

Personal and Medical History of James F. Gavin

PHYSICAL CHARACTERISTICS.

HEIGHT, 5-4½ in. PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Slight impairment.

WOUNDS, Abnormalities and condition of Skin, Large white circular superficial syphilitic scar on right tibia + lower ½ of Third of left thigh + leg

TONGUE, Coatings or Promptness of Movement, Bright red, clean, quite prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Left slightly larger. Size about normal - pupils slightly irregular in outline. Response to light + accommodation excessive.

SIGHT, Good

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

HEARING, Good

COORDINATION, Arms, Quite good Standing eyes shut good. Legs, do. Finger to nose eyes shut ~~good~~ ~~Grasp.~~ Standing on one foot fair - Turning quickly, slight unsteadiness.

TREMORS, ~~Hands~~, Tongue, ~~Facial Muscles~~, ~~General~~, Slight of Tongue

PATELLAR REFLEX, 8 Equal. Other Reflexes, No Ankle clonus - abdominal slightly exaggerated.

ARTICULATION, Slurred, Hesitating, Slow, Slightly nasal tone to voice due to palatal ulceration - slight drawl.

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Good.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Patient is in a curious state of indifference. Has been quite without moral sense. Was watched by family three months + then left home. Lived from hand to mouth, thinking only of getting cocaine. Sat last night + listened to his brother speak very harshly of him + was completely indifferent. Shows slight mental dullness + realizes it. Some suspicion of beginning paresis.

Personal and Medical History of James F. Gavin.

1898

This patient was brought here by Sheriffs deputy Algate Anderson, attended by his brother, in fair physical condition apparently, with the following history: No history of consanguinity known. First attack of insanity occurred June 7th 97. Has had them off & on since. In Aug. '97 was taken to St. Peter hospital & was relieved temporarily by treatment there. First symptoms of present attack manifested in May 1898. Disease appears increasing. Is variable with irregular rational intervals. Derangement now manifested by loss of power of concentration & delusions, - imagines that someone is watching & following him. Not disposition to injure any one, nor to filthy nor destructive habits. No previous peculiarities noted. Patient is a cocaine fiend (not known at last examination) - was treated by Dr. J. S. Moore for syphilis in spring & summer of 1896 - Treatment closed before cured. Was at St. Peter for 3 months & at Kelly Institute for six weeks. Treatment: mental, restraint, sedatives, tonics & dietary alterations.

July 1 On personal examination - is quiet at present, said he was watched & censured by people. That he could not overcome conditions without restraint. Patient wanders away from home & seems irresponsible to care for himself.

On admission put upon Infirmary (5th n. Rgt. Complexion light: Hair brown: Eyes blue: Skin good condition: 2 scars on right side: one large scar below Right Knee: one large scar just above knee on inside of left leg. Is clean: Behavior good.

Summary Nurses Notes by Dr Phelps. July 14 Received upon ward, seemingly in fairly good health. Says he had time coming here instead of going to St. Peter: July 19 Has been quiet & intelligent: no marked delusions & seeming to be suffering from lack of the drug. July 27 Still no change of any kind Oct 31 Patient has drifted along in the same quiet, intelligent way. Has been a couple of weeks at Owatonna with camping party. Jan 31 '99 Has had parole for several months & has gone freely back & forth to Town: Does not seem to have changed in any special way. Feb. - March 6 '99. (Dr. Wanous) Wt. 136# Quiet & well behaved: Appetite fair: bowels inclined to be constipated: Sleeps well: Does no work: Talks irrationally: March 6 Went home on trial.

Discharged

Personal and Medical History of T. M. Welles

From 360

July 31 9 00 of truck, in a sock, concealed in his clothing: also removed muffs from D. E. Washburn: — July 31. No change: Continues abusive, troublesome, destructive & soils Clothing; collecting wires & stones & making weapons to attack nurses & others. Aug 1 - Wt 147" Pby. Aug 9 Visited by friend. Aug 16 Aug 1/9 18 Had a rope he made out of several pieces of sheets with which he said "I was going to hang nurses" — 25 Complains of legs and feet being swollen. Left. Wt 148". Pgo. Condition - not quite so troublesome: helps Sept 1 with work a little: still pugnacious and destructive; urinates on bed: rubs urine over his body. — 16 no apparent change. Ate a good dinner: afterwards, went out with the crowd for a walk: Complained of feeling tired; walked a few rods and fainted. Died almost instantly. —

Died

(For autopsy - see page 360)

Personal and Medical History of Peter Peterson #3

Whole No. 5095
Residence, Brown's Valley, Minn.
Date Admission, July 18th 1898.
Admitted by Dr. P.M. Phelps hour, 6 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male. Age, 22.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farm-hand.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Norway (Parents also born there)
Physicians Committing, J.A. Quinn & Arthur Sweeney
Correspondents, –

No. of Years, 262
Insane Relatives, Unknown
Cause Exciting, "
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Ten days ago.
Duration, Ten days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 22 yrs.
Time of Leaving, May ~~17~~ 22. 1899
Time in Hospital, 10 ~~9~~ mo. ~~29~~ 4 d
Result, Discharged Nov. 1. 1899 Unimproved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Peterson #3

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 138 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,

8/11/98 EXAMINATION URINE, Quantity, — Sp. g. 1021 Reaction, Alkaline Color and Appearance, Yellow. Clear.
Albumen, Slight trace by Tanrets. Sugar, —
Casts and Crystals, –

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

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

Personal and Medical History of Peter Peterson II 3

1898

This patient was brought here by Sheriff's deputy J.B. Arend, in fair physical condition, with the following history:- No information concerning consanguinity, heredity, nor previous peculiarities. First symptoms of attacks manifested ten days ago- he deserted from Camp Ramsey & was found demented. Disease appears stationary: Not variable - Talks constantly on religious subjects: Has shown no disposition to harm anyone nor to filthy nor destructive habits: No information concerning severe diseases nor injuries to head: Patient has been confined at County Jail for one week. Has received no treatment. On personal examination talks constantly & incoherently on religious subjects.

July 18 On admission put upon B3E (G.H.Y. Apt. Complexion & hair light: eyes blue: Skin in fair condition: 2 warts on back: Eruption on back & legs: Slight bruise on left leg below knee: Is clean: Behavior good: Is cross eyed.)

Aug 2 Summary 14 da. record by Dr Herzog. On admission was fairly clean but had vermin on him: Temperature and pulse normal: Appetite good during entire fourteen days: On admission had retention of urine and it was necessary to cathaterize him that night and three days following: There was no stricture and there seemed to be no good cause for the retention: He was not confused mentally to an extent sufficient to account for it. He answers questions fairly intelligently, memory poor: Could not give a clear account of himself and was somewhat reticent. Impossible to make him understand why he was here. During first week restless, attempted several times to get away from the crowd while out walking: Shows an adolescent confusion. First night slept three hours, sleep was also much broken from July 21 to 24th and again on July 26th. Toward latter part of 14 days became considerably brighter, showed a more healthy color, was quiet and well-behaved and assisted somewhat with the ward work.

Continued by Dr Phelps. Aug 1 15th Patient answers questions in a fairly intelligent way Behaves fairly well altho somewhat restless. 17 Rather more restless & confused today. Has delusions: Attacked nurse & had to be held.

Aug 31 Remains maniacal in behavior & is more incoherent in speech.

Oct 31 Has improved some during October but was previous to that time very restless & maniacal. Jan 1'99 Has improved a good deal: Still, however, has some mental trouble & is at times a little irritable. Jan 21'99 Now working in center diningroom: Is quite well-behaved & quiet at present.

Feb 1 ~~July~~ 31'99 (Dr. Wanous) Wt. 172. Patient quiet & well-behaved: neat & clean in habits: works in center diningroom: May 13. Had boil on neck: Treated: improved.

May 22 Went home — Discharged

Personal and Medical History of

Personal and Medical History of Pehr Rylander

Whole No. 5097
Residence, Two Harbors.
Date Admission, July 19th 1898
Admitted by Dr. C. B. Eby hour, 5 45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Male Age, 39 yrs.
Civil Condition, married
Children, Two.
Age Youngest Child, —
Occupation, Carpenter
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
~~Nationality~~ Nativity, Sweden. (Parents also born there.)
Physicians Committing, Louis A. Nelson & Olof Sohlberg.
Correspondents,

No. of Years, 14
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Chronic Mania
Accompanying Bodily Disorder, None mentioned. (Diabetes)
Suicidal or not, Not.
Date of this Attack, About one week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 39 yrs.
Time of Leaving, Nov. 8. 1900
Time in Hospital, 2 yr. 3 mo. 20 d.
Result, Disc Diabetes Mellitis. & Chronic Mania

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - sluggish
MEMORY, Past Events, fair.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive, poor.

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient childish - stubborn - cannot be held.
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,
2 children
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Pehr Rylander

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 100 USUAL WEIGHT, NUTRITION Poor.
WOUNDS, Abnormalities and condition of Skin, Skin quite good - dry.
TONGUE, Coatings or Promptness of Movement, Clean - quite prompt. no tremor.
PUPILS, Equality, Size, Response to Light, and Accommodation, equal - responses good.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Quite good.
COORDINATION, Arms, impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.
PATELLAR REFLEX, diminished. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, quite good.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, rather weak Size,
Apex Beat, 5 Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion not good
B. sounds feeble

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

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

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

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

Patient small & considerably emaciated. Diabetic otherwise seems in fair physical condition. Has delusions - is stubborn & childish. is destructive violent & noisy. Mental grade probably fair. Probably mania due to diabetes

Personal and Medical History of Pehr Rylander.

1898

This patient was brought here by Sheriff's deputy P.J. Miesen attended by John Moriarty, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or self. First symptoms of attack manifested about one week ago: by sleeplessness & excitability: Disease appears increasing: Is not variable: Derangement now manifested by thinking he is in the White House talking to President McKinley about the war: No disposition to injure others shown, Is destructive of clothing & furniture: Has always been very obstinate: No severe disease nor injury to head sustained: Has been at County Jail for two nights: No treatment received. On personal examination continually talking: Very excitable: Brother states he has diabetes.

July 19 On admission put upon J.W.E. (G.H.N. Rpt. Complexion light: hair light: eyes blue: Skin in good condition: Is dirty: Behavior noisy.)

Summary Notes by Dr Phelps. July 19 Very restless: full of delusions: seems to be very considerably emaciated: Will not stay in bed well. July 22 Patient still uneasy & restless: Seems weaker Aug 2 Patient still very restless: Talks in a rather delusional, rambling way. Examination of urine made Aug 31 Large amount found: Patient still nervous & restless: Will not sit still. Is emaciated: appetite very good: Sept 18 Patient has some hematoma of ears. Is very restless in every way. Oct 1 Wt. 87# Nov 1 Patient about same: Eats ravenously: Sugar still present. Jan. 31 '99 Patient has been kept most of time in bed: rather irritable, restless, noisy & dirty at times. Has been in restraint. Feb 1 - July 31 '99. (Dr Wanous) Remains in bed from day to day. Is continually calling for water: Has to be kept in muff. Very troublesome & noisy on ward: Apr. 11 Trans. to B'. Apr 17. Trans. back to Infirmary. Pugnacious & destructive. July 16 Visited by wife: July 27 Pulled out several

Aug 1 teeth while visiting with wife Aug 1. Jan 31 '1900 (Dr Chapple) Nov 1. Wt. 180½ (?) Pulse 86. Not much change in patient: Is very noisy & troublesome most

-20- of time. Habits very filthy. Very irrational: Does not talk intelligibly.

1900 Physical condition rather poor: Is quite emaciated. Consumes

Jan 31 large quantities of water & food: Has diabetes & is troubled with incontinence. Jan. 11 Received slight scalp wound from another

Feb 2 patient. Feb 2. Wt 98½# P80. Mar 30. Transferred to T.W.: given cathartics. Apl 1. Appears as well

July 20 as usual: Transferred to B'. July 20. vaccinated. July 31. Physical condition has failed somewhat,

" 31 during period: has diabetes mellitus: is very much emaciated: nearly always says "that he feels well": has ravenous appetite & drinks large quantities of water: habits very filthy & is given bath daily: In a constant condition of mania; very noisy, incoherent & destructive. Extremely

Aug 1/13 stubborn. Aug 1 Wt 95#. Aug 13. Physical condition poor: he is much emaciated: very restless, noisy & troublesome. Was, today, kicked by Mads Nelson, causing swelling on

27 shoulder & ear. Transferred to T.W. Aug 27. To B'. - Is somewhat improved. Still has

Personal and Medical History of Pehr Rylander

1900 cont'd

Aug 27 ravenous appetite: bowels inclined to diarrhoea: is very restless: habits are filthy.-

Sep 9/28 To T.W. Is weak & seems to be failing - Sep 28. To B'. Oct 1. Again transferred to T.W.=

Oct 1 T104. Complains of "being sick all-over" - Nov 8. Has been gradually failing physically.

Nov 8 very restless & filthy; has been comatose for past 24 hours. Died at 8³⁵ am. —

Diagnosis: Diabetes mellitis.

Died

Personal and Medical History of Daniel Hisey

Whole No. 5100	No. of Years, 267
Residence, Orion Twp. Olmsted Co. Minn.	Insane Relatives, None.
Date Admission, July 22nd 1898	Cause Exciting, Apoplexy.
Admitted by Dr. R. M. Phelps. hour, 6 45 PM.	Cause Predisposing, —
How Sent, J. A. Leonard J. of P. Olmsted Co.	Form,
Sex, male. Age, 64 yrs.	Accompanying Bodily Disorder, Paralysis of left side.
Civil Condition, Married	Suicidal or not, Not.
Children, Two.	Date of this Attack, About 7 yrs ago.
Age Youngest Child, —	Duration, 7 yrs.
Occupation, Farmer.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, United brethren.	Age First Attack, 57 yrs.
Habits, Not intemperate.	Time of Leaving, July 28. 1898
~~Nationality~~ Nativity, Ohio. (Father born Michigan)	Time in Hospital, 6 da.
Physicians Committing, F. J. Halloran & C. F. Granger.	Result, Died. Apoplexy.
Correspondents, Telephone Uranus Welsh, Orion, via Chatfield.	

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Daniel Hisey

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS,

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Daniel Hiney.

1898

This patient was brought here by Sheriff's Dep. ℔ Mc Dermott. in a paralyzed + helpless condition, with the following history:- No history of consanguinity nor heredity: First symptoms manifested about seven years ago, by apoplexy. Disease appears increasing. Not variable: no rational intervals. Is disposed to injure others: Habits filthy + destructive: No previous peculiarities noted: No intemperance in parents or self: No severe diseases nor injuries to head: Has neither been confined nor restrained: Has received sedative treatment. On personal examination left side paralyzed + Talks incoherently + mutters & hurriedly.

July 23 On admission put upon Infirmary (Gen'l. Rpt. Complexion light: hair gray: eyes blue: Skin in good condition: Blind in left eye + big toe on right foot dislocated. Summary notes by Dr Phelps July 23 Is rather hemiplegique: rather dirty in habits: left side helpless: left foot has been dislocated: Has difficulty in swallowing: Urine shows a trace of albumen. July 25 Is not improving any: Tendency to bedsores: Condition failing in every way. It is hard to feed him as he chokes 28 Died at 3:35 PM. Has gradually failed in every way from time of coming: Visited by wife + daughter on 27th.

Died.

Personal and Medical History of

Personal and Medical History of Louis Reha.

Whole No. 5101
Residence, St. Paul, Minn.
Date Admission, July 26th 1898
Admitted by Dr. R. M. Phelps hour, —
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, Male Age, 38 yrs.
Civil Condition, married.
Children, one.
Age Youngest Child, —
Occupation, Farm hand
Degree Education, Can read & write
Profession, Religion, Catholic.
Habits, Unknown.
~~Nationality~~ Nativity, America (Parent born in Bohemia)
Physicians Committing, A. Sweeney & Haldor Suéve.
Correspondents,

No. of Years, 368
Insane Relatives, None.
Cause Exciting, Excitement & heat
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, Scalp wound - left occiput.
Suicidal or not, Not.
Date of this Attack, July 16th 1898
Duration, Ten days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving, Sept. 23. 1898
Time in Hospital, 1 m. 28 da.
Result, Discharged Nov. 9. 1898
Unimproved.
Transferred to Washington, D.C. by Agent Gates.
O.K. [illegible]

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Louis Reha

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 149 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

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

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

Personal and Medical History of Louis Reha.

1898

This patient was brought here by Sheriff's Deputy J.B. Arend attended by V. Stosser in fair physical condition, with the following history:- No information as to consanguinity: No history of heredity. First symptoms of insanity manifested. July 16/98 by eccentricities in regard to his military duties: Disease appears increasing: Not variable, no rational intervals: Derangement now manifested by belief that he is chased by a negro: Confused as to time & place: incoherent: Ran out of his tent naked at midnight & interfered with guard: Not disposed to injure others - nor to filthy & destructive habits: No information concerning previous peculiarities, nor intemperance in parents or self: Has scalp wound, left occiput: Has been under guard at Camp Ramsey for two days: Has received no treatment.

On personal examination Acts confused; talks incoherently: looks around ceiling for a
July 26 nigger. On admission put upon B3-IWE (G.H.U. Cpt Complexion dark: eyes blue: hair dark brown: Skin good condition: black mole on right arm: Scar on back of head about 2 in. long: Has vermin, is dirty. Behavior good. Temp. 100 Pulse 100.)

July 26 Summary Nurses Notes by Dr Phelps. On admission very dirty, restless, confused & incoherent: Wt 149# Placed on Infirmary. July 31 Still restless: Temp. usually about normal: Rather untidy. Aug 8 Patient seems to have improved some but is still restless: Expectorates on floor. Makes queer gestures: 13 Taken up & transferred to C'. Sept 21 Wt. 150# Sept 23 Patient has been steadily quite restless, not very violent but troublesome & destructive: Transferred today to Washington D.C. by Agent Gates.

Discharged.

Personal and Medical History of

Personal and Medical History of John Schmelzer.

Whole No. 5102
Residence, St. Paul, Minn.
Date Admission, July 26th 1898
Admitted by Dr. P. M. Phelps hour, -
How Sent, L. Willrich J. of P. Ramsey Co.
Sex, male Age, 43 yrs.
Civil Condition, Married.
Children, Seven
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Slight.
Profession, Religion, Lutheran.
Habits, Not intemperate.
~~Nationality~~ Nativity, Hungary (Parents also born there)
Physicians Committing, L. Hönnig + J. Okage.
Correspondents,

No. of Years, 269.
Insane Relatives, None.
Cause Exciting, Starvation.
Cause Predisposing, -
Form, Melancholia -
Accompanying Bodily Disorder, Weak pulse + general anaemic condition
Suicidal or not, Not.
Date of this Attack, 2 mo. ago
Duration, 2 mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 43
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* 7/26/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.

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

Personal and Medical History of John Schmelzer

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2½ PRESENT WEIGHT, 111½ USUAL WEIGHT, NUTRITION, Much impaired.
WOUNDS, Abnormalities and condition of Skin, Skin greasy.
TONGUE, Coatings or Promptness of Movement, Slow. heavy whitish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - Respond to light + accomodation
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Considerable impairment. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands - quite marked of tongue - General on standing
PATELLAR REFLEX, 8-9 equal - Other Reflexes, Abdominal exaggerated.
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Roughness of 1st mitral sound - Apex Beat, Regularity, Seems anaemic - Bounds not big normal - Slightly irregular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion, Breath Sounds, Seem good

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

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

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

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

Patient is very difficult to converse with - is confused - Answers questions slowly. Seems afraid of something unknown - Has the rigidity of melancholia - Refuses food.

1898 Personal and Medical History of John Schmelzer.

This patient was brought here by Jno. Moriarty attended by F.J. Egan, in fair physical condition; with the following history:- No history of consanguinity nor heredity: First symptoms of disease manifested two weeks ago, became over-heated. Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by hallucinations: Is disposed to injure others: No disposition to filthy nor destructive habits: No previous peculiarities noted: Has had a sunstroke (?). but no severe diseases: No history of intemperance in parents nor in self: Has neither been confined nor restrained; & has received no treatment: On personal examination pulse, is weak, General anaemic condition.

July 26/98 On admission put upon B³ - IE (G.H.U. Rpt Complexion light: hair light: eyes brown: Skin good condition: Is dirty: Behavior good: T. 101 P 80)

Summary Notes by Dr Phelps. July 26 Patient rather depressed: Temp. 101. Ate a fair supper: placed on Infirmary. 27 Temperature about normal: Does not eat very well: 31 Seems to think he is in Stillwater: Is much confused mentally.

Aug 8 Still restless, & out of bed: Fed by nurses at times. Oct 31 Has quieted down a good deal: Has helped with ward work: Jan 31 Patient rather more stupid again: Is despondent: Says little unless spoken to: At times anxious to go home. Feb 1 - July 31 '99. (Dr. Wanous.) Wt. 135. Patient well behaved tho rather stubborn when requested to do anything: Speech incoherent.

Mch 18. Trans. to Annex. June 15. Commenced working in Kitchen Physical condition good: Has delusions & noisy spells.

Aug 1 - to - 1900 Jan 31 Jan 31 '1900. (Dr Chapple) Aug 1. Wt. 134# Pulse 74. Condition about stationary during period. Behavior good: Is cleanly: Has worked in Kitchen Is quite demented. Talks very little: Seems contented. Health good.

Feb 1 Wt 133# P 76. Apl 26. No change noted. General health good: habits cleanly: Works in Kitchen; behavior

Apl 26 very quiet ——— Was, today, Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Lloyd A. Faulkner

Whole No. 5103
Residence, St. Paul, Minn.
Date Admission, July 26 '98
Admitted by Dr. RM. Phelps hour, 6th PM.
How Sent, Henry Gallick Ct. Com. Ramsey Co.
Sex, male Age, 36.
Civil Condition, married.
Children, Three.
Age Youngest Child, —
Occupation, Physician
Degree Education, College.
Profession, Religion, Episcopal.
Habits, Not intemperate.
~~Nationality~~, Minn. (Father N.Y. Mother Ind.)
Physicians Committing, JB Brimhall & A. Swing.
Correspondents,

No. of Years, 270
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, —
Suicidal or not, Not.
Date of this Attack, ?
Duration, ?
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, Sept. 30, 1899.
Time in Hospital, 1 yr. 2 m. 4 d.
Result, Discharged 9/30/99 Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Lloyd A. Faulkner

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 PRESENT WEIGHT, 153 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,

8/9/98 EXAMINATION URINE, Quantity, — Sp. g. 1031 Reaction, Acid Color and Appearance, Yellow - Light flocculent sediment
Albumen, —— Sugar, ——
Casts and Crystals, Many oxalate lime crystals.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of Lloyd A. Faulkner.

1898

This patient was brought here by Sheriff's deputy John Hammes, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor self: This is first attack: First symptoms manifested by delusions of persecution by A.P.A.s & others. Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested by believing that he is drugged & watched by enemies: Not disposed to injure others: No disposition to filthy or destructive habits: No previous peculiarities noted: No injury to head had cerebro spinal meningitis in childhood. No confinement nor restraint employed: No treatment pursued.

On personal examination talks incoherently: attributes present & past condition to persecution of enemies.

July 26 On admission put upon Infirmary (G.H.N. Rpt. Complexion dark: Hair black: eyes gray: Condition of skin good: Is clean: Behavior good.)

Aug. 7 Summary 14 Da. record by Dr Herzog. Temperature & pulse normal after first two days, on which temperature was 99°. Sleep has been as a rule good, but on a few nights slept only four to six hours: Appetite only fair: Physically is rather anaemic and under weight: Is restless: has partially systematized delusions of persecution: Says patients are in league to watch him: That cigars & food are drugged: That it is useless to resist as his enemies will surely kill him: Is suspicious of everybody and doubts all statements: Visited by father and brother on different occasions: would recognize and converse with them and after they were gone would deny that they were his relatives but said they were enemies impersonating relatives: He also doubts letters from his wife.

Continued by Dr Phelps - Aug 7 Visited by father: Aug 14 Patient pushed by nurses in nurses room & jumped out of window: Caught on lawn: Foot found to be injured; was cut by screen with a small puncture on side: struck a wire on jumping & was thrown to ground: Has appearance of more or less impaction of ankle bone. Patient can give no very good account of why he did this but seemed to be afraid of everyone. Sept 1 Still lying in bed. Foot improving. Dec. 2 Wt. 175# Patients foot still sore & causes him to limp: Seems to lack a free action of ankle joint. Jan 31 '99 Still complains of foot paining him especially when in certain positions: Has to

1899 Feby 1 to July 31 Aug 3/30 Sep 4/30 walk in a half flat-footed way & it hurts him to turn toes out. Pain & swelling on inside of ankle joint. Feb 1. July 31 '99 (Dr. Wanous) Wt. 173# Well behaved. Does no work: Quite rational: Has delusions of persecution: Feels safe when on ward. Refused to accept letters written by wife. —— Wt 177# P84. Aug 30. Is well-behaved: agreeable: works on ward. Sep 4. Patient seems quite well, both mentally & physically. Sept 30. Sent home alone ——

Discharged

Personal and Medical History of

Personal and Medical History of Thomas Wilkin.

Whole No. 5105
Residence, None. (Sent from State Prison)
Date Admission, July 27th 1898.
Admitted by Dr. C. B. Eby hour, 6 45 PM.
How Sent, Frank T. Wilson Jof P. Wash. Co.
Sex, male Age, 22 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Miner. Ranchman.
Degree Education, Common school.
Profession, Religion, ? –
Habits, Unknown
~~Nationality~~ Nativity, Cala. (Father Franck (?) Mother Ireland ?)
Physicians Committing, G. E. Clark & W. C. Voight.
Correspondents,

No. of Years, 272
Insane Relatives, Unknown.
Cause Exciting, "
Cause Predisposing, "
Form,
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Not stated.
Duration, ?
No. of Attack, Not first.
No. of Admission, ?
Age First Attack, ?
Time of Leaving, Nov. 22. 1898
Time in Hospital, 3 m. 26 d.
Result, Discharged Feb. 8. 1898
Unimproved

K. [illegible]

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* July 28/98

MENTAL CHARACTERISTICS.

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

HISTORICAL.
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption),
Father, died when patient was 12.
Paternal Relatives,
Mother, died when patient was 11
Maternal Relatives,
Brothers and Sisters, none.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says had syphilis. History unknown.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas Wilkin.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in PRESENT WEIGHT, 128½ lbs USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin, palate high-arched. skin good condition
TONGUE, Coatings or Promptness of Movement, heavy whitish coat. prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Respond to light & accom.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, Fairly good Legs, do. Grasp,
TREMORS, ~~Hands, Tongue, Facial Muscles,~~ General, None of hands - slight of tongue
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.,
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
None murmurs noted. Irregular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

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

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

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

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

Patient is in fair physical condition. Says has not masturbated for three months. His mental condition is difficult to describe. His answers are evasive, his attention is difficult to hold. He probably does not tell the truth. He shows some feebleminddness but no marked delusions.

Personal and Medical History of Thomas Wilkin.

1898

This patient was brought here by Sheriff's deputy Dr. Withrow, in good physical condition, with the following history:- Patient has been at State Prison, Hillwater - This is not first attack of insanity but no particulars concerning previous attacks given: Disease appears increasing, now manifested by hysterical weakness, Delusions Mistaken identity of persons: No disposition to violence nor to filthy nor destructive habits: Nothing known concerning consanguinity, heredity nor previous peculiarities - Patient has been subject to nervous contractions & hysteria - No treatment employed: Cause of disease unknown: On personal examination talk irrational, actions hysterical, has delusions.

July 27 On admission put upon B3 (G.H.U. Rpt. Complexion dark: hair dark brown. eyes black: Skin good condition: Mole between eyes: Is clean: Refused to bathe.)

Aug. 9 Summary 14 da record by Dr Herzog. Pulse and temperature have been normal: Sleep good most of time but on three nights much broken: Appetite good during first week but on Aug. 5th and 6th refused nourishment and again on August 8th. Physical condition fair considering present confinement Shows a dementia, some confusion of ideas, some restlessness, walks up and down hall with an important air and although his conversation is disconnected and at times incoherent, it is evident that his ideas regarding himself are much exalted. At times is stubborn and at others noisy: Calls people by names not belonging to them and by names of persons whom he has known previously, either outside or in prison.

Continued by Dr Phelps Sept 31'98. Wt. 130# Patient quite stubborn in behavior rather silly in a good many ways: Oct 21'98 Wt. 129# Still silly & foolish. Nov 9 Trans to B1. Destroyed plants on ward. Nov 22 Sent home. Condition not very much changed: Behavior quite unreliable.

Discharged

Personal and Medical History of

Personal and Medical History of Harry Russell.

Whole No. 5106
Residence, Rochester, Minn.
Date Admission, July 28th 1898
Admitted by Arthur J. Kilbourne hour,
How Sent, J.A. Leonard Dept. Olmsted Co.
Sex, male. Age, 27 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, —
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Very intemperate.
Nationality, Iowa. (Father Penn. Mother Iowa) Lived here 27 yrs.
Physicians Committing, F.R. Moore & C.D. Granger.
Correspondents,

No. of Years, 27.
Insane Relatives, None.
Cause Exciting, Intemperance.
Cause Predisposing, —
Form,
Accompanying Bodily Disorder, ——
Suicidal or not, Not
Date of this Attack, 2 mo ago.
Duration, 2 mo.
No. of Attack, 2
No. of Admission, 2
Age First Attack, 26.
Time of Leaving, Mar. 14. 1899
Time in Hospital, 7 m. 14 d.
Result, Discharged Mar. 14/99 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive,

REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Harry Russell.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6ft 1½ in. PRESENT WEIGHT, 160 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,

8/8/98 EXAMINATION URINE, Quantity, - Sp. g. 1027 Reaction, Neutral Color and Appearance, Yellow - clear -
Albumen, - Sugar, Slight trace by Fehlings.
Casts and Crystals,

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

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

Personal and Medical History of Harry Russell

1898

This patient was brought here by Sheriff's deputy Henry Loeb in fair physical condition, with the following history:- No history of consanguinity nor heredity. This is 2nd attack of insanity - patient was in this hospital from Apr. 1'97 to May 23'98 (For further particulars Sw. Vol 35 fol 230 No 4779)
First symptoms of present attack manifested about two weeks ago by insomnia, delirium & wandering about at night: Disease appears stationary is variable: Derangement now manifested by delusions: Loss of memory: Is unable to take care of himself: Is disposed to injure others: No filthy nor destructive habits: No previous peculiarities manifested: Patient has been very intemperate: No severe diseases nor injuries to head. Has been for 3 days in city lock-up: Bromide Potas. ʒ ʒ Every 4 hrs.
On personal examination is apathetic, stupid, has muscular
July 29 tremors. On admission put upon B3E (G.H.N. Rpt. Complexion dark: eyes blue: hair dark brown: R.H. on left arm & 5 dots in shape of star - Several scratches on legs: Eruption on back & on lower limbs. Bruises on left knee & left hip, & on left hand. Is dirty: Has vermin: Behavior good
Aug 12 Summary 14 da. record by Dr. Herzog. On admission shows evidences of alcoholism, is tremulous, tongue much coated: heart's action weak: reflexes exaggerated: some confusion of ideas: Probably has delusions but does not care to talk about them: Rapidly recovered from this state: appetite good: picked up rapidly in flesh, became quiet and well-behaved: converses intelligently and freely and rationally: On hypodermics of strychnine.
Continued by Dr. Phelps Jan 1'1899 Patient on parole: Is fairly rational in every way: Sits about reading & wanders about grounds. Is quiet & agreeable.
Feb 1 - Mar. 14'99 (Dr. Wanous) Wt. 176 lb. Patient quiet & well-behaved: Neat & clean Appetite good: On parole: Mch 14. Sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of John Firnett.

Whole No. 5107
Residence, St. Paul, Minn.
Date Admission, July 29th 1898.
Admitted by Dr. C.B. Eby hour, 6 45 PM
How Sent, Hy Gallick Crt. Com. Ramsey Co.
Sex, Male Age, 21 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Unknown
Nativity, Wisconsin
Nationality, Resident of State 6 18 yrs.
Physicians Committing, Geo. F. Baker & O'Mahl.
Correspondents,

No. of Years, 274
Insane Relatives, None.
Cause Exciting, Don't know
Cause Predisposing,
Form,
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, July 21/98
Duration, 8 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 21 yrs.
Time of Leaving, May 1. 1899
Time in Hospital, 9 m. 2 d.
Result, Discharged Dec. 27. 1899 Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive,

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of John Firnett.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 142½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.,

SENSIBILITY,

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

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Personal and Medical History of John Finnett.

1899

This patient was brought here by Sheriff's deputy J.B. Arnold, in fair physical condition with the following history: —— Parents were 1st cousins: No history of heredity. First symptoms of insanity were manifested July 21st 98 by strange actions: insane delusions & by crying & talking incoherently: Disease appears increasing. Is variable: Derangement manifested principally on subject of religion: at times by thinking he is poisoned by snakes - has other delusions also: No disposition to injure anyone: No disposition to filthy nor destructive habits: Patient never was very bright: No information concerning severe diseases nor injuries to head: Has never been confined nor restrained: Has received no treatment: On personal examination looks weak-minded.

July 29 On admission put upon B3 (G.P.I. Ward). Complexion dark: hair dark brown: eyes blue: Skin fair condition: Scar on right thigh: Eruption on back: bruises on left elbow & hip: Is clean: behavior good)

Aug. 1st Summary 14 da. record by Dr. Herzog. Pulse and temperature normal and during first week appetite quite good, later only fair: Sleeps as a rule four to six hours; is somewhat restless and at times noisy, while awake. One night slept eight hours. Physically is somewhat under weight, with eruption over face and shoulders: Heart's action somewhat irregular and shows a pubescent or adolescent insanity with maniacal symptoms; confusion of ideas, loss of power of attention and concentration of ideas: Is untidy in dress & personal appearance: is slovenly in table manners and was on one occasion filthy. Continued by Dr. Phelps Sept 1 Has been rather untidy: picks up sticks & stones: seems rather feebleminded: Seems to be growing more slovenly & careless: Trans. to Infirmary Jan 4 99 Visited by father & brother: Has been rather demented in behavior: has picked at his eyebrows & been quite silly in a good many ways. Jan 16 Has quieted down somewhat during month.

Feb 1 – May 1 99 (Dr. Manous) Wt. 158# Quiet & fairly well behaved: Works in dining room: Helps wash dishes. No delusions noted. Clean & neat in habits: May 1 – Went home.

Discharged.

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