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

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Version 3
August 20, 2018

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PITAL

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Respectfully,

Egbert Fidean & Chambers.

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Yerigan	Henry	385	2nd ad.	Zick	L. R.	-9	(3rd attack)

Personal and Medical History of

Personal and Medical History of Henry Hogermann (or Hagermann)

Whole No. 5108
Residence, Clark, Minn.
Date Admission, August 1st 1898.
Admitted by Dr. R. M. Phelps hour, 7 15 P.M.
How Sent, J. F. Winship J. of P. Faribault Co.
Sex, male Age, 62 yrs.
Civil Condition, married
Children, Two.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Reads & writes.
Profession, Religion, Evangelical.
Habits, not intemperate.
Nativity, Germany. (Parents also born there.) Became resident of State & Co. in 1875
Physicians Committing, F. M. Hunt & J. E. Cooper M.D.
Correspondents, J. H. Hogemann, Wells, Minn.

No. of Year, 1
Insane Relatives, One brother.
Cause Exciting, Do not know.
Cause Predisposing, Heredity & previous attack.
Form, Chronic Mania
Accompanying Bodily Disorder, Eruption over body.
Suicidal or not, Yes. Has attempted it
Date of this Attack, June 1898.
Duration, 2 mos.
No. of Attack, 2nd
No. of Admission, 1st here (at St. Peter in 1891)
Age First Attack, 55 about
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history elicited.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Rather poor.
WOUNDS, Abnormalities and condition of Skin, 2 large scars on R. calf. 2 small scars below R scapula - small double inguinal hernia. Skin in rather poor condition - sallow - some acne.
TONGUE, Coatings or Promptness of Movement, Quick - prompt - clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, Apparently quite good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Apparently quite good.
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Speaks very broken poor English.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, fairly strong Sounds, Size, n.
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion poor
B. Sounds normal

CRANIAL MEASUREMENTS.

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

8/3/98 11/7/98 EXAMINATION URINE, Quantity, — Sp. g. 1024 1033 Reaction, acid Color and Appearance, Reddish yellow - cloudy. yellow.
Albumen, — Sugar, 8/3/98 Trace by Fehlings
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Quite sound.
BOWELS, Present Condition, Regular

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

Patient seems much deluded & confused. Is rather weak minded & silly - Cannot elicit much history. Physically is rather slight. has large flat feet. Has an insane ear. Nutrition rather poor. Is quite thin - no gross lesions of vital organs apparent. Probably a senile case.

Personal and Medical History of Henry Hogemann

1898

This patient was brought here by Sheriff's deputy Lonzo Taylor attended by J.H. Hogemann in fair physical condition, with the following history:- No information concerning history of consanguinity: One brother insane: First attack occurred in 1891, was in St Peter Hospital 5 months. First symptoms of present attack manifested in June 1898, became frightened & thought he would be injured: Disease appears increasing Is variable, with no rational intervals: Derangement now manifested by being very talkative: Is afraid of being injured by others & attempts suicide: Is disposed to injure others & is destructive of his own clothing: No previous peculiarities manifested: No history of intemperance in parents nor self: No severe diseases nor injuries to head: Was in hospital & received treatment there for 5 months, as above stated. On personal examination find an eruption over body, nothing else.

Aug 1 On admission put upon Infirmary East (G.H.N. Rpt. Complexion dark: eyes blue: hair dark gray: Skin good condition: Scars on back: Is clean: Behavior good: Is afraid that he is going to be hurt.)

Summary Notes by Dr Phelps. Aug 1 Temp. 101°. Cannot talk English: Rather excited & seems to be afraid. Aug 7 Temp still slightly elevated; is occasionally over 100: Patient rather noisy & restless: Will not stay in bed well.

Aug 14 Temp. down to nearly normal: Pulse usually accelerated: Is rather excitable & noisy & maniacal. Sept 3 Temp 101° Seems quite confused. Trying to get bugs out of his clothing Oct. 1 up on ward. Has to be watched continually: gesticulates & is confused. Jan 31 '99 Has been at annex; rather noisy since Dec. 15. Visited by brother Dec. 17. Is still rather noisy & restless.

Feb 1. Aug 1. 1899. Wt. Feb. 1 133#. Mch 22 had an extremely noisy spell: May 28 Visited by minister from city. General condition little changed - physical health good

1900 to Is mentally excited. Aug 1 - Jan 31 1900 (Dr. Chapple) Aug 1. Wt. 131. Pulse 96. Nov. 18 Visited by minister: Very little change during period. Seems considerably demented: Is restless & very noisy at times: Habits untidy: Does nothing. Has

Jany 31 eruption on face & head which he scratches causing it to bleed frequently: Talks unintelligibly. Worked some on ward. latter part of period

Feby 1/11 health good. Feby 1. Wt 135# P 80. Feb 11. Ten days' temperature varies from 98° to 99°.

July 1/20/28 Visited by Clergyman. July 20. Vaccinated: result good. July 28. Visited by friend.

31 No change: health fairly good: behavior restless, with very "noisy spells": very demented.

Aug 1 talking to himself a great deal & is silly: habits untidy: works on ward. Aug 1. Wt 130½ lbs

Sep 10/13 To D. Sep 13 to Dr. Dec 26. Visited by son. Jany 4/1901 Infected finger: lanced & dressed.

1901 Jany 31 Visited by Clergyman & friends. No change mentally or physically: Is much demented: talks very irrationally & foolishly. Scratches his head & neck almost constantly, causing them to bleed.

Feby 2 Habits dirty: works a little on ward & on the farm. Feby 2. 137#. May 31. Nothing special to report.

July 17 Brought in from field to NW. T 107°: (was overcome by heat): Given cold plunge - bath and ice

Personal and Medical History of Henry Hogemann

1901 July 17 cont'd put to head: given salts: symptoms immediately subsided: no further occurrence: July 20. Up, on ward. July 28. Transferred to Dr. July 31. No further incidents: works regularly on farm. No change

20/28 31 noted in his condition. Nov 1. Wt 139#. Jany 31/02. Has worked regularly on farm & about grounds.

1902 Jany 31 Is in good health: no special change: no illness. Feb. 1/02 (Dr. Chapple) Wt. 147#.

Aug 1/02 138#.

03 Jan 1. Visited by son. Jan 31/13 Worked some during past summer on farm. Continues in fairly good health. Is untidy in habits. Never talks intelligibly - very indifferent and demented.

Personal and Medical History of George Taylor.

Whole No. 5109
Residence, ? Sent here from Goodhue Co.
Date Admission, August 3rd 1898
Admitted by Dr. C. B. Eby hour, 7:30 P.M.
How Sent, By order of District Judge N.C. Williston
Sex, male Age, ?
Civil Condition, ?
Children, ?
Age Youngest Child, ?
Occupation, ?
Degree Education, ?
Profession, Religion, ?
Habits, ?
Nativity, ?
Physicians Committing, —
Correspondents, Wife Wife.

No. of Year, 2.
Insane Relatives, ?
Cause Exciting, ?
Cause Predisposing, ?
Form, (Dementia Paranoides) Malingers
Accompanying Bodily Disorder, ?
Suicidal or not, ?
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, ?
Age First Attack, ?
Time of Leaving, Aug. 26. 1898
Time in Hospital, 23 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 153 ½ 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,

For photo see Commitment Papers 5109

CRANIAL MEASUREMENTS.

Circumference Horizontal,
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 the present Mental and 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 Taylor.

1898

This patient was received here at the hands of P. J. Lundquist, Sheriff Goodhue County, only accompanying paper being order of Court stating that patient was awaiting trial on charge of grand larceny in 2nd degree; & was found to be insane & was therefore ordered to be "committed to the care & custody of the Rochester State Hospital, until he so far recovers his reason as to be capable of understanding the criminal proceedings pending against him & making his defense therein." No personal information concerning his case was given.

Aug 3 On admission put upon B3E (GHU Rpt. Complexion dark: Hair black: eyes blue: Skin in good condition: Tattoo W. T. on left arm: 2 scars on left arm one about 2in. long & one about 1in. Has a small mole on back near left shoulder: Hernia on right side: Is clean: Behavior good.)

Aug 17 Summary 14 da. Record by Dr. Herzog. Temperature and pulse normal. Sleep fairly good except on first night and on Aug. 5, 6, 7 & 9th. Slept from 4 to 6 hrs. In fair physical condition, mental state somewhat doubtful. When conversing with physician speaks of persecution in such a manner as to give distinct impression of paranoiac mental state: Says that he does not remember certain facts for which physician presses him for an answer but it is evident that he denies his recollection not with a view to showing loss of memory but with the idea of escaping from answering questions which may tend to incriminate him and also from a desire not to be "pumped", as he puts it. Makes no effort to simulate any acute maniacal condition: Plays cards and checkers: Is usually quite agreeable but becomes sullen when closely questioned. Does not refer to his persecutory ideas unless the conversation is led up to that point: Has stated to the patients that the physicians never would find out about his family by questioning Aug 26 Patient escaped during night: probably through window.

Discharged

Personal and Medical History of

Personal and Medical History of G. A. Zick

Whole No. 5113

Residence, Winona County, Minn.

Date Admission, August 7th 1898

Admitted by Dr H H Herzog hour, 10 am

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

Sex, male Age, 52 yrs.

Civil Condition, married.

Children, five.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common English & German.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Prussia. Ger (Parents also born in Germany)

Physicians Committing, Chas A Pence MD & G L Gates.

Correspondents,

No. of Year, 6

Insane Relatives, None.

Cause Exciting, None mentioned

Cause Predisposing, Previous attacks

Form, Sub acute Melancholia

Accompanying Bodily Disorder, None manifested

Suicidal or not, Not.

Date of this Attack, April 1st 1898.

Duration, 4 mos.

No. of Attack, 3rd

No. of Admission, 1st ?

Age First Attack, About 40 yrs.

Time of Leaving, Nov. 24. 1899.

Time in Hospital, 1 yr. 3 m. 17 d.

Result, Discharged May 2. 1900 Improved

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Aug 8/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fairly good.

Special Subjects,

Own Mental State, realizes that he is confused.

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

DELUSIONS, ~~Systematized~~, ~~Transitory~~ Fixed, Special Subjects, of persecution
Very reticent - quite coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 young.

Paternal Relatives,

Mother, living (?)

Maternal Relatives,

Brothers and Sisters, None. 5 children, healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
When about 30 was overcome by heat.

HABITS, Drinking and Smoking, A sober, hard working man

HEADACHES, VERTIGO, OR CONVULSIONS, Has sick headaches.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
Previous attacks similar to this but not so severe.

Sleep, Appetite, and Bowels,
Sleep fair. appetite impaired, bowels regular

Personal and Medical History of G. A. Zick

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ PRESENT WEIGHT, 155 USUAL WEIGHT, NUTRITION, Some impairment

WOUNDS, Abnormalities and condition of Skin, ~~w~~

TONGUE, Coatings or Promptness of Movement, Whitish coat - pale - slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size contracted - Response to light & accom. excessive.

SIGHT,

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Outline of pupils slightly irregular.

HEARING,

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

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue

PATELLAR REFLEX, 8-9 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
No murmurs noted - strength sounds loud

Apex Beat, Regularity,
not clear. Apex beat at nipple line very forcible - regular but easily increased

ARTERIES,
Circulation poor.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Fairly good -

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Aug 11/98 EXAMINATION URINE, Quantity, — Sp. g. 1021 Reaction, — Color and Appearance, Clear.

Albumen, — Sugar, —

Casts and Crystals, —

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 marked signs of degeneracy - Has evidently been in melancholic state for some time as hair & beard are untrimmed & long. Sits quietly, hands in lap, limbs stiff, shows a melancholia, knows that he is confused, has delusions that someone is after him, speaks very little and then only in answer to questions - Cause undetermined

Personal and Medical History of J. A. Zick.

1898

This patient was brought here by Sheriff A Fuhrmann, in fair physical condition, with the following history:- No history of consanguinity, heredity, nor intemperance in parents nor self: First attack occurred 12 yrs. ago, 2nd 2 yrs. ago. Never in a hospital: First symptoms of present attack manifested April 1st by melancholia + sleeplessness: Disease appears increasing: Not variable, no rational intervals. Derangement now manifested by refusal to talk or to do any work of any kind: Was formerly a hard worker + a great talker. Not disposed to injure anyone: Neither filthy nor destructive in habits: No previous peculiarities manifested: More than 12 yrs ago had a partial stroke of paralysis: No confinement nor restraint employed: Has been treated by Dr Scott of St. Charles: On personal examination pupils contracted: very quiet + will not talk: Takes no interest in anything: Pulse 120.

Aug 7 On admission put upon B³E (G.H.A Rpt. Complexion dark: hair black: eyes blue: Skin good condition: Vaccination marks on left arm: Is clean: behavior good.)

Summary 14 da record by Dr Herzog Pulse + temp. normal: sleep good: appetite good; Bowels regular: Slight improvement during 14 days. a trifle less depressed; answers questions rather more readily: his slow + hesitating manner, walks about + does a little work about hall. Continued by Dr Phelps. Sept 1 Wt. 159# Health seems fairly good: Answers questions in an intelligent way but hesitates: seems rather melancholy. Nov. 10 Went home: Returned on Dec 21 rather more depressed than at time of leaving. Jan 31 '99 Still rather melancholy + quiet: Talks but little.

1899 Feb. 1 - July 31 '99. Wt. 167. Is quiet + well behaved: works on ward: Habits clean + neat.

Aug 3 Wt 164#. p84 Oct 30. Quiet, well-behaved; works on ward. Nov 4. Seems rational; continues to work

Nov 4/24 habits clean - Nov 24. Taken home by wife.

Discharged

Personal and Medical History of

Personal and Medical History of John Ebersold.

Whole No. 514.
Residence, Wabasha, Minn.
Date Admission, August 8th 1898.
Admitted by Dr. L. D. Eby hour, 9:25 A.M.
How Sent, M. Kennedy Jr. of P. Wabasha Co.
Sex, male Age, 52.
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, None.
Degree Education, None.
Profession, Religion, Not a church member.
Habits, Not intemperate
Nativity, Switzerland (Parents also born there) Became resident of State in 1861 - of Co. in 1895
Physicians Committing, U.S. Lincoln — H.F. Milligan
Correspondents,
Mary Ebersold, Wabasha, Minn. Guardian duly appointed by Probate Court.
Notice of hearing petition dispensed Jan. 99

No. of Year, 1
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, —
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Propensity active (?)
Date of this Attack, 1895 - Continuous?
Duration, 3 yrs
No. of Attack, 1 Continuous
No. of Admission, 2nd Ins. (Trans. from Fergus Falls)
Age First Attack, 49 yrs.
Time of Leaving, Apr. 12. 1899
Time in Hospital, 8 m. 4 da
Result, Died Apr 12 '99
Pernicious Anaemia

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11½ PRESENT WEIGHT, 141 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. 1020 Reaction, ~~acid~~ Color and Appearance, Slightly cloudy. Yellowish red.

Albumen, Slight trace by heat. Nitric Acid + Trace Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Ebersold.

1898

This patient was brought here by Sheriff D.C. McKenzie attended by Mrs Ebersold, in fairly good physical condition, with the following history:- No history of consanguinity, heredity, nor intemperance: Patient has had previous attacks. Was sent to Fergus Falls hospital Aug 22'96 & transferred from there to the Rochester State Hospital May 18'96 where he remained until October 1'97. (For particulars see Vol 31' P.177 No. 4397.) Disease appears increasing. Is variable: Derangement now manifested on no particular subject: Is not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases but has sustained injury to head: Has been in Fergus Falls & Rochester hospitals, as above stated: Has been given Iron et Manganese Ionic treatment since return from hospital. No further facts noted on personal examination.

Aug 8 On admission put upon B3E (G.H.U. Rpt. Complexion dark: hair dark brown: eyes blue: Skin good condition: Scar on right ankle: Is clean: Behavior good.)

Aug 8 to Aug 22 Summary 14 da. record by Dr Herzog. Appetite fair: pulse & temp. normal: Sleep usually good. Vomited on 17-19. 20 Slept none on night of 19th. Four hrs. on night of 20th. Is weak & extremely anaemic, quite restless & complaining: Is dressed but lies on bed much of time during day.

Continued by Dr Phelps Sept 1 Wt. 134# Thinks he is persecuted: Talks to himself: Pale & somewhat yellowish. Sept 30 Has been about somewhat but vomiting today: Seems sick generally. Was put to bed on Infirmary. Oct 26 Vomited after dinner: Complains considerable.

Oct 31 Vomits at times: Wt 115# Seems to be failing. Nov 15 Has been up & dressed most of month & scolds a good deal. Feels abused. Jan 4'99 Visited by wife: Is at present in bed: quite pale. At times seems to be failing rapidly; again will keep up a good deal. Jan 9 Fell out of bed & bruised his face. 1st Visited by wife: 18 Visited by brother. Jan 31'99 Patient seems to have gained somewhat but is in fair physical state. Feb 1'99 Patient is weak physically & in poor condition: Complains a great deal about everything done for him. Mch. 24 Complained of being sick vomited during day. face swollen, eyes red. Apr 11 Had another bad spell. Vomited considerable yellowish fluid: Grew weaker & died April 12 at 3:30.

Condition of body:- Sore on back: small black mark on left arm: vac. mark on arm.

Died.

Personal and Medical History of

Personal and Medical History of Joseph J. Kaehn.

Whole No. 515

Residence, Hayfield, Dodge Co. Minn.

Date Admission, August 9th 1898.

Admitted by Dr. R. M. Phelps. hour, —

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

Sex, male Age, 25

Civil Condition, married.

Children, One.

Age Youngest Child, —

Occupation, Photographer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Minn. Dodge Co. (Parents born in Germany)

Physicians Committing, H. Cross + C. T. Granger

Correspondents, Mathias H. Kaehn + Precinct Police Station Hyfd. Minn.
Mary J. Kaehn Hayfield, Minn. (Telegraph + Telephone)

No. of Year, 8

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, —

Form, Recurrent Insania

Accompanying Bodily Disorder, history of eunuchism.

Suicidal or not, Has attempted it by Hanging

Date of this Attack, July 1st 98.

Duration, 1 yr 1 mo.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 24 yrs.

Time of Leaving, Aug. 31. 1898

Time in Hospital, 22 d.

Result, Discharged Apr. 28. 1898 Reconvicted.

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, ½ yrs. First noticed in July 97. Struck

ONSET, Gradual or Sudden, Kicked Wife + tore clothes.

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

Father,

Paternal Relatives,

Mother, Sickly for 22 yrs.

Maternal Relatives,

4 Brothers and 1 Sisters,

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

was picked up unconscious 4 yrs. ago - brought home + sick for a week. Thought to be sun stroke or sunstroke.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 J. Kachn.

1898

This patient was brought here by Sheriff Stewart attended by Carl Olson, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor self:- First symptoms manifested in July 1897. since then has had several attacks lasting from a few hours to a day. destroyed clothing & threatened family - violent mania: Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested by delusions, violent mania & refusal to eat. Is disposed to injure others: has attempted suicide by hanging: Filthy and destructive in habits: Was rather quick tempered previous to accession of disease: No severe diseases nor injury to head beside a history of sunstroke: Has been in County Jail for one week: Has been given bromides, Morphine, etc, with no Effect. Was quiet at time of personal examination.

Aug 9 On admission put upon Infirmary East (G.H.U. Rpt Complexion dark: hair black: eyes brown: Skin good condition: Scar & bruise on left side: So clean: Behavior good.)

Aug 9 Summary by Dr. Phelps Patient received on ward: Seemed rather stupid & mentally confused: lies in bed in a quiet way: Talks incoherently & & on Aug 10 inclined to fight: Rather untidy: does not appear to know where he is. 14 Crying & calling for "Mary" Complains of pain in head:

Aug 15 Very noisy & restless this morning: Inclined to fight: 18 Has been upon ward today. Visited by brother: appears fairly rational: Says the days past seem like a dream. Aug 31 Visited by wife & brother & taken home. Thought he could get along well: Thinks his memory is not very good.

Discharged.

Personal and Medical History of

Personal and Medical History of Jerry Thompson

Whole No. 5116
Residence, Stillwater State Prison Stillwater Minn
Date Admission, Aug. 11th 1898.
Admitted by Dr. R.M. Phelps hour, 3 45 pm
How Sent, F. T. Wilson J. of P. Washington Co.
Sex, male Age, 78 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, None.
Degree Education, Limited
Profession, Religion, Lutheran.
Habits, Not known.
Nativity, Wisconsin. (Parents born in Norway)
Physicians Committing, W.H. Pratt & G.M. Watier.
Correspondents,

No. of Year, 9
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing,
Form, Pubescent Insanity or Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, 1st here
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 11/7/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear. apparently sluggish
MEMORY, Past Events, Probably good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed
DELUSIONS, Systematized, Transitory, Special Subjects,
Answers questions slowly or not at all. Is noncommunicatio
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history given
Father, Living
Paternal Relatives,
Mother, Living.
Maternal Relatives,
3 Brothers and 4 Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says never sick except quinsy.
HABITS, Drinking and Smoking, Neither
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Not given
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10½ PRESENT WEIGHT, 163 lbs. USUAL WEIGHT, NUTRITION, Quite good
WOUNDS, Abnormalities and condition of Skin, Scar on left arm. Some acne.
TONGUE, Coatings or Promptness of Movement, Clear. slow.
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, No tremors.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, fair Size, n.
Apex Beat, 5 Regularity, regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion fair
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, Quite good.
BOWELS, Present Condition, Regular

Give condensed statement of the present Mental and 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 quite good physical condition. no gross lesions found. Is stoop shouldered - stands with head down. Is dull & depressed mentally. & when questioned closely about himself seems somewhat agitated - Muscles twitch & pupils dilate. Says he has masturbated frequently since a boy. Previous mental grade probably low.
Cause probably confinement in State Prison - probably pubescent in origin.

Personal and Medical History of Jerry Thompson

1898

This patient was brought here by Sheriff's deputy, Jos. Stilley, from State Prison Stillwater, in fair physical condition, with the following history:- No information concerning heredity, consanguinity nor intemperance in parents nor self: None as to number nor duration of attacks: Disease appears increasing: Not variable: Derangement now manifested by an uncontrollable desire to assault some person without cause or provocation: No filthy nor destructive habits: Previous peculiarities manifested - was morose + sullen for a week at a time: never reads: stares at sun or some object for hours at a time: No severe diseases nor injuries to head: Has been confined in cell: Has received no treatment: No further facts learned upon personal examination. Note. (Patient sentenced to term of 12 years on Nov. 16'93 - for Robbery in 1st degree) On admission put upon C'E (G.H.N. Rpt. Complexion light: hair light: Eyes blue: Skin good condition: Vaccination marks on left arm: Scar on left arm, is clean - behavior good: T. 100² P. 100² R 19.)

Aug 11 Summary notes by Dr Phelps Patient received on ward: Temp. 100². quiet: slept 5 hours during night: speaks of crimes which he has committed: says he was not right when he committed them. 14th Started down hall: brought back: said he was going home: Aug 15 Kept under watch: Wanted to go home 31st Has varied somewhat in behavior: Seeming hardly realize his condition or when he is at times. Is, however, fairly neat, clean + quiet. Sept 1 Wt. 149# Patient quiet, helps some: Still holds to some of his delusions Sept 29 Became very violent + ugly: At 6 A.M. attacked nurse without any special warning Jan 6 1899. Patient has at times been violent: Has to be watched steadily: Inclined to fight if he catches nurse alone. Feb 1 - July 31 '99. Wt. 161# Has been kept in bed most of time. Physical condition good. No change mentally.

Aug 99 - Jan 31 1900 (Dr Chapple) Wt 167 - Pulse 92. Very little change in patient: usually very quiet + apparently depressed: Will seldom speak: Is inclined to be Stubborn Is occasionally pugnacious: Physical health good. Febry 1. Wt 173# P 72.

1900 to Jan 31 Feby 1 May 14 July 31 Transferred to B1. July 1 Wt 157# July 20. Vaccinated. July 31. Gradually settling into a deeper dementia: sits quietly, all day long: never speaks, unless addressed: answers questions very briefly: takes no interest in anything: expression blank. Inclined to be stubborn, but causes no trouble: cleanly: always says "he feels well", but is gradually losing weight. -

Aug 1. 158# Sep 1. To annex Sep 10. To D2 - Nov 21. Physical condition poor. Urine examined - normal. Jany 31/1901. Is very inactive + untidy: sits with head in his hand: pay no attention to excretion from mouth + nose. Says "he feels pretty well" - Febry 2. 158#. May 31. Above notes, in general, hold good. July 31. No important incidents, during period. Is becoming more demented, + slouchy. Works on farm. Aug 1. Wt 151# Oct 5. Has worked some on farm - To day went to work in Engine room. Jany 31/02. Still working in Engine-room: very slouchy and dirty in habits: thoroughly demented: health rather poor.

1900 Jany 31 Feby 2 May 31 July 31 Oct 5 1902 Jany 31

Personal and Medical History of Jerry Thompson

Feb. 1/02 Wt. 155# Aug. 1/02 Wt. 160#.

Jan 31 '03. Heath has been rather poor, worked a little on farm - had been inactive - demented - habits very dirty. Never speaks or takes exercise unless urged.

Personal and Medical History of Moses Barr.

Whole No. 5117

Residence, Nashville, Tenn. - Cut line from State prison, Tullahoma, Tenn.

Date Admission, August 17th 1898.

Admitted by Dr. T. M. Phelps hour, 5th PM

How Sent, Frank P. Wilson Sheriff Washington Co.

Sex, male Age, 27 yrs.

Civil Condition, married

Children, one

Age Youngest Child, —

Occupation, unknown.

Degree Education, limited

Profession, Religion, Salvation Army (?)

Habits, unknown.

Nativity, Tennessee (Parents unknown.)

Physicians Committing, W. S. Pratt — G. M. Watson M.D.

Correspondents, M. B. Levy 340 Main St., Memphis Tenn.

No. of Year, 10

Insane Relatives, unknown

Cause Exciting, unknown (Epilepsy?)

Cause Predisposing, unknown

Form, Epileptic Insanity

Accompanying Bodily Disorder, Epilepsy.

Suicidal or not, Not.

Date of this Attack, —

Duration, —

No. of Attack, unknown

No. of Admission, 1st (?)

Age First Attack, (?)

Time of Leaving, Feb. 14. 1899

Time in Hospital, 6 m. 3 d.

Result, Discharged Aug. 9. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft-10½ PRESENT WEIGHT, 137 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 the present Mental and 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 Moses Barr.

1898

This patient was brought here from the State Prison+ at Stillwater, Minn., by Deputy Warden Lemon, with the following history:- No information concerning consanguinity, heredity nor intemperance in parents nor self: This is not first attack of insanity, but no knowledge concerning them: Disease appears increasing: Derangement now manifested by epilepsy + nervous hysteria: Not disposed to injure others: Patient is a masturbator: No information concerning patient previous to admission to State Prison. Has worn straps during seizures - has been given bromides, chloral, etc, no effect - chloroform quiets for the moment.

On personal examination is in a stupid, nervous condition.

+Note (Patient sentenced to State Prison March 22'98, for Grand Larceny in 2nd degree for term of one year + ten days.)

On admission put upon B3E (G.H.N. Rpt. Complexion dark: hair dark brown; eyes blue: Skin good condition: Right side of lower jaw deformed, caused by fracture: Scar on left thumb about 1 in. long. Eruption on back + legs. Bruise on left leg: To clean: Behavior good.)

Summary Notes by Dr Phelps Aug 11 Answers questions intelligently.

Aug 12 Rather quiet + demented. Has spells when he pounds head on floor + has to be held. Aug 15 Trans. to B'. Aug 20 Had spells of kind described above cold water thrown on face + head. It takes several nurses to hold him when in this condition. 16 Noted as having a convulsion.

Jan 5 99 Still has spells spoken of at times. Feb 1 - 14, 1899. Wt. about 146# Behavior good: Works in dining room: Is now rational at all times, enjoys entertainments and games. Feb. 14'99. Went home on trial

Discharged.

Personal and Medical History of

Personal and Medical History of Joseph Anderson

Whole No. 5119
Residence, Houston Co. Minn.
Date Admission, August 18th 1898
Admitted by Dr. C.B. Eby. hour, 4 30 P.M.
How Sent, Thos. Ryan J. of P. Houston Co.
Sex, Male. Age, 25
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farm hand.
Degree Education, Can read & write.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Minn. (Parents born in Norway)
Born in Houston Co. Minn
Physicians Committing, R.Y. Ferguson & W.W. Freeman.
Correspondents,
N.H. Forsyth & J.J. Hahl - Guardians duly appointed by Probate Court.

No. of Year, 12
Insane Relatives, None.
Cause Exciting, Loss of money.
Cause Predisposing, —
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not February 98.
Date of this Attack,
Duration, About 6 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H.H. Herzog *Date of* 8/17/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused - sluggish
MEMORY, Past Events, fair
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Somewhat dull - correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed
DELUSIONS, ~~Systematized~~, ~~Transitory~~, Special Subjects, of persecution
Reticent, fairly coherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, says well.
Paternal Relatives,
Mother, died. 6 yrs. ago - Cause unknown.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Scar on forehead - slightly to right of middle line near hair - hurt at about 4 yrs. was delirious.
HABITS, Drinking and Smoking, Very light drinker - does not use tobacco
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Joseph Anderson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10 in. PRESENT WEIGHT, 157 lbs. USUAL WEIGHT, NUTRITION, Fairly good
WOUNDS, Abnormalities and condition of Skin, Lower ribs, left side, have been fractured - numerous bruises - Teeth very bad. Wears upper plate.
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, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, P. 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,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Fair

CRANIAL MEASUREMENTS.

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

11/4/98 EXAMINATION URINE, Quantity, — Sp. g. 1028 Reaction, Acid Color and Appearance, yellow. clear
Albumen, — Sugar, —
Casts and Crystals,

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

Give condensed statement of the present Mental and 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 rather dull - thinks he did not keep up as well as others at school. Was at St Olaf's College from February to June - did not pass examinations. Talks vaguely of people attempting to injure him, dragging him down, etc. Denies masturbation - Probably adolescent case.

Personal and Medical History of Joseph Anderson.

1898

This patient was brought here by Sheriff's deputy N. H. Forsyth attended by J. J. Hohl, in fair physical condition, with the following history:-
No history of consanguinity, heredity, nor intemperance in parents nor self
First symptoms manifested in February, 1898. Disease appears stationary, not variable: Derangement now manifested by delusion that he has been drugged: No disposition to filthy nor destructive habits:-
No previous peculiarities manifested: No severe disease nor injury to head:
Has neither been confined nor restrained: Has received no treatment.

Aug 16/98 On personal examination talks incoherently - "non complaining"
On admission put upon C E (G.H.N. Rpt. Complexion light: hair sandy: eyes blue:
Skin good condition: Bruises on hip & arm, quite a large bunch on left side, over lower part of ribs: Is clean: stubborn.)
Continued by Dr Phelps. Aug 16 Talks in a rational way: appears to be afraid someone will hurt him, otherwise well behaved. Aug 29 Has at times seemed afraid, hides under bed & does other queer things of that character. Seems afraid to answer questions Oct 31 Remains about same
Somewhat restless at times Answers questions only occasionally.

Jan 31 '99 Steals anything that he can get hold of: rather more restless & irrational. Feb 1 - July 31 '99. Patient troublesome & restless: mutters to himself. Is a kleptomaniac May 1. Has grown more quiet: sleeps a great deal through the day. July 31. Continues to improve.

Aug 1 - Jan 31 1900. (Dr Chapple) Wt. 142. Pulse 80. Mental condition has been variable part of time
1900 quiet & well behaved. at others very restless, continually walking the floor &
Jan 31 talking to himself: Is very irrational & behavior contrary: At times is pugnacious
Feb 2 Habits slovenly: Has done no work. Feb 2 Wt 148# P72. May 4. Transferred to Annex.
July 21/31 vaccinated: result negative. July 31. Physical condition has been quite good: no illness: almost constantly muttering to himself, walking to and fro, on ward. Is contrary: habits quite tidy:
Aug 1 very seldom speaks rationally: since at annex, has worked on ward. Aug 1. Wt. 137½ lbs
1901 Jan 31 Health good: works regularly on ward: habits quite tidy: behavior quiet. Talks to himself.
Feb 1 Will not converse rationally. Feb 1. Wt 145# May 31. Condition remains about same -
July 23/31 visited by friends. July 31. No apparent change: works regularly in dining-room: always well-behaved;
Aug 1 talks continually to himself. Demented. Aug 1. Wt 145#. Nov 1. 152# Jany 31/02. Works
1902 Jany 31 regularly on wards & in dining-room: neat & well-behaved. Physical health good: no mental change.
Feb 1/02. Wt. 150# Aug 1/02. Wt. 164#. Oct. 1/02 Visited by friends.

Jan 31 '03 Patient has been in fair health quiet & peaceable, constantly muttering to himself but never speaks to others. Habits rather untidy - works regularly in ward dining room.

Personal and Medical History of

Personal and Medical History of John Pelzl.

Whole No. 5123

Residence, Ramsey Co. Minn.

Date Admission, August 20th 1898.

Admitted by Dr. Hoffstetzog hour, 6 PM.

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

Sex, Male Age, 26 yrs.

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, laborer.

Degree Education, Slight.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Austria. Became a resident of State 7 yrs ago. (Parents also born there.)

Physicians Committing, J. Chase. — John A. Wiergge M.D.

Correspondents, Mrs. Alois P. 1051 Payne Ave, St. Paul

Notice of hearing petition for appointment of Alois Pelzl, guardian - recd. Aug - 98

No. of Year, 16

Insane Relatives, Mother once suffered from puerperal mania.

Cause Exciting, Unknown.

Cause Predisposing, Unknown.

Form, Chronic Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 3 months ago.

Duration, 3 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 26 years.

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

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 Dulness, 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 Press - Aug 21/98

TOOTH AND NAIL WITH A MANIAC

DEPUTY FLANNIGAN'S DESPERATE TUSSLE WITH PELZL.

Lunatic Barricades Himself in the Barn and Resists Arrest — First Messenger Routed, and Another Subdues Him Only After a Battle —A Revolver a Foot Long in His Pocket—Peculiarities of His Mania — Committed by the Probate Court.

Deputy Sheriff Flannigan had an experience yesterday with an insane prisoner. Information was filed Friday morning with the probate court that John Pelzl, residing at 71 Rose street, was insane. A deputy was sent after Pelzl, but returned with the explanation that Pelzl had barricaded himself behind the doors of a barn and threatened the deputy with all sorts of destruction and maiming if he ventured within. The defiant insane man was left in possession until yesterday forenoon, when Deputy Flannigan was sent with instructions to bring him into court.

When Deputy Flannigan reached the house Pelzl was in the yard, but the moment he set eyes on the deputy sheriff some intuition told him that the deputy was an enemy and he rushed into the barn and undertook again the barricading process. Deputy Flannigan was too quick for Pelzl, however, and forced the door, while Pelzl was trying to drag a heavy piece of machinery against it.

Flannigan, who was once a member of the police force, had a terrific struggle with Pelzl, who is about thirty years old and in the prime of life and whose strength was greatly increased by his mania. It was nip and tuck for a while between the deputy and Pelzl. Finally, however, Deputy Flannigan managed to overpower his man and put the handcuffs on him, so taking him down town and into the probate court. There it took but the briefest examination to show that Pelzl was insane and he was committed. He was lodged in the jail and when the jailor searched him a revolver a foot long and loaded for big game was found in one of his pockets. He had not attempted to use the weapon, however, apparently not thinking of it while he had the chance.

Pelzl is said to have a peculiar mania. He is unmarried and lived with relatives. He has always been a hardworking man, owning a team of heavy horses with which he did hauling for various wholesale houses about town. About two weeks ago Pelzl quit working and it was then that his relatives and the neighbors noticed that he acted strangely. He would take his team unharnessed out to the prairie, and hold them all day by their halters, keeping right along with them and threatening anyone who came near. He refused to eat his meals at home, but bought a loaf of dry bread which he ate at intervals while the horses were feeding. He was surly, uncommunicative and would give no reason for his strange actions. He grew worse daily and his relatives and others were afraid he would do either them or himself bodily harm.

Medical History of

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 138½ lbs. USUAL WEIGHT, NUTRITION,

...s and condition of Skin,

...Promptness of Movement,

... Response to Light, and Accommodation,

...nt, Arcus Senilis, or other troubles,

...s, Legs, Grasp,

...gue, Facial Muscles, General,

Other Reflexes,

...red, Hesitating, Slow,

...N, Paretic, Sad, Etc.

...ngth, Sounds, Size,

...arity,

...try, Expansion,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

...E, Quantity, Sp. g. 1035 Reaction, Acid Color and Appearance, Clear - yellow.

Albumen, —— Sugar, ——

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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

Whole No. 5123

Residence, Ramsey Co. Minn.

Date Admission, August 20th 1898.

Admitted by Dr. H. H. Herzog hour, 6 hr PM.

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

Sex, Male Age, 36 yrs.

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, laborer.

Degree Education, Slight.

Profession, Religion, Catholic.

Habits, Not intemperate.

Became a resident of State & Co 17 yrs ago.

Nativity, Austria. (Parents also born there.)

Physicians Committing, J. Ohage. & John A. Vierregge M.D.

Correspondents, Mrs. Alois P. 1051 Payne Ave, St. Paul

Notice of hearing petition for appointment of Alois Peltzl, guardian - rec'd.

No. of Year, 1

Insane Relatives, ... al mania.

Cause Exciting,

Cause Predisposin

Form, Chol ... ed

Accompanying Bo ... ned.

Suicidal or not,

Date of this Atta

Duration, 3 -

No. of Attack,

No. of Admission

Age First Attack

Time of Leaving

Time in Hospita

Result,

EXAMINATION ON ADMISSION BY DR.

MENTAL CHARACTERISTIC

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

LENGTH INV

ONSET, Gradu

HEREDITY (... nguinity, Epilepsy, Pa ... 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,

Peculiar

many Furniture dealers to sleep dull season, as it were. That's ost dealers. When the between out the goods we have at prices at way we get clean floors for our August offerings:

THE COUCH STORE of the city is here. No one equals us.
A fine full spring Velour Tufted Couch, like cut, worth $8.50. Reduced in this sale to $4.85
A $10.00 Couch, Oriental Cover. Reduced to $6.75
An extra large Barrel Head Deep Couch, fine Velour Cover, worth $15.00. Reduced to $11.00
40 other styles, all at special reduced prices.

PROBLEM IN ADDITION.
Is It Right?

ur $9.45 White Enamel Bed, full size, with fancy scroll on bow foot under the white iron top rail $6.75
extra grade White Cotton Top Mattress to fit bed $3.25
guaranteed Pencil Weave Woven Wire Spring, made for iron beds $1.75
$9.75

Not right, you say? Never mind, $9.75 our August Sale Price for the whole of and it can't be beaten. See it early s week.

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Farwell
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ousefurnishing Store,
nnesota Streets.

visiting friends. Send 10c for postage and rniture Catalogue.

the police force on account of illness. He has been absent from duty for over a month, but his condition had not improved, and he decided to resign.
A total of $210 was received yesterday by the city clerk in payment for dog licenses.
The steamer Quincy, of the Diamond Jo line, arrived at 7:45 o'clock last night from St. Louis and way ports with 350 passengers and much freight.
J. Neuhoff, a stranger in the city, was arrested yesterday ...

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 138½ 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,

11/4/98 EXAMINATION URINE, Quantity, Sp. g. 1025 Reaction, acid Color and Appearance, clear - yellow.

Albumen, ——— Sugar, ———

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Pelzl

1898

This patient was brought here by Nicholas Herges attended by Joseph Horst, in fair physical condition, with the following history:- No history of consanguinity, nor intemperance in parents or self. Mother once suffered from an attack of puerperal mania, for a few months. First symptoms of insanity manifested three months ago, by melancholia: Disease appears increasing Not variable, no rational intervals: Derangement now manifested by delusions about marriage: Not disposed to injure others: No disposition to filthy nor destructive habits: No previous peculiarities manifested No history of severe diseases, nor injuries to head: Has never been confined nor restrained in any way: No treatment received.

On personal examination is stupid, & depressed & has delusions about marriage

Aug. 20 On admission put upon B^s E (G.H.N. Rpt. Complexion dark: eyes & hair brown: Is slightly bald: Scar on left thigh about 4 in. above knee. Is clean: Behavior good.)

Summary 14 day record by Dr Herzog. Appetite & sleep good: pulse and temp. normal during entire 14 days. Gained somewhat physically, is quiet and well-behaved, fairly neat & tidy; converses fairly intelligently on ordinary subjects, does some work about ward & plays games & cards. Except when questioned in regard to delusions does not refer to them but when questioned becomes angry, expression changes & he feels that he has been much persecuted. Continued by Dr Phelps. Oct 31'98 Very anxious to go home.

1899 Answers questions rationally & no delusions are present. Jan 31'99 Wt. 154#

Feb 1 No special change in condition. Feb 1 - July 31'99. Wt. 150#. General condition good:

to Visited by father Feb. 3rd Mch 4 Complained of ear ache. treatment given; im-

July 31 proved. Is inclined to get into frequent trouble with other patients —

Aug 5/30 146#. Aug 30. Behavior good: works on ward: plays games - Sept 15. Attended Fair, with crowd.

Dec 21/1900/30 Frequently asks to be sent home. Dec 30. Condition about as last described. July 1. Wt 145#. p. 72 -

July 1/20 July 20. vaccinated, unsuccessfully. Aug 1. Wt 144# P 76. Aug 30. Is well-behaved -

Oct 30 spends time reading papers. Stubborn & refuses to work - Oct 30. Refused to work in laundry,

Nov 9 unless paid. Frequently asks to go home. Nov 9. To D^3. Jany 31/1901. No change -

1901 Jan 31 very indolent: does not wish to take exercise: well-behaved, but contrary. Does not talk, unless addressed.

Feby 1 Wt. 137½ lbs - May 31. Condition shows no change. July 31. No change: health good: habits

July 31 neat. Is very inactive: refuses to do any work. Aug 1. Wt 138#. - Nov 1. Wt 140# -

1902 Jan 31 No change, in any way: Does nothing: very lazy & unconcerned.

Feb. 1/02 Wt. 145#. Aug. 1/02 149#.

03 Jan 31 Has been in good health & has worked regularly on farm and with teamsters. Very quiet, peaceable man - has very little to say

Personal and Medical History of

Personal and Medical History of Jeremiah Mann.

Whole No. 524

Residence, Faribault Minn.

Date Admission, August 22nd 1898.

Admitted by Dr. R. M. Phelps hour, —

How Sent, P. A. Matt & of P. Rice Co.

Sex, male Age, 57 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Day laborer.

Degree Education, Slight.

Profession, Religion, Episcopal.

Habits, Not intemperate - Chews tobacco.

Nativity, Iowa - (Parents U.S.)

Became resident of State Nov 1st 1889.

Physicians Committing, J. S. Bailey & D. M. Cool.

Correspondents, Mrs. Lizzie R. Quail. Faribault.

No. of Year, 17

Insane Relatives, None known. (Parents were cousins)

Cause Exciting, None apparent.

Cause Predisposing, —

Form, acute Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, June '98

Duration, About 2 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 57 yrs.

Time of Leaving, Oct. 29. 1898

Time in Hospital, 2 m. 7 d.

Result, Discharged Feb. 8. 1899.

Improved.

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* 8/22/98

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, Slow

Special Subjects,

Own Mental State, fair

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

DELUSIONS, ~~Not~~ Systematized, ~~Transitory,~~ Special Subjects, ~~Fixed~~ of persecution

Conversation fairly voluble & coherent.

HALLUCINATIONS, of hearing.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 - 69 - apoplexy - } Cousins

Paternal Relatives,

Mother, living - fair health } Cousins

Maternal Relatives,

Brothers and Sisters, Says healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Sunstroke 25 yrs ago. La Grippe 3 yrs. ago & again 1 yr. ago.
Free hunting habit a short time before symptoms began.

HABITS, Drinking and Smoking, Does not drink Chews a little tobacco.

HEADACHES, VERTIGO, OR CONVULSIONS,
Occasional Vertigo - No headaches but a dull feeling.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Sleep poor for past 10 wks. Not sleepy during day. Appetite fair - Bowels regular but has taken Laxatin

Personal and Medical History of Jeremiah Mann.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 in. PRESENT WEIGHT, 144 lbs. USUAL WEIGHT, NUTRITION, Considerably impaired.

WOUNDS, Abnormalities and condition of Skin, Rectal hernia - medicine since about 1 m. Gloss uniform - slight Assymetry of face no lobule of ear.

TONGUE, Coatings or Promptness of Movement, Heavy yellow coat - prompt.

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

SIGHT, Good

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

HEARING, Good

COORDINATION, Arms, Fair Finger to nose - slight imp. Legs, Fair - Stands on one foot with ~~Grasp~~ difficulty - Standing eyes shut Slight imp.

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands, tongue & general.

PATELLAR REFLEX, 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 noted - Sounds fairly good

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Fair.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Patient appears slightly feeble-minded - Has done odd jobs about town, making usually a living. Can neither read nor write. Has the dread of an imbecile - Says that about 7 P.M. or when it begins to get dark - he hears voices threatening to kill him - He realizes now that they are hallucinations but during the time he hears them he believes them real - Says that he knows he has no enemies

Personal and Medical History of Jeremiah Mann.

1899

This patient was brought here by Mr. Quast. as sheriffs deputy, in fair physical condition, with the following history:- Parents were cousins; no heredity known. First symptoms of insanity manifested about the middle of June 1898, by severe headaches & fears of danger: Disease appears increasing: Is variable. Patient is worse from about 7 P.M. until 3 A.M., suggesting malaria. Derangement now manifested by delusions of fear: Imagines that enemies are seeking to injure him: Not disposed to injure others: Neither filthy nor destructive in habits: Has been rather "queer" for over a year past. Is not intemperate but uses tobacco: No severe diseases nor injury to head. Has been locked in house at times & has been given Bromides etc, On personal examination no further particulars noted.

Aug 22 On admission put upon B 3 E (5th Ward Rpt. Complexion light: hair light brown: eyes blue. Skin in good condition: Scar on right thumb about 3/4 in. long also Y shaped scar on wrist: Is clean: Has a hernia: behavior good.

to Summary of 14 da. Record by Dr Herzog Patient gained considerably during first

Sept 4 14 days: Appetite was good: Temperature and pulse normal during entire time. First few days was nervous and confused with occasional hallucinations of sight and hearing during the night: At the time of the hallucinations was unable to recognize them as such & was afraid, but in conversation with him the next day, he was able to recognize that they were hallucinations. Occasional doses of Chloralamid with good effect. Bowels as a rule regular altho a little cascara was given from Aug. 31 to September 2nd had some bronchitis which was relieved by an expectorant mixture. Sept 4th, End of 14 days, shows an increase of weight and a general physical gain, with almost complete loss of his delusions of persecution. There is still left a considerable degree of feeble-mindedness which is probably of long standing or congenital. Continued by Dr Phelps

Sept 5 Patient rather quiet. Talks freely; answers intelligently. Helps with work. Is in good physical condition. Sept 29 Trans. to 4th A. Oct 28 Went home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of John Preston

Whole No. 5125
Residence, Winona Co, Minn.
Date Admission, August 20th 1898
Admitted by Dr. C. B. Eby. hour, 4 to PM.
How Sent, H.L. Buck. Jail. Winona Co.
Sex, male Age, 34 yrs.
Civil Condition, married.
Children, seven living
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Slight.
Profession, Religion, Lutheran.
Habits, Not intemperate
Nativity, Germany - (Parents also born there)
Physicians Committing, Drs. Lichtenstein & Eby
Correspondents, Mrs. Mary R. 1062 W. Williams St. Winona

No. of Year, 18
Insane Relatives, None.
Cause Exciting, Unknown unless injury to head.
Cause Predisposing, —
Form, ~~Acute Delusional~~ Mania Depressive Psychosis, Manic Type
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 3 or 4 wks ago.
Duration, 3 or 4 wks.
No. of Attack, Never fully recovered after 1st attack
No. of Admission, 1st
Age First Attack, about 30 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. A. Herzog *Date of* 8/20/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly Confused - Fairly quick.
MEMORY, Past Events, Slightly impaired.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert & correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,
Could not be brought out on examination.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living, healthy
Paternal Relatives,
Mother, living, healthy.
Maternal Relatives,
Brothers and Sisters, 2 brothers died in infancy 4 sisters living healthy. 7 children living one died - Cause unknown
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Eleven years ago struck on head by falling drive - 4 years ago suffered from some illness, did not work for 4 mos.
HABITS, Drinking and Smoking, has not drank for past 2 yrs, formerly quite a hard drinker - uses tobacco
HEADACHES, VERTIGO, OR CONVULSIONS, says has occasional headaches.
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, says slept poorly 2 nights 2 wks ago at home. Appetite good: bowels regular.

Personal and Medical History of John Preston.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6¼ in PRESENT WEIGHT, 141 lbs. USUAL WEIGHT, NUTRITION, Somewhat impaired
WOUNDS, Abnormalities and condition of Skin, Cicatrix scar 3 in. long running over fronto parietal suture - slightly depressed - not adherent -
TONGUE, Coatings or Promptness of Movement, Clean - Quite prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Right larger - left about normal - Outline of pupil irregular Respond to light + accommodation.
SIGHT, Good - (c)
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, fairly good Right hand do Legs, do. Standing one foot good ~~Grasp~~, Standing eyes shut good.
TREMORS, Hands, Tongue, Facial Muscles, ~~General~~, slight of hands - usual fine tremors of tongue. about upper lip.
PATELLAR REFLEX, 9 Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Good.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Good
ARTERIES,
Very slightly diff.

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,

11/4/98 EXAMINATION URINE, Quantity, Sp. g. 1022 Reaction, acid Color and Appearance, straw - clear.
Albumen, — Sugar, —
Casts and Crystals,

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

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

He seems to avoid any reference to his delusions. The sheriff says that he hoarded worthless objects which he arranged in a peculiar fashion in his trunk + attached peculiar significance to them. On questioning, he says that he brought them home for the children to play with. In reference to affair of threatening to plunge Mrs's scissors into her breast, says she misunderstood him + that he was merely cleaning the scissors. There is present a mild dementia with slight loss of power of attention + difficulty in concentrating mind on any one subject. He is slightly undernourished + the facial lines of left side of face are slightly more marked than those of the right.

Personal and Medical History of John Ristow.

1898

This patient was brought here by Sheriff A.W. Fuhrmann, in fair physical condition, with the following history:- First attack occurred about four years ago + patient never fully recovered from it: First symptoms of present attack manifested 3 or 4 weeks ago: Stopped working because he thought money would come anyway + thought he owned several houses: Disease appears increasing: Is variable: No regular, rational intervals: Derangement now manifested on subject of money - imagines that he has much property: also by general incoherency: Thinks great mysteries are involved in insignificant articles: Has threatened to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No intemperance in parents nor self: No severe diseases, but received severe blow upon head by pile driver, eleven years ago: Has not been confined nor restrained except last two nights in County jail: No treatment pursued:
On personal examination passively indifferent except when aroused then very incoherent + passionate.

Aug 24 On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair dark brown: eyes blue: Skin good condition: Marks on head + one on forehead: Is clean: behavior good.)

Sept 6. Summary 14 da. record by Dr. Herzog. During entire 14 days appetite good and slept well at night: No rise of temperature and pulse normal: Slightly depressed answers questions intelligently but does not begin a conversation: Has been quiet and well behaved but takes no interest in his surroundings altho he will do a little work about the ward if urged: Is reserved and appears suspicious: Lengthy conversation confuses him + he is evasive when approached on the subject of his delusions. Shows a slight dementia and a lack of natural affections.
Continued by Dr Phelps. Sept 7 Patient has delusions:- has sold millions of bicycles, etc. Paces back + forth on ward: laughs in a foolish way.

Dec 2 Wt. 128# Has worked some but is still full of delusions + silly in manner. Jan 31'99 Patient becoming more quiet + rather more depressed in manner: Is dull + rather demented.

Feb 1. July 31'99. Wt. 147# Visited by two sisters on Feb. 25th. Shows some improvement no change mentally. Has numerous delusions.

Aug 1 1900 Feb 7'1900 (Dr Chapple) Aug 1. Wt. 142. Pulse 96. Very little change during period: Is much deluded about electricity &c. memory very poor: For the most part quiet: at times agitated + will not talk at others is quite jolly. Habits dirty: Works

Jany 31 some on ward. (Nov 1/99. Wt 148# P 70). Jany 31. Very little change: quiet and well-behaved: at times, has "spells" of excitement; (probably delusional); talks to himself a good

Feby 1 deal: habits neat. Feby 1. Wt 150# P 76. July 17. Vaccinated. July 31. Appears somewhat more

July 31 demented; talks to himself a good deal: answers ordinary questions well, but is usually

Personal and Medical History of John Ristow

1900 Contd

July 31 very irrational: manner preoccupied: spends most of time in his room, but works well on

Aug 1 ward: habits tidy: always well-behaved: health good. Aug 1. 133# - Jany 31/1901. Quite tidy in

1901 Jan 31 habits: stays in room, most of time: actions peculiar: talks very irrationally: works on ward.

Feby 1 manner very childish. Seems to be perfectly satisfied where he is. Feby 1. Wt 147 lbs.

May 31 Very little change to report. July 31. very little change, during period: apparently, somewhat more

July 31 demented: manner childish: talks irrationally: is quiet and fairly neat: works on ward, and

Aug 1 in Centre dining-room. Aug 1. Wt 148#. Nov 1. 148#. Jany 31/02. Works regularly in "C.D.R."

1902 Jany 31 quiet + well-behaved: manner indifferent: no mental change -
Feb. 1/02 Wt. 150#. Aug. 1/02 142#

Jan. 31. Has drifted along during past year without much change. In fair health, worked regularly in C.D.R. Is pecular - erratic behavior - irrational and rather silly. Habits tidy.

Personal and Medical History of Charles Moran

Whole No. 5127
Residence, Winona Co. Minn.
Date Admission, August 26th 1898
Admitted by Dr. C.B. Eby hour, 4 P.M.
How Sent, H.L. Buck J. of P. Winona Co.
Sex, male Age, 39 yrs.
Civil Condition, married
Children, 1 living.
Age Youngest Child,
Occupation, laborer.
Degree Education, fair
Profession, Religion, Episcopal.
Habits, Intemperate.
Nativity, Illinois (Father Ireland - Mother Scotland)
Physicians Committing, L.A. Kelly & Thos A Pence M.D.
Correspondents,

No. of Year, 20
Insane Relatives, None.
Cause Exciting, Alcohol -
Cause Predisposing,
Form, Alcoholic Term Dementia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, One year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs
Time of Leaving, Apr. 1. 1900
Time in Hospital, 1 yr. 7 m. 6 d.
Result, Died. General Paresis.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 8/27/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Much confused, very sluggish
MEMORY, Past Events, Very poor.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Very dull.
REASONING POWER, Ordinary Subjects, almost none
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted
DELUSIONS, not Systematized, Transitory, Special Subjects,
HALLUCINATIONS, ?
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 Moran

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ PRESENT WEIGHT, 111½ lbs. USUAL WEIGHT, NUTRITION, Poor.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Quite clean - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, right larger - size dilated respond to light & accom-
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Impaired
COORDINATION, Arms, Much impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of lips & slight general tremors, fibrillary twitching of hands - twitching of thumb - Coarse & fine of tongue
PATELLAR REFLEX, ♀ equal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred - hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Good
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
fair.

CRANIAL MEASUREMENTS.

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

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

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

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

Patient appears to have advanced paresis - Extreme incoordination - scarcely able to walk - Pronounced dementia. Not able to talk coherently - Much confused. Understands requests to stand up, sit down etc. says he feels "good" "all right" and that is about the extent of his mental capacity.

Personal and Medical History of Charles Moran

1898

This patient was brought here by Sheriff A. W. Fuhrmann, in fair physical condition, with the following history: No history of consanguinity nor lucidity: First symptoms manifested one year ago, by incoherent speech & a paretic condition: Disease appears increasing: Is not variable: Derangement now manifested by thinking he has large prospects in Texas - no well defined ideas. Not disposed to injure others. No disposition to filthy or destructive habits: No previous peculiarities manifested: Has been a hard drinker: Patient has a scar on head. No confinement nor restraint employed has received no treatment: On personal examination is demented, aged & haggard. On admission put upon B3 (G.H.N. Rpt. Complexion light: hair sandy: eyes blue: Skin good condition: Is clean: Behavior good; Both feet swollen)

Summary Notes by Dr Phelps. Aug 26 On admission quite stupid & confused: Speaks indistinctly: Walk rather unsteady: paretic in behavior. Aug 26 Trans. to B1. Paretic in speech & walk. Sept 15 Appetite good: Is unsteady & slow about eating. Oct 28 Changes little or none: Very demented, stupid & paretic. Dec. 13 Trans. to Infirmary: Has had a rise of temperature & is very weak. Has now erysipelas of face. Dec 28 Up on ward again

Jan 30 1899 Wt 128#. Jan 28 Still very feeble, paretic & at times noisy.

Feb 1 - July 31 1899. Wt. 108# Patient old, feeble & demented: Filthy & untidy: Whines a great deal. June 18 Struck over eye by John Pike. Taken to Infirmary - eye dressed. June 28. Transferred to Infirmary July 1 Is very dull & confused: Continually

Aug 1 fumbling with clothing: Habits very dirty. Aug 1. Patient in bed: very dull & helpless.

" 2 Wt 93#. Is on extra diet. Aug 2. Got food in throat; was removed by physician. Nov 1/99 Wt 92# Pat. in bed - Extremely filthy & noisy by spells. Dec 31. Patient is very untidy:

Dec 31 1900 has involuntary micturition & bowel movements: several bed-sores - Jany 22/1900. Extremely noisy,

Mar 1 all day & night Mar 1/1900. Wt 77#. Patient failing from day to day, both mentally & physically. -

" 20/28 Is now unable to take solid food - Mar 28. Is very weak: Continued to fail and April 1. Died

Apl 1 at 3.45 a.m.

Died

Autopsy: 3 P.M. April 2 - 1900. By Dr E. J. Wanous.

General appearance much emaciated: large bedsore on sacro-lumbar region: considerable rigor mortis present. Post-mortem suggillation over shoulders and back: considerable discoloration over abdominal region; also extending over sternum: Showed beginning decomposition. Scalp thin: stripped easily: calvarian thin: dura mater very adherent: both dura & pia thickened: adhesions of the pia to the convolutions on top, near the longitudinal sinus, which carried away portions of the brain-matter, when stripped. Considerable fluid present, under pia mater. Ventricles enlarged, filled

Personal and Medical History of Charles Moran

(Cont'd) with fluid. Brain showed several areas of softening. Spinal cord surrounded with fluid - Sterno-costal cartilages elastic; cut easily: Sternum somewhat thin: - both lungs adherent to it. Right lung shows numerous adhesions around apex. —

Further examination showed scars which were probably a beginning tuberculosis, which had improved. Both lungs adherent to diaphragm. Posterior lobe friable: somewhat congested: (probably due to patient having been in bed). Left lung showed marked adhesions, about base: a few on dorsal side: both lungs much discolored, with coal dust. Heart unusually small, about size of a goose - egg. Walls of ventricles thin: due to atrophy: valves normal. Aorta thin and flabby. —

Abdominal region. Liver enlarged: hard: sclerotic. Gall-bladder distended: no obstruction: spleen small; somewhat hardened: pale: Right kidney small: Cortex thinned: left kidney, same as right: more friable: Intestines: ascending colon abnormally long: curved toward umbilicus: descending colon much distended and twisted toward median line. Walls of small intestine extended - far down into pelvis: bladder collapsed & showed considerable atony -

Diagnosis: primarily paresis: secondarily, exhaustion from same.

Personal and Medical History of Hans A. Larson

Whole No. 5130

Residence, Minneapolis, Minn.

Date Admission, September 1st 1898.

Admitted by Dr. H. H. Herzog hour, 6 1/2 P.M.

How Sent, G. Wallrich. Joseph Ramsey Co.

Sex, Male. Age, 55 yrs.

Civil Condition, widowed

Children, 1

Age Youngest Child, –

Occupation, machinist

Degree Education, Common school.

Profession, Religion, not a church member.

Habits, Intemperate

Nativity, Norway Resident of State 53 yrs. Of G. 1 yr. (Parents also born there.)

Physicians Committing, B. J. Paxton + R. S. Bole.

Correspondents,

No. of Year, 23

Insane Relatives, One brother

Cause Exciting, Alcohol.

Cause Predisposing, Previous attack + possibly heredity

Form, Recurrent Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes. attempted with knife.

Date of this Attack, One week ago.

Duration, One week.

No. of Attack, 2nd.

No. of Admission, 1st

Age First Attack, about 52 yrs.

Time of Leaving, Mar. 20. 1899

Time in Hospital, 6 mo. 19d.

Result, Discharged Aug. 9'99. Imp.

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in PRESENT WEIGHT, 170 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 the present Mental and 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 Hans. A. Larson.

This patient was brought here by sheriff's deputy J.H. Jenson, in good physical condition, with the following history:- No history of consanguinity: One brother insane: Has had several attacks during last three years, of two or three weeks duration: & has been in the Minneapolis City hospital: First symptoms manifested about one week ago by delusions & suicidal mania: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by delusions of persecution & by attempts at suicide: Not disposed to injure others: but is suicidal: No disposition to filthy nor destructive habits: No previous peculiarities manifested: No severe disease nor injury to head: Patient has been in jail for five days:- Has received no treatment:
No further particulars noted on personal examination.

Sept. 1 On Admission put upon B³ East (G.H.U. Rpt. Complexion dark: hair black: eyes gray: Skin good condition: Vaccination marks on left arm: Several
to small scars on right knee: Is clean: Behavior good: has dark brown whiskers & moustache.

Sept 1 Summary of 14 da. record by Dr. Herzog. Appetite has been good, temperature and pulse
to normal & after first night sleep good. Has been uniformly neat and tidy;
Sept 15 quiet and well-behaved, agreeable, works some on ward. attends chapel and amuses himself with the games provided. A slight gastritis present at first has passed away and he shows merely a very slight dementia with no preceptable delusions. He is willing to admit that he has drank heavily and even asserts that his mental condition after a debauch is not good. He admits having attempted suicide sometime previously but has shown no suicidal tendencies since coming here. Sept 30 Is quiet & fairly contented: Reads a good deal:
Oct 22 Trans. to A². Jan 31 '99 No special change noted in behavior: Has been several times quite nervous. Feb. Wt. 183#. Assists with work: Neat in habits.
Feb 2 '99. Complained of headache & cold. Feb. 12 Complained of pain in back Improved under treatment. Feb. 28 Much improved. Helps on ward.
Mch 28. Sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of Henry Burchard

Whole No. 5131	No. of Year, 24
Residence, Goodhue Co. Minn.	Insane Relatives, Paternal great aunt.
Date Admission, September 5th 1898.	Cause Exciting, Domestic troubles + intemperance.
Admitted by Dr. R.M. Phelps. hour, 6.45 P.M.	Cause Predisposing, Previous attack.
How Sent, Axel Haller E. of P. Goodhue Co.	Form, Recurrent Mania
Sex, male Age, 46 yrs.	Accompanying Bodily Disorder, Hearts action intermittent
Civil Condition, married.	Suicidal or not, Not.
Children, none	Date of this Attack, Sept. 1'98
Age Youngest Child, —	Duration, 5 days.
Occupation, Laborer.	No. of Attack, 2nd
Degree Education, Common school.	No. of Admission, 2nd
Profession, Religion, not a church member.	Age First Attack, 37 yrs.
Habits, Intemperate. Became a resident of State & Co in 1875	Time of Leaving, July 14. 1899
Nativity, Germany. Parents also born there.	Time in Hospital, 10 m. 9 d.
Physicians Committing, M. Morcsen + G.C. Willner.	Result, Disc. Mar. 6. 1900
Correspondents,	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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

11/17/98 EXAMINATION URINE, Quantity, Sp. g. 10.30 Reaction, Acid Color and Appearance, light yellow clear

Albumen, — Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Henry Burchard.

1898

This patient was brought here by Sheriffs deputy P.P. Lundquist + Adolph Gross, in fair physical condition, with the following history:-
No known history of consanguinity: Aunt of patients father insane: First attack of insanity occurred in 1889. + patient was in this hospital from Nov 18 '89 to May 12 '90 (for further information see Vol. 12, folio 57. No 2217.)
First symptoms of present attack manifested Sept 1st 98. by incoherent + irrational speech + actions: Disease appears stationary: Not variable, no rational intervals: Derangement now manifested on subject of sexual matters; is given to indecent exposures; Mind is principally preoccupied with domestic troubles. Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head.
Has required constant watching for past three days: No treatment.
Sept 5 On personal examination shows incoherent; Action of heart intermittent: Given to indecent exposures: Makes constant attempts to wander off
On admission Put upon B3 (Light Rpt complexion light: eyes blue: Hair light. Skin good condition: Black + blue mark on left arm: Dermal bruise on left arm: Is clean: Behavior good.)
Summary 14 da record by Dr Herzog. Pulse + Temp - normal + appetite good during entire 14 days: Is reserved + inclined to be sullen: answers questions fairly intelligently but hesitatingly Sept 7 Slept 4 hrs. Sept 8 Considerably more confused + dull, slept none Sept 9 More restless, slept 4 hours. Sept 10 Attempted to elope while out walking. Slept 6 hrs. Sept 11 Not so restless + more contented: answers questions more readily: Does no work: is inclined to lie about on beds. Slept good during remainder of 14 days: Remains in about same condition Continued by Dr Phelps Sept 9 Patient neat in habits: Does no work: rather melancholy: Answers questions accurately: Is anxious to go home.
Dec 1 Wt 147# Patient seems to change none. Jan 31 99 During December seemed to grow more stupid + memory seemed to fail him: Was trans. to B3.
Feb 1- Wt. 150# Pulse 66# Quiet + well behaved: seldom works: Mch 18 Trans. to Annex- continues same from day to day. Eats + sleeps well: Very inactive: untidy: Does no work: July 14. Taken home by brother.

Discharged.

Personal and Medical History of

Personal and Medical History of Frank Belisle

Whole No. 5133
Residence, St. Paul, Minn.
Date Admission, September 6th 1898.
Admitted by Dr H. H. Herzog hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 20 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Brick-maker.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Not intemperate
Nativity, Canada —
Physicians Committing, Became resident of sotate in 1887 - of Co. in 1898 J. P. Canac-Marquis & O'Marhl.
Correspondents, L. A. Belisle 196 Eaton Ave., W. St. Paul.

No. of Year, 26
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing, —
Form, Adolescent Melancholia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not. (Propensity supposed to be active.)
Date of this Attack, six weeks ago.
Duration, 6 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20.
Time of Leaving, Feb. 27. 1899
Time in Hospital, 3 m. 7 d.
Result, Discharged Aug. 9. 1899.
Imp

EXAMINATION ON ADMISSION BY DR. C. B. Ely *Date of* 9/8/98.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear but rather sluggish
MEMORY, Past Events, Good
Recent Events, Good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct somewhat dull
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Has no delusions other than those that ordinarily go with melancholia.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history of heredity obtainable.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Never had any severe disease.
HABITS, Drinking and Smoking, Good
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Healthy
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of Frank Belisle.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 133 USUAL WEIGHT, NUTRITION, Not good.
WOUNDS, Abnormalities and condition of Skin, Skin not very good.
TONGUE, Coatings or Promptness of Movement, Large - slight coating - prompt movement
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated Respond to light.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Has ptases of left eyelid
HEARING, Good
COORDINATION, Arms, In bed - not tested. Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - Coarse of tongue.
PATELLAR REFLEX, Equal 7. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow - Good pronounciation
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs - Sounds good Size normal regular & frequent
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 the present Mental and 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 quite typical case of melancholia: has the various delusions of persecution: thinks he is being poisoned, that he is to be hung or made way with in some way for some wrong which he has done. He shows degenerate tendencies in a narrow, high-arched palate with irregular teeth, ptosis of eyelid & irregularities of ear - prominent antihelix. Patients father when here on visit, stated that he was a bright, smart boy until this attack came on. He also had been working hard & is run down in health.

Personal and Medical History of Frank Belisle

1898

This patient was brought here by P. J. Wiesen, sheriff's deputy, in fair physical health, with the following history:- No history of consanguinity, heredity, nor intemperance in parents or self. First symptoms manifested six weeks ago by delusion that penis was decaying: Disease appears increasing: Is not variable: Derangement now manifested by above named delusion: Is inclined to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head: Has neither been confined nor restrained, nor has he received any treatment- On personal examination shows signs of selfabuse.

Sept 6 On admission put upon "B3 E (Gstn. Rpt. Complexion dark: hair dark brown: eyes brown: Skin good condition: Right arm crooked: One scar on elbow + one on wrist: Eruption on lower limbs: Is clean: Behavior good.)

Summary Notes by Dr Phelps. Sept 6 Patient on admission rather restless, melancholy, talks irrationally at times: Is mildly demented. Sept 7 Trans. to Infirmary Is rather dull, + listless. Is growing silly + somewhat feebleminded. Days does not want to be restrained: Wants to go home. Sept 20 Has shown no marked physical signs: Has quieted down some but is still deluded. Oct 3 Patient today somewhat distructive of clothing. is restless + noisy. Oct 14 Patient has improved very little. Dec 2 Still has delusions about poisoning. rather noisy at times but has quieted down some: Has made a good deal of trouble. Jan 28'99 Somewhat restless still: at times has been much quieter.

Feb. 1'99. Patient is restless + anxious to go home: Talks + acts quite rationally. Works in dining room. Feb. 27'99 Taken home Fe

Discharged.

Personal and Medical History of

Personal and Medical History of Hermann Hochmuth.

Whole No. 5134
Residence, New Canada Town.
Date Admission, Sept. 9th 1898.
Admitted by Dr. R. 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, Farmer.
Degree Education, Common school.
Profession, Religion, Roman Catholic
Habits, not intemperate.
Nativity, Minn. (Parents born in Germany)
Physicians Committing, J. Ohage & Louis A. Nelson.
Correspondents, H. Jenson, Cashier State Bank of St. Paul, St. Paul.

No. of Year, 27
Insane Relatives, Unknown
Cause Exciting, Masturbation.
Cause Predisposing, unknown.
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, Several years ago.
Duration, Several years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, over 25
Time of Leaving, 11th December 1901
Time in Hospital, 3 yrs 3 mos 2 ds
Result, Transferred to Hastings Asylum

O.K. [illegible]

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* 9/12/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - somewhat confused.
MEMORY, Past Events, Fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, Impaired
Special Subjects,
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
No delusions expressed
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.
LENGTH INVASION, Probably long.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Patient states family history is
Paternal Relatives, good - No insanity
Mother, nor neurotic tendencies.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Always fairly healthy.
HABITS, Drinking and Smoking, Temperate.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in PRESENT WEIGHT, 151 USUAL WEIGHT, NUTRITION, Not very good.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slight coating - prompt movement.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - Respond to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Finger to nose, eyes shut, good Legs, Standing eyes shut no swaying Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - fine of tongue.
PATELLAR REFLEX, Equal - 6. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating but good.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, No murmurs
Good strength - size normal - regular
Pulse 74
ARTERIES,
No sclerosis.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Expansion fair.
Breath sounds normal.

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

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

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

Give condensed statement of the present Mental and 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 case of melancholia - Went to school until about 15 & probably was not very bright. Has several of the signs of degeneration:- assymetry of face, Ear is also of poor shape.

Personal and Medical History of Hermann Hochmuth

1898

This patient was brought here by sheriffs deputy J.B. Arend attended by Ed. Peterson in fair physical condition, with the following history:- No history of consanguinity: heredity unknown: First symptoms of attack manifested several years ago, patient became demented, morose & erratic. Disease appears increasing. Is variable but patient has no entirely rational intervals: Derangement now manifested by general dementia: Not disposed to injure others: Neither suicidal, filthy nor destructive: Present dementia is result of masturbation: No history of intemperance in parents nor self: No confinement nor restraint employed: Has received no treatment. On personal examination is indifferent to all surroundings: demented.

Sept 9 On admission put upon B³E (G.H.N. P.pt. Complexion dark: hair black: eyes blue: Skin in good condition: Two small moles on back & a large wart on right thigh: Eruption on body: hernia on right side. Is dirty: Behavior stupid, does not know his own name, at least refuses to tell it: answers only in monosyllables.

Sept 22 Summary 14 day record by Dr. Herzog. During entire 14 days temperature and pulse normal, appetite good and sleep good with exception of first two nights. Sits about ward with head down, refusing to speak: Is depressed and melancholy, takes no interest in his surroundings and is untidy in his personal habits: Requires at times to be dressed and undressed and has to be urged to go to his meals. On September 12 attempted to walk away while out of doors and when brought back by nurses became profane and abusive, this being the only extended conversation since coming here.

Oct 1 Summary Notes by Dr Phelps. Patient has been rather stupid & slouchy & somewhat stubborn: Has to be prompted to go to bed: cannot always find his room: Wt. 166#. Nov. 4 Visited by friends. Habits dirty. Jan 14 99 trans. to Infirmary: Has been quite stupid & somewhat weak. Temp. 100°

Jan 20 99 Again up & dressed. Temp. has been about normal.

Feb 1- July 31 1899. Wt. 157# Patient is inactive & demented: seldom speaks: Is untidy in habits. Feb. 23 developed bed-sore on shoulder. July 13. Very pugnacious & maniacal

Aug 1- 1900 Jan 31 1900 (Dr Chapple). Wt. 156 (Aug 1) Pulse 80. Shows increasing dementia: Is stubborn and at times pugnacious: Habits very untidy. At times

To is very noisy: Conversation irrational: Physical condition quite good.

Jan 31 Nov 2/99. Wt 152#. P86 Dec. 21 '99. Dr. Eschelby came down to examine patient at request of relatives.

Feb 1 Wt 158# P78. May 4. Transferred to Annex. July 20. Vaccinated: result negative. July 31. Has

July 31 become more demented: seldom speaks: very inactive: habits untidy and, at times, filthy: (urinates on clothing, radiator &c): masturbates frequently: has inguinal hernia: Phys. Cond^n fairly good.

Aug 1 1901 156# - Sep 10. To D^r. Sep 13. To D^r. - Jany 31/1901. Dementia increasing. Is very sluggish

Jany 31 & untidy. Does no work: never speaks: attitude very dejected - Physical condition good.

Feby 2 Wt 173 lbs. June 2. Operated upon by Dr. Mayo for right inguinal hernia. Recovery from

Personal and Medical History of Hermann Hochmuth.

1901 Cont^d

June 2 operation and healing of wound prompt, and without accident. June 24. Patient up, onward:

June 24 Results of operation, so far, perfect. July 1. Transferred to D^r. July 31. No other incidents or

July 1/31 changes. Is very demented, inactive and filthy. Physical condition very good. Aug 1. Wt 167#.

Nov 1 Wt 167#. Dec 11. Unchanged: very demented: inactive & untidy.

Dec 11 Was to day Transferred to Hastings State Asylum.

Personal and Medical History of J. C. Hull

Whole No. 5135
Residence, St. Paul, Minn. (State Prison Stillwater)
Date Admission, September 12th 1899.
Admitted by Dr. C. B. Eby hour, 6:45 P.M.
How Sent, J. J. Wilson J. of P. Washington Co.
Sex, Male Age, 42.
Civil Condition, married
Children, one
Age Youngest Child, —
Occupation, minister.
Degree Education, College.
Profession, Religion, Methodist.
Habits, Not intemperate.
Nativity, West Va.
Physicians Committing, Jas. C. Rhodes + F. G. Lauderdale.
Correspondents, Miss Alice Hull 463 Greenwood Ave, St Paul

No. of Year, 28
Insane Relatives, No information given in papers.
Cause Exciting, Not stated
Cause Predisposing,
Form, Organic Dementia
Accompanying Bodily Disorder, Nervousness.
Suicidal or not, Not.
Date of this Attack, —
Duration, Since incarceration Nov. 20. 96.
No. of Attack, ?
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, May 29. 1899
Time in Hospital, 8 m. 15 d.
Result, Died Apoplexy.

EXAMINATION ON ADMISSION BY DR.S Rm Phelps + C.B. Eby Date of 9/12/99

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, Long - indefinite.

ONSET, Gradual or Sudden,

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

Denies insanity or paralysis.

Father, Died - Pericarditis 50 yrs.

Paternal Relatives, Cat. Grandfather died at 85, all healthy before a Knox,

Mother, living in good health at 80 yrs.

Maternal Relatives, Mat. Grandfather died at Richmond prison at 80

Brothers and Sisters, all healthy.

2 children (16 & 7) healthy

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

Typhoid fever 1st in 1894 - the most severe.
Rheumatism 2-3 times in 1893.

HABITS, Drinking and Smoking, Denies any habits.

HEADACHES, not VERTIGO, now OR CONVULSIONS,

OCCUPATION, Healthy or not, Thinks healthy

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

Thinks he was starved in County Jail, and defence would not have succeeded in their course, except for this course. A.M.Lawton, the one who killed him off, as well as many others. He fights Gilbert and House of Good Shepherd. He makes living out of it. Calls it patriotic work and with paper "fries some fat out of candidates". Don't think insane. Thinks was about to be released from prison sentance, and the malice of people held him in this way. Is sure to be released, because jury trial was not completed. The men in plot plead him as guilty. He never plead guilty. He was misrepresented. Attorneys were against him, did it without his consent.

The insanity plea was broached in court. "Wife had endometritis, associated with mental disturbance. She had spell of insanity before I knew her. It came on twenty minutes after marriage. She would not speak and seemed depressed. For three or four months she kept up manner of being offended. In ten days went away to teach school. Three months later I found her the same. Seemed offended at something. Later became pleasant again. Said she was offended because I did not kiss her at the ceremony, later because I kiss ed her before all the folks. Later she said, 'I don't know, I suppose it was because I was notwell.' Later she seemed at times pleasant, at others suddenly would change to morbid state. Would say afterward,'I don't know what was the matter with me. I could tear you to pieces.' " Finally she did try to harm him. Threatened suicide. Said, "If anything happens, take my body to Kansas for burial." At one time did not come to dinner. After dinner he waited a while. Finally went up stairs to see what was the matter. Found door locked. Began to talk in transom. She darted up, caught chair and struck at him. He caught it and held it. She then struck him back of head with something. He tried to soothe her and then they went downstairs quietly. She then ran out, got iron rod, but he stood her off. Then she caught scissors and tried to stab him. She then began to scream. He held her by wrists.. She then put on bonnet and cloak and said she would go to police station herself if no one else would. He caught up with her at bridge. She stopped there. He asked her to go home. Usually she became docile after the acuteness of the attack. She quieted down this time. Finally there came a time when she screamed, got neighbor and one of his enemies to get a policeman. She claimed to believe that he had poisoned her. Said he drank one to reassure her. That glass was examined, he supposes. Lawton was at the bottom of the whole thing. He had found some stuff in pantry and locked it up away from her. Thinks she got the arsenic herself. Does not know how else it could have come there. Had sickness, had called the some. Seemed to be a stomach trouble. Don't think fever. Older girl knew mother was not right. Her mother's mother in like condition to the mother. Never made any charge of insanity against wife because it would break up his work. Often left places quietly on this account. She got some worse as time wore on, as her mother has been. The father in law had talked of putting his wife, the mother, in an asylum. Wife made the claim of being poisoned, and so claimed on stand. Lawton and his agents in it all. She got away from them once and came to him in jail. Cried and asked him what they wanted him to do. Said they compelled her now to stick to the account. Thought he could have soothed her out of her spell, as he had done it before so many times. Of course could not then, as he was locked up. This was the last time he saw her.

"Lawton has been fighting me for two or three years before this. Was in all their charges. Leader of A.P.A. and publisher of A.P.A. paper."(Patried to meander into details, but talk is well connected. Pioneer Press, 9/16/95 has an article against Lawton). Church in debt when he came here. Lawton involved in real estate and A.P.A. business. Wanted lectures. Took the Church for lectures. Bull shut out the A.P.A. Lectures from the Church and so first incurred his displeasure. He feels sure that Lawton controlled all movements against him during trial, and indirectly kept wife under control of his agents. Thinks attorneys were sent to him by Lawton and under his control. One of lawton's agents followed him up to jail and offered to get an attorney. He refused, but man brought back a lawyer. Attorneys would not claim that his wife was insane. Would not even allow him to complete his own testimony.

Seems fair 108 days in jail "+ they stands me"

slowly becoming

ENTS.

BOWELS, Present Condition,

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

See attached slip

Personal and Medical History of

Whole No.

Residence,

Date Admission,

Admitted by Dour,

How Sent,

Sex, Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession, Religion,

Habits,

Nativity,

Physicians Committing,

Correspondents,

No. of Year,

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,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Date of 9/21/99

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, Long - indefinite.

ONSET, Gradual or Sudden,

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

Father, Died - Pericarditis 50 yrs.

Paternal Relatives, Pat. Grandfather died at 85. All Healthy so far as known,

Mother, Living in good health at 80 yrs.

Maternal Relatives, Mat. Grandfather died at Richmond prison act 80

Brothers and Sisters, all healthy.

2 children (16 & 7) healthy

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

Typhoid Fever for 12 wks in 1882 - the most severe.

Rheumatism 2-3 times in 1883.

HABITS, Drinking and Smoking, Denies any habits.

HEADACHES, rare VERTIGO, none OR CONVULSIONS,

OCCUPATION, Healthy or not, Thinks healthy

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

Sleep, Appetite, and Bowels,

Personal and Medical History of J. C. Hull.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1½ in PRESENT WEIGHT, 155 lbs. USUAL WEIGHT, 175 lbs. NUTRITION, Seems fair 108 days in jail "+ They starved me"

WOUNDS, Abnormalities and condition of Skin, Skin looks healthy.

TONGUE, Coatings or Promptness of Movement, Some coating - very prompt + strong.

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

SIGHT, First trouble with eyes after going to stillwater - gradually faded away + nearly blind, then came back slowly. Incoming

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, back now from this attack.

HEARING, Seems slightly dulled.

COORDINATION, Arms, Some tremulous ~~Legs~~, action. Grasp,

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

PATELLAR REFLEX, Normal - equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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

See attached slip.

Personal and Medical History of J. C. Hull.

1898

This patient was brought here from State Prison at Stillwater, Minn. by Dr. Ell Withron, in fair physical condition, with the following history:- No history of consanguinity: no information concerning heredity: Patient has shown symptoms of insanity ever since incarceration Nov 20'96. Disease appears increasing: Derangement now manifested as follows:- irrational in composition of letters: Dull & listless in habits: silly. Is filthy & destructive in habits: Nothing known as to previous peculiarities - no religious manifestations: No history of intemperance in parents nor self: No severe diseases nor injuries to head: Has received no treatment. On personal examination shows nervousness.

9/12/98 On admission put upon B³E (G.H.N. Rpt. Complexion dark: eyes blue: hair light brown. Skin in good condition: Several moles on right shoulder & neck, 1 small scar on left thumb: Behavior good: Is clean: Says that his eyesight failed him but is coming back.

Sept. 25 Summary 14 da. record by Dr. Herzog. During entire 14 days temperature and pulse normal, appetite good and sleep good with exception of first two nights. Has been slightly untidy in his personal appearance considering his previous social standing but this may be attributed somewhat to his blindness. Has been very well-behaved, quiet and agreeable and appears contented. Was visited on September 20 by Attorney Spillane of Rochester & Rev. Mr. Doran also visited on other occasions by Mr. Doran. Uses scholarly language and is very particular in his choice of words: Speaks freely in private conversation, in a monotonous tone of voice and shows considerable egotism. He apparently believes that this attorney will be easily able to release him from confinement and has consistently held to his ideas of persecution by the A.P.A's. and others: He states that his writings will be ultimately of great value.

Continued by Dr. Phelps Oct. 1 Wt. 159# Patient has had numerous requests & wants. Appears totally blind. Has an exalted idea of his own intelligence & ability. Talks freely, so much so as to show quite considerable weakness: Only definite delusions concerning persecution of A.P.A. Which in a paranoiac way he thinks have been going on for years Dec 23 Visited by wife:

Jan 3/99 Tells everybody that he would not be sent to Stillwater: thinks he is legally sentenced here: Trys to solicit aid of people: & does not seem to see any reason why he should not be released, nor does he worry over any impediment in the way: There seems to have been some mental failure since coming here

Feb 1 Wt. 158# Is continually wanting something: needs considerable attention Appears in delicate physical condition: says change of weather gives him a chill.

May 8. Trans. to A⁴. May 21 Remained in bed & complained of chill: put upon treatment: urinates frequently: Visited by Rev. Doran & Rev. Ward. Complained of not feeling well May 25. at breakfast & returned to bed. Complained of earache. ate no dinner & vomited at 3 P.M. Temp. then 100. Pulse 112 Resp. 24

Personal and Medical History of J. C. Hull.

Appeared to shake with chill. May 26 Trans. to infirmary: Improved somewhat under treatment but later became comatose & remained so throughout day. Continued to fail & died May 29'1900

Died.

Personal and Medical History of Wm. Hennessy.

Whole No. 5136
Residence, Iowa.
Date Admission, September 12 98
Admitted by Dr. C. B. Eby hour, 7 Pm.
How Sent, F. J. Wilson C. of P Wash. Co.
Sex, male Age, 36.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, limited
Profession, Religion, Catholic.
Habits, ?
Nativity, Ireland -
Physicians Committing, J. C Rhodes - F.G. Landeen
Correspondents,

No. of Year, 39
Insane Relatives, not stated.
Cause Exciting, Syphilis.
Cause Predisposing, —
Form, Syphilitic Dementia
Accompanying Bodily Disorder, Syphilis.
Suicidal or not, Not.
Date of this Attack, ? - On arrival at Prison
Duration, ?
No. of Attack, Reports of previous attacks.
No. of Admission, ?
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H. H. Kenyon *Date of* 9/10/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear - sluggish.
MEMORY, Past Events, Slightly impaired
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Slightly dull - Seems correct.
REASONING POWER, Ordinary Subjects, Slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, ~~Systematized~~ slightly, ~~Transitory~~ fixed, Special Subjects, of persecution. Says had syphilis 10 yrs. ago.
Is reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation,

HISTORICAL.

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

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7in PRESENT WEIGHT, 145 USUAL WEIGHT, NUTRITION, Considerably impaired
WOUNDS, Abnormalities and condition of Skin, Large syphilitic scars over both tibiae - Teeth uneven + much worn. Skin anaemic.
TONGUE, Coatings or Promptness of Movement, Heavy yellow coat - fairly prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size Normal, Responds to light + accomodation
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slightly impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands + tongue.
PATELLAR REFLEX, 3-4 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Marked roughness 1st mitral sound - Sounds weak. Apex Beat, Regularity, 5th interspace at nipple line - Slightly irregular
ARTERIES, Pulse small
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 the present Mental and 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 a tramp at times. No regular occupation - Has drank hard. Countenance is forbidding - Asymmetry of face. Refuses to look one squarely in face. Admits masturbation but denies for past 4 mos. Does not like to talk. Delusions of persecution - says "they" have been trying to make a fool of him for 8 yrs. past. Worse since he came to Stillwater - Says his head is full gas which "they" put in at Stillwater.

Personal and Medical History of Wm. Hennessey

1898

This patient was brought here from State Prison* at Stillwater, Minn., by Dr. E.M. Withrow in fair physical condition, with the following history:- No information concerning consanguinity or heredity: there are reports of previous attacks of 6 or 7 yrs. duration: First symptoms of present attack manifested on arrival at prison: Disease appears increasing: Derangement now manifested by delusions of persecution & by hearing voices: Is disposed to injure others: Neither filthy nor destructive in habits: No information concerning previous peculiarities: No severe diseases nor injuries to head(?) Cause of insanity syphilis - Has been confined in cell & has been given Iodides. No further facts noted on personal examination.

*(Patient sentenced to State Prison Mch. 18'98 - for term of 3½ yrs. - on charge of Burglary in third degree.)

9/12/98 On admission put upon B3E (GHN. Rpt. Complexion dark: hair black: eyes blue: Skin fair condition: Syphilitic scars on legs from knees to ankles. Is clean: Behavior good.)

Sept 25 Summary Nurses Notes by Dr. Herzog. During entire 14 days pulse and temperature normal, appetite good: Sleep has been poor;- the first three nights slept but one hour altogether and on several nights but 5 or 6 hrs. Is surly and suspicious, with delusions of persecution: Is frequently restless, walking up and down the hall scowling, and becoming abusive if addressed. Attempts to elope nearly every day when out walking

Oct 1. Continued by Dr. Phelps. Wt. 151# Has delusions of persecution: Tries to elope Oct 3 Transto C. after an attempt to elope in which he got two miles from building.

Oct 21 Eloped - was brought back by farmer. Jan 29 '99. Has continued to be restless & has grown somewhat more so - has been rather violent & somewhat ugly in attempts to run away: Has to be watched constantly.

Feb 1 1900 Wt. 143# Has delusions of persecution. Is incoherent in speech: Has some eruption on face & limbs. Feb 6. Eloped: Caught near Byron: on return. Key found on his person: Patient picks at pimples on face & does not allow them to heal. Mch 18-19. Refused meals: Apr 11. Marked eruption over face, probably specific. May 4 Eloped while out walking: Had threatened often to elope. Has to be kept under special care of nurse when out. Aug 2. Tried to elope. Aug 7. & Dec. 7 made similar attempts.

1900 During period from Aug 1 '99 - Jan 31 1900. No change of importance. Behavior usually good

To except in constant endeavor to get away: Talks a good deal - sometimes

Jan 31 incoherently: Does not show much dementia. Is sluggish in habits. Physi-

Feby 1 cal health good. Feb 1. Wt 161# P96. July 31. Very little change, during period: no illness:

July 31 general condition seems quite good. Is rather a slouchy patient: restless on ward: does no work. Talks to himself, a great deal, cursing the Institution & those having the charge. "Talks about going back to Prison": "asks for the Sheriff". Makes frequent attempts to escape, when outside.-

Personal and Medical History of Wm. Hennessey

1900 Contd

July 31 Has numerous "delusions of persecution": "Thinks people are after him and abusing him". -

Aug 1 149# - Nov 4. To B1. Jany 31/1901. Patient is slovenly in habits: does nothing: talks very

1901 Jany 31 irrationally about being abused & says "he wants the Sheriff to take him back to Stillwater" -

Feby 1 frequently tries to elope. - Feby 1. Wt 146# - May 21. Eloped: was brought back, same evening

May 31 No change noted in mental condition. July 31. No change mentally: is restless, very deluded,

July 31 irrational: "asking for Sheriff to take him away". Constantly trying to escape: will do no work of

Aug 1 any kind: habits slouchy. Aug 1. Wt 150# Nov 1. 149#. Jany 31/02. No change noticeable

1902 Jan 31 in any way: habits clean, but slovenly: does no work: causes no trouble: very delusional.

Feb 1/12 Wt. 144# Aug. 1/02. 139½#.

1903 Jan 31 General condition little changed during year - Patient delusional, almost constantly moving about, talking delusionally and abusively. Slouchy in appearance. Threatens considerably and at times quarrels with others

Personal and Medical History of Michael Galvin

Whole No. 5137
Residence, St. Paul, Minn
Date Admission, September 17th 1898
Admitted by Dr. C. B. Eby hour, 6.45 Pm.
How Sent, G. Millrich & Co's Ramsey Co.
Sex, Male Age, 28 yrs.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, None
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Unknown
Nativity, Minn - (Parents born in Ireland)
Physicians Committing, V. J. Hawkins & A. Sweney.
Correspondents,

No. of Year, 30
Insane Relatives, Unknown.
Cause Exciting,
Cause Predisposing, a defective
Form, Primary Dementia
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, 26 yrs (about)
Time of Leaving, Oct. 26. 1900
Time in Hospital,
Result, Transferred to Hastings. St. Hosp.

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* 9/17/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish & somewhat confused.
MEMORY, Past Events, Seems good
Recent Events, Fair. Special Subjects, Somewhat imp.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct - rather dull.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects, Impaired
Own Mental State, Poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Can find no delusions; is in a rather demented condition.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, Apparently Sudden.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living, says healthy.
Paternal Relatives,
Mother, living, says healthy.
Maternal Relatives,
3 Brothers and 2 Sisters, healthy so far as he knows
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None he says
HABITS, Drinking and Smoking, Has not drank for past two years before that drank some
HEADACHES, VERTIGO, OR CONVULSIONS, Has had headaches
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Sleep alright

Personal and Medical History of Michael Galvin.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 PRESENT WEIGHT, 119 lbs. USUAL WEIGHT, NUTRITION Poor, Pale & Anaemic
WOUNDS, Abnormalities and condition of Skin, Clear.
TONGUE, Coatings or Promptness of Movement, Large - cracked - no coating - prompt movement
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Responds to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, no incoordination Legs, Standing eyes shut all right Grasp, Fingers & nose no incoordination
TREMORS, Hands, Tongue, Facial Muscles, General, Coarse of tongue.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Not
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal
HEART, Murmurs, Strength, Sounds, Size, No murmurs noted - Sounds good
Apex Beat, Regularity,
Size normal - Is regular
ARTERIES,
No atheroma

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

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Says has always slept well.
BOWELS, Present Condition,

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

Patient was probably of a fair degree of intelligence: Disease seems to have come on rather quickly. He stopped working & became slouchy, careless & inactive.

Personal and Medical History of Michael Galvin.

1899

This patient was brought here by Sheriff's deputy F. J. Egan, in fair physical condition with the following history:- No history of consanguinity: No information concerning heredity, intemperance in parents or self nor previous peculiarities: First symptoms of attack were manifested two years ago, began to stay in the house & refused to work or to take care of himself: Disease appears increasing: Not variable: Derangement now manifested by belief that someone told him that he must stay in the house: Is not disposed to injure anyone Is very dirty & untidy about his person: No severe diseases nor injuries to head sustained: Has never been confined nor restrained: No treatment pursued: On personal examination is very dirty, talks reluctantly & incoherently, appears abstracted, has delusion that someone commands him. When he goes out he runs quickly back again as if afraid: frightens children by making faces at the windows.

Sept 17 On admission put upon B3E (G.H.N. Rpt. Complexion dark: hair black: eyes blue: Skin fair condition: Is very dirty, has vermin: Is considerably emaciated & quite weak: Answers to questions are fairly intelligent.

Summary 7 14 da. record by Dr Herzog. Pulse & temp. normal: Sleep & appetite good during 14 days. Gained slightly physically during 14 days but not appreciably mentally: Is somewhat demented, careless & untidy in personal appearance, takes little interest in his surroundings & cannot be induced to work: Is difficult to engage in conversation and never begins one.

Continued by Dr Phelps. Oct 31 Wt. 139# Patient rather quiet, also rather indifferent & dull. Does some little work: Says he has not worked for two years. Didnot feel like it. Dec 21 '99 Drifts quietly along: Wt 155# Shows considerable dementia.

Feb 1 '99. Wt. 146# Works on ward: Is restless, walks about a great deal: Apr 6 Wt.

July 31 133# Apr. 14. Had vomiting spell: complained of pain July 31 '99. No change.

Aug 3 126# p 72. Oct 30. Patient very restless: walks the hall continually, muttering to himself -

Oct 30 Works on ward - Feb 28 1900 - Patient erratic. works on TW - Apl 6. Wt 130# p 80. Condition continues

1900 Apl 26 the same. Apl 26. Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Herman Matzen.

Whole No. 5138

Residence, Byron Jct. Wascca Co. Minn.

Date Admission, Sept. 17th 1898.

Admitted by Dr. P.M. Phelps hour, 5th PM

How Sent, Geo. A. Wilson J. of P. Wascca Co.

Sex, male Age, 71 yrs.

Civil Condition, married.

Children, 7 -

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Germany (Parents also born there.)

Physicians Committing, became resident Physician of Co. in 1878 C. A. Masterson M.A. Chamberlain.

Correspondents,

No. of Year, 31

Insane Relatives, Unknown.

Cause Exciting, Unknown

Cause Predisposing, Previous attacks.

Form, Recurrent Mania

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Yes.

Date of this Attack, 6 Mo. ago.

Duration, Six weeks,

No. of Attack, Has had several.

No. of Admission, 1st

Age First Attack, About 66 years.

Time of Leaving, Dec. 14. 1898

Time in Hospital, 2 m. 27 d.

Result, Discharged May 3. 1899. Improved.

EXAMINATION ON ADMISSION BY DR. L. B. Ely Date of 9/17/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Apparently good.

Recent Events, Quite good. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State, Impaired.

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

DELUSIONS, Systematized, Transitory, Special Subjects, Has some delusions of persecution, + inclines to lie, common with melancholia

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, Several months

ONSET, Gradual or Sudden, Gradual

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Says no insanity in family
Father, 63, healthy until death

Paternal Relatives,

Mother, 64 when died.

Maternal Relatives,

Brothers and Sisters, 5 boys + 3 girls healthy.

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 PRESENT WEIGHT, 131 lbs. USUAL WEIGHT, NUTRITION, not in good flesh color good.

WOUNDS, Abnormalities and condition of Skin, good condition

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

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. left pupil irregular - has adhesion to iris
Respond to light + accomodation.

SIGHT, Impaired

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

HEARING, Fair.

COORDINATION, Arms, Fingers to nose - eyes shut - No marked incoordination - Standing Legs, Grasp, shut - sways slightly.

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - fair of tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Good - has German accent.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Normal.

HEART, Murmurs, Strength, Sounds, Size,
No murmurs - Sounds of fair strength

Apex Beat, Regularity,
Regular + frequent.

ARTERIES,
Slight atheroma.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Expansion fair -
Breath sounds normal -

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and 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 altho probably never very bright - was, for his class, about the average. Was a hard worker + also possessed of considerable shrewdness. Hard work + poor nourishment have probably a great deal to do with his present condition.

Personal and Medical History of Herman Matzen.

1898

This patient was brought here by Sheriff Goodspeed attended by Mr. Devine, in fair physical condition, with the following history: No information concerning heredity & consanguinity. Has had various attacks lasting from one to two weeks during last five years: First symptoms of present attack manifested about six weeks ago - wandered about neighborhood nights - did not sleep - Disease appears increasing: Not variable. Derangement now manifested by belief that he is a soldier & fisherman & thinks his people want to kill him: Is disposed to injure others & wants others to shoot him: Is filthy & destructive in habits: Previous peculiarities - has been eccentric & morose in disposition.
No severe diseases nor injuries to head, so far as known. Has of late been watched by family & neighbors: Has received no treatment.

Sept. 17 On personal examination is talkative boisterous & imagines that people are conspiring against him.
On admission put upon B³ E (G.H.N. Rpt. Complexion dark: hair dark brown: eyes blue: Skin good condition: Several moles on back: Has double hernia: Is clean: Behavior good: Talks quite freely & intelligently:

Sept 30 Summary of 14 da. record by Dr. Herzog. During entire 14 days appetite has been good: pulse and temperature normal: At first bowels were constipated, later regular. During first ten days slightly maniacal, confused, and excited most of time. During rest of time depressed and anxious to leave. Sleep very poor during first ten days; rarely having as much as six hours & more frequently two to three hours. The last three or four days under Trional secured six to eight hours sleep a night: becoming much more quiet and agreeable and does some little work about ward. At end of fourteen days is quiet, neat and tidy in personal appearance considering his previous standing. Shows a slight dementia. Continued by Dr Phelps Oct 31 Wt. 132# Has been at times rather noisy: Is slightly emaciated. Does some work. Nov 4 Visited by son. Dec 14 Visited by son & went home with him: Patient not very much changed altho has improved a good deal.

Discharged.

Personal and Medical History of

Personal and Medical History of Henry L. Ingles.

Whole No. 5140

Residence, St. Paul. Minn.

Date Admission, September 21st 1898.

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

How Sent, Gilluck & O.P. Ramsey Co.

Sex, male Age, 38 yrs.

Civil Condition, Single

Children, ——

Age Youngest Child, ——

Occupation, Railway mail clerk.

Degree Education, Common school.

Profession, Religion, Presbyterian.

Habits, Not intemperate.

Nativity, Kentucky Father N.H. Mother Me.

Physicians Committing, A.W. Whitney & C.E. Riggs.

Correspondents, L.J. Ingles 406 No Exchange St. St Paul

No. of Year,

Insane Relatives, None.

Cause Exciting, Syphilis.

Cause Predisposing, Previous attack.

Form, Syphilitic Insanity

Accompanying Bodily Disorder, Syphilis.

Suicidal or not, Not.

Date of this Attack, 6 mos. ago.

Duration, 6 mos.

No. of Attack, 2nd

No. of Admission, 1 time (at St Joseph's Hosp. St. Paul)

Age First Attack, 36 yrs.

Time of Leaving, July 3. 1899

Time in Hospital, 9m. 11 d.

Result, Discharged Oct. 21. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. C. B. Eby *Date of* Sept 22'98.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, Good. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, -Good

Own Mental State, Fair.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, Comparatively Long.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No insanity - No inebriety
Father, Dead - 65. old age Lost mind.

Paternal Relatives, All well.

Mother, Died 45 Pneumonia.

Maternal Relatives,

Brothers and ~~Sisters~~, Healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had Typhoid (bad) Lung fever - No injuries - Syphilis 2yrs. ago.

HABITS, Drinking and Smoking, Drank - Smokes some.

HEADACHES, VERTIGO, OR CONVULSIONS, None.

OCCUPATION, Healthy or not,
Great physical + mental strain.

Detail Date, Duration, and Character of Previous Attack, if any,
May'96 had an attack of delirium + was married.

Sleep, Appetite, and Bowels,
About time ago did not sleep well.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 7½ in PRESENT WEIGHT, 130½ lbs. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, None. skin healthy. has some syphilitic scars.

TONGUE, Coatings or Promptness of Movement, Coated at base - prompt movement.

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, Good.

COORDINATION, Arms, good Legs, Standing eyes shut - sways slightly, more than normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None of hands - Coarse of tongue.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, good.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Normal

HEART, Murmurs, Strength, Sounds, Size,
No murmurs - Sounds good
Apex Beat, Regularity,
Size normal - Is regular.

ARTERIES,
No atheroma

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). About two years ago had first attack - he says brought on by overwork + Syphilis - Insanity is now shown by some exaltation: Is very talkative, but no apparent delusions. Says his brother had him sent here at the investigation of Col. Monfort of St. Paul as he did some things which Col M. did not like. - as taking home a friend who was drunk, when the Hotel Clerk thought that he should stay at hotel over night. At another time he borrowed 50 cts of Mrs. Sommers. Col. Monfort's brother-in-law + in his returning it went into Sommers apartments + left 5 cts - 1 ct. for interest. Col. Monfort claimed he frightened Mrs. Sommers who is an invalid.

Personal and Medical History of Henry L. Ingles.

1898

This patient was brought here by Sheriff's deputy F. J. Egan, in fair physical condition, with the following history:- First attack occurred in May '96 & lasted three months. patient was at St. Joseph's hospital, St Paul: First symptoms of present attack manifested six months ago, characterized by exaltation: Disease appears decreasing: Derangement manifested by erratic conduct & mild exaltation: Not disposed to injure others: No disposition to filthy nor destructive habits: No previous peculiarities manifested: No history of intemperance in parents nor self: No severe diseases nor injuries to head: Has neither been confined nor restrained but has received hospital treatment as above stated & is now taking 100 grs. Iodide ter die.

On personal examination no further particulars noted.

Sept 21 On admission put upon I.W.E. (G.H.N. Apt. Complexion light: hair dark brown & gray: Eyes dark brown: Skin fair condition: Small scar on right cheek: Vaccination marks on left arm: Small marks & pimples over body: Behavior good.)

Continued by Dr. Phelps. Sept 22 On admission talked quite rationally: No special delusions were prominent. Rather boastful & exalted. Sept 28 Is noted as rather restless & nervous & troubles other patients. Oct 2 Noted as talking about three hours during night. & was rather abusive when nurses tried to quiet him. Oct 5 Again noisy during night. would not stop when requested Refused to get up in morning. Trans to B3. Jan 1'99 Noted as being quite talkative: Is somewhat mischievous Claims that his name is little Willie: Takes Iodide Pot. regularly. Feb 1'99 Physical condition good: Eats & sleeps well: Bowels regular: Does some work on ward: Is easily irritated. May 5 Complained of pain in back: Given plaster: improved

July 3. Patient allowed to go out on trial today: Was in good condition both physically & mentally.

Discharged.

Personal and Medical History of

Personal and Medical History of John Folkenstein

Whole No. 5141
Residence, Hastings, Minn.
Date Admission, Sept. 27 1898.
Admitted by Dr C. B. Eby hour, 7.50 P.M.
How Sent, J. P. Moran J. of P. Dakota Co.
Sex, male Age, 55 yrs.
Civil Condition, married.
Children, none
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, not intemperate.
Nativity, Germany (Parents also born there.)
Physicians Committing, H. Van Buck & J. E. Finch.
Correspondents, Became resident of state & Co wife - Johanna Folkenstein Hastings, Minn.

No. of Year,
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, —
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Sept. 6th 1898
Duration, about three weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 55 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 9/28/98

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,
Much depressed.
DELUSIONS, Not Systematized, Transitory, Special Subjects,
Of persecution.
Very reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 - will not give cause & age
Paternal Relatives,
Mother, died
Maternal Relatives,
Brother~~s~~ and Sister~~s~~, Condition unknown
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, Some headache
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any, Was in insane hospital in Bavaria at age of 32 was there 9 months - attack similar to this.
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Assymmetry of face. - Skin quite good condition.
TONGUE, Coatings or Promptness of Movement, Slow - heavy yellowish white coat on dorsum.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Respond to light & accomodation.
SIGHT, Slight impairment.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, do
COORDINATION, Arms, fair Legs, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands, of tongue.
PATELLAR REFLEX, 8-9 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Yes.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No murmurs -
Apex Beat, Regularity,
Sounds weak, rapid & slightly irregular
ARTERIES,
Temporals slightly stiff & prominent.
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 the present Mental and 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 melancholia almost stuporous: facial expression dull & set. Is much depressed, says everyone is after him, that he is a poor sinner &c. Very reticent, dislikes to speak & answers questions only after they have been repeated several times. Probably had slight dementia after the first attack.

Personal and Medical History of John Folkenstein.

1898

This patient was brought here by J. Hyland, Sheriffs deputy attended by Jacob Krohmer, in fair physical condition, with the following history:-
No knowledge concerning history of consanguinity. No heredity. Father was intemperate. First symptoms were manifested about three weeks ago by brooding & stopping work. Disease appears slowly increasing. Not variable. Derangement now manifested by imagining that he must die; insists upon being persecuted by the whole world. Broods continually. Almost complete loss of sleep. Not disposed to injure others. Neither filthy nor destructive in habits. Previous peculiarities - has always been considered slightly deranged and abnormally irritable. No severe disease nor injuries to head ever sustained. No confinement nor restraint ever employed. No treatment pursued.

Sept 9/98 On personal examination is non-communicative, hangs down head, eyes down-cast, has fits of crying, & imagines himself persecuted by enemies also imagines that he must die.

On admission put upon B³ E/4 H.N. Pat. Complexion light. Hair gray. eyes blue. Skin good condition. Vaccination marks on arm. Hernia on left side. Is clean. Behavior good.)

Oct 10 Summary of 14 da. record by Dr. Herzog. Temperature and pulse normal during entire fourteen days. Appetite has been very poor and sleep during first week much broken except for two nights when he slept well under 20 gr. Trional. Was very depressed and melancholy & restless during night but clean tho not tidy in habits - During second week became more stupid, would not speake even in answer to questions, paid no attention to his surroundings and was filthy. His appetite has been continually poor and patient has lost in weight. Treatment has been confined to 10 drops, deodorized tincture of opium 3 x day with licorice powder at night.

Continued by Dr. Phelps Oct 12 Trans. to B'. Has been rather stupid; Has to be dressed & undressed. Does not answer questions. Nov 14 Trans. to A'. Has during the last month had a sore on left hand. Has also a sore heel which he has had since the middle of October & which has had to be dressed daily.

Jan 31/99. Usually dull & quiet however, Has had spells of active, excited behavior
Feb 1 - 1899 July 31/99. Feb 1 Wt. 155#. Does not talk: Is melancholy: Physical condition good
Aug 1 Has required no treatment during period. Aug 1. Wt 168#. appetite good: goes
Dec 1 out every day: works in dining-room. Dec 1. Suffering with Asthma: refused nourishment
" 30 1900 put on treatment & improved. Dec 30. Has recurrent attacks of asthma - Apl 3/1900. Trans ferred
Apl 3/14 to IW & put to bed & on treatment. Apl 14. Dressed & transfered to A'. July 1. Wt 129 ℔. P. Pt.
July 14/1 July 1. Had a severe attack of asthma - July 21. Was vaccinated, unsuccessfully. -
Aug 1 Works in ward. Is on treatment for asthma. Has had no attacks for 3 months —

Personal and Medical History of John Folkenstein

1900

Dec 1, 1900 Had slight attack of asthma. Jany 1/1901. 139# - asthmatic attacks are more frequent. -
Jan 31 Condition remains about same. — Mar 1. Is quiet: neat and clean in his habits.
Apl 1 Has had several attacks of asthma; Under treatment & improved - July 31. Patient seems,
July 31 physically, quite well, but mentally depressed - Still subject to asthmatic attacks -
Aug 1 Wt 136#. Nov 30. No special notes to make. Jany 31/01. Is usually quiet and
1901 Jan 31 well-behaved: Health good. no further notes.
Jan 31/03. Is quiet - unchanged during period - neat - well behaved.

Personal and Medical History of Carl J. Carlson

Whole No. 5142
Residence, ? (St Paul.)
Date Admission, September 28' 1898
Admitted by Dr. H H Herzog hour, 7 P.M.
How Sent, G Willrich Jaf P. Ramsey Co.
Sex, male Age, 42
Civil Condition, married
Children, 7
Age Youngest Child, —
Occupation, Carpenter
Degree Education, None
Profession, Religion, None -
Habits, Not intemperate.
Nativity, Sweden (Parents also born there)
Physicians Committing, Park Pitchie & Chas P Arzt
Correspondents, wife - 768 De Soto St. St Paul

No. of Year, 35
Insane Relatives, None
Cause Exciting, worry & domestic trouble.
Cause Predisposing, —
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Has attempted suicide.
Date of this Attack, One week ago.
Duration, One week
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42
Time of Leaving, Dec. 8. 1898
Time in Hospital, 2 m. 10 d.
Result, Discharged May 3. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 135 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

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 the present Mental and 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 Carl J. Carlson

1898

This patient was brought here by Thomas Moriarty, 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 were manifested one week ago; attempted to cut throat yesterday borrowed a gun to kill snakes. Disease appears increasing. Is variable, is emotional, hysterical, & has a violent temper. Derangement now manifested on subject of domestic trouble. Patient is disposed to injure others only when excited. No disposition to filthy nor destructive habits. Previous peculiarity noted, a violent temper. No severe diseases nor injuries to head. No confinement nor restraint employed. No treatment pursued so far as known. On personal examination condition believed to be not permanent.

Sept 24/98 On admission put upon B.E. (U.S.N. Rpt. Complexion light; hair light, eyes blue. Skin good condition. Vaccination marks on left arm & one hard lump above left eye; mole below eye. Scar on inside of left thigh. Is clean. Behavior good.

Sept 28 to Oct 4 Summary 14 da. record by Dr. Herzog. Temperature and pulse have been normal during entire fourteen days and appetite good. Sleeps well as a rule but for several nights slept only five or six hours. Has gained quite considerably physically and is rather better mentally. At first was decidedly anaemic, thin and weak, bowels constipated and complained of his stomach troubling him. Lay in bed most of day for two days but gradually became stronger until he was able to be up and about and to do considerable work. Was given licorice powder & Elixer of Iron, Quinine and Strychnine which was later changed to Elixer of Iron & Cinchona. Talked quite rationally toward latter part of fourteen days & admitted freely that he was mentally unbalanced before coming here. His domestic affairs still trouble him and it is rather difficult to reconcile him to the idea of remaining here until he gets stronger. He feels that he has left his family without means of support and is uncertain as to his wife's intentions in a divorce suit which she commenced. He is still rather too easily excited and too readily confused to be called normal and in addition his nutrition is not good but it would be very difficult to point to any definite sign of mental trouble.

Continued by Dr Phelps Oct 31 Behavior quite good. Says he was insane a few days in St. Paul but thinks he is alright now. Or Q. Worries about family.

Dec 8 Went home today. Has continued fairly quiet & intelligent in manner.

Discharged.

Personal and Medical History of

Personal and Medical History of James W. Dresser

Whole No. 5145
Residence, St. Paul, Minn.
Date Admission, September 29th 1898.
Admitted by Dr. F. M. Phelps. hour, 6:45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 73 yrs.
Civil Condition, married
Children, Six.
Age Youngest Child, -
Occupation, Contractor.
Degree Education, Common school.
Profession, Religion, Not a church member
Habits, not intemperate.
Nativity, Maine (Parents also born there.
Physicians Committing, G. Stamm & W. Archibald.
Correspondents, Jas. Dresser 1097 Edmund St. St Paul.
daughter. Minnewaukan, Dak.

No. of Year, 38
Insane Relatives, "Not known except one aunt"
Cause Exciting, Atheroma"
Cause Predisposing, possibly senility.
Form, Senile Dementia
Accompanying Bodily Disorder, Atheroma
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, 73 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital, 1 yr. 6 m. 28 da.
Result, Died. Cerebral Hemorrhage

Patient refused examination.

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

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

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 W. Dresser.

1898

This patient was brought here by Sheriff's deputy Martin Fannigan, in fair physical condition for age with the following history:- First symptoms of insanity manifested ten days ago by delusions of a melancholy character. Disease appears increasing. Is not variable: patient is afraid of being poisoned etc. No disposition to filthy or destructive habits: No previous peculiarities manifested. No severe diseases nor injuries to head: No confinement nor restraint employed: Has been under care of a physician. No further particulars noted on personal examination.

Sept 29 On admission put upon B^{3} (G.H.W. Rpt. Complexion light hair gray eyes blue skin in good condition: Left hand crippled & one finger gone: Is clean: Behavior good.) Summary Notes by Dr. Phelps. Patient on admission rather talkative, very obstinate; is confused in manner: Refused to take a bath Expects his son to go & visit the Vanderbilts with him. Sept 12 Confused; rather rambling & restless in manner. Oct 21 Patient very peculiar in manner. Still on Infirmary. Walks up & down a good deal, "to get blood in circulation". Complains of being cold. Still confused: Nov. 1 Behavior

1899 has improved but patient is still peculiar. Dec. 1 Wt. 99# Jan 4 101# Patient

Feb 1 has not changed in any special respect. Feb 1 - July 31 '99 - (Dr Manous). Patient

to has many delusions: Is stubborn & inclined to be pugnacious

July 31 at times: Has hallucinations: Mch 2 Asked to try on new clothes, became very violent & pugnacious: May 26 Trans. to A^{4}. Is troublesome & noisy: Talk incoherent. June 9 Tried to elope through window

Aug 3 Trans. to B^{3}. July 29 Visited by friends. Aug 3. Wt 114# P68 - Sep 30. Is delusive and

Oct 31 Easily irritated: neat & clean. Oct 31. Frequently receives fresh fruit from home. Jan 10/1900 - Visited by

1900 Jan 10 daughter. Apl 23. Patient much confused & weak: in bed, most of the day: put on treatment: refuses to

Apl 26 be examined by physician. Apl 26. Refused nourishment & medicine & was transferred to T.W. - Received on Ward 9^{45} am. 10^{35}. Patient found dead in chair.

Died

Personal and Medical History of

Personal and Medical History of James Foley

Whole No. 5150
Residence, St. Paul, Minn.
Date Admission, October 7th 1898
Admitted by Dr. A. H. Herzog hour, 6 P.M.
How Sent, G. Willrich Jail Ramsey Co.
Sex, male Age, about 35 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, limited.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Ireland. (Parents also born there.)
Physicians Committing, E. W. Buckley & H. P. O'Brien.
Correspondents, Philip Foley, Cor Ramsey & 7th Sts. St. Paul, Minn.

No. of Year, 43
Insane Relatives, One sister has delusions
Cause Exciting, Alcohol.
Cause Predisposing, —
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, One week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, about 35 yrs.
Time of Leaving, Mar. 13. 1899
Time in Hospital, 5 m. 6 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 3/4 PRESENT WEIGHT, 137 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. 1032 Reaction, acid Color and Appearance, Clear yellow.

Albumen, —— Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Foley.

1898

This patient was brought here by Sheriff's deputy J.B. Arend, in fair physical condition, with the following history: No knowledge concerning history of consanguinity: One sister has delusions: Patient very intemperate: First symptoms of insanity manifested one week ago: Disease appears increasing: Not variable: Derangement now manifested by fear of bodily injury: Not disposed to injure others: Neither filthy nor destructive in habits: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. No further facts obtained on personal examination.

Oct. 7 On admission put upon B^3 E (G.H.N. Rpt. Complexion dark: hair black: Eyes dark blue: Skin in good condition: First finger on right hand crippled: Vaccination marks on left arm: Arms covered with freckles: Blood blister on left hand: Behavior good.)

Oct 19 Summary of 14 da. record by Dr. Herzog. During entire fourteen days temperature and pulse normal: Appetite fair the first week and good the second: On three nights slept very little or none and on these nights was much more troubled by his hallucinations. He has gained somewhat physically, is neat and tidy in his habits and will do a little work about the ward. The latter part of the two weeks. Has continually delusions of persecution thinks he is to be killed and frequently asks to be killed right away instead of being tortured. He frequently remarks "you can kill me but you cannot make me crazy"

Continued by Dr Phelps. Oct 28 Patient still rather deluded & quiet: Works some: Is neat in appearance & habits. Jan 31'99 Now at annex: Has been fairly quiet altho at times sullen & once or twice has been violent.

Feb. - Mch 13'99. (Dr. Wanous) Wt. 140.# Patients behavior good: Works on ward: Physical health good: Talk rational. Wants to work for himself

Mch 13'99 Allowed to go out on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Daniel E. Lowrie.

Whole No. 5151
Residence, Lake City Minn.
Date Admission, Oct. 7th 1894
Admitted by Dr. R.M. Phelps hour, 7 P.M.
How Sent, M. Kennedy Jaft. Wabasha Co.
Sex, male Age, 55.
Civil Condition, married
Children, Eight.
Age Youngest Child, —
Occupation, Farming & Gardening
Degree Education, Common School.
Profession, Religion, Not a church member
Habits, Temperate.
Nativity, Penn. (Parents also born in Penn.)
Physicians Committing, Ed. Bayley & Wm. F. Wilson
Correspondents, W.J. Lowrie, Lake City, Minn.

No. of Year, 44
Insane Relatives, None.
Cause Exciting, Some brain lesion.
Cause Predisposing, —
Form, Organic Brain Disease
Accompanying Bodily Disorder, brain lesion
Suicidal or not, Not.
Date of this Attack, 6 Mo. ago
Duration, 6 Mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 55 yrs.
Time of Leaving, Nov. 5. 1894
Time in Hospital, 29 d.
Result, Discharged May 3 1895
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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 119 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 the present Mental and 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 E. Lowrie

1898

This patient was brought here by Sheriff's Deputy J. J. Foley, in fair physical condition, with the following history: No history of consanguinity nor heredity: First symptoms manifested about six weeks ago by headaches & symptoms of disease of brain: Disease appears stationary: Is variable, appears worse in forenoon: Derangement now manifested by mental incoördination, effection of speech: fits of temper & some mental enfeeblement: Has threatened injury to others: No filthy nor destructive habits: Was troubled with headaches and dizziness for some time previous to accession of disease: No history of intemperance in parents nor in self: Has been subject to no severe diseases nor has he had any injury to head: Has neither been confined nor restrained: Has been given hygenic treatment & sedatives, with some improvement. On personal examination shows mental enfeeblement: has a wild look at times: Indications of brain softening or some brain lesion which affects the mind.

Oct 7 On admission put upon B^3E (G.H.N. Rpt. Complexion light hair dark brown: Eyes blue: Skin in poor condition: Vaccination marks on left arm: Scar about 1½ in. long on left knee; Body covered with pimples: Behavior good.)

Summary Notes by Dr Phelps. On admission rather quiet & well-behaved: somewhat confused: Seems to expect to be taken home. Oct 13 Goes walking: rather well-behaved but inactive & dull Oct 29 Has parole of grounds.

Nov. 5 Patient has behaved quite well & was today taken home: Health good: Talked quite freely & sensibly.

Discharged.

Personal and Medical History of

Personal and Medical History of August Griese

Whole No. 5157
Residence, Freeborn, Minn.
Date Admission, October 8th 1898.
Admitted by H.H. Herzog hour, 10 AM.
How Sent, H. Blackmer J. of P. Freeborn Co.
Sex, male Age, 39 yrs.
Civil Condition, married
Children, 3
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Limited
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Germany. (Parents also born there
Physicians Committing, A.L. Midgley & F.A. Blackmer M.D.
Correspondents, Mrs. Aug. Griese Trenton, Minn.

No. of Year, 45
Insane Relatives, None — so far as known
Cause Exciting, Unknown,
Cause Predisposing, Previous attack
Form, Chronic Mania
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Has threatened to kill himself & wife.
Date of this Attack, 1 mo. ago
Duration, About one months.
No. of Attack, 2nd (1st 3 yrs. ago)
No. of Admission, 1st
Age First Attack, 36
Time of Leaving, Dec. 6. 1898
Time in Hospital, 1 mo. 28 da.
Result, Discharged May 3. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 PRESENT WEIGHT, 152 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. 1022 Reaction, Acid Color and Appearance, Clear-yellow

Albumen, — Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 August Giese

1898

This patient was brought here by sheriff's deputy W.C. Mitchell, attended by M. Madson in fair physical condition, with the following history:- First attack occurred three years ago: No history of consanguinity, heredity, nor intemperance in parents nor self: First symptoms of present attack manifested a month or two ago by delusions, thinks that his wife is a witch: Accuses her of infidelity: Disease appears increasing: Is variable, (no information in regard to this.) Derangement now manifested by delusions, but it is difficult to learn their extent: Has threatened to kill his wife & himself: Has attempted to destroy furniture & set bed on fire: Has been growing irritable & has had something wrong with him for several years. No severe diseases but sustained injury to head one year ago- No confinement nor restraint employed: No treatment given:

Oct. 8 On personal examination appears wild & unmanageable; has driven his wife from the house.

On admission put upon B³E (G.H.M. Rpt. Complexion dark: hair dark brown eyes brown: Skin in good condition: Scar on left foot about 1½ in. long: Has two moles on back: Behavior good: Converses & answers questions fairly intelligently.) Summary 14 da record (Dr Herzog) Pulse & temp- normal: appetite good: sleep good after first two days: bowels inclined to be constipated: Is fairly intelligent & quiet agreeable, but delusions of infidelity of wife remain as before- Continued by Dr Phelps- Oct 1 Wt. 161#. Patient for the most part, altho Melancholy is quiet. Dec 6 Visited by Wife & taken home

Discharged

Personal and Medical History of

Personal and Medical History of Wallace J. Hope

Whole No. 5154
Residence, St. Paul, Minn.
Date Admission, October 13 '98
Admitted by Dr A. F. Kilbourne hour, 7 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 35 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Travelling salesman.
Degree Education, Common school
Profession, Religion, Baptist.
Habits, Formerly intemperate.
Nativity, Wis. (Parents born in Ireland)
Physicians Committing, L.C. Bason & A. Sweeney.
Correspondents, H.C. Hope. Supt. Tel. Dept., C.St.P. M & O.Ry. St. Paul

No. of Year, 47
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, —
Form, ~~Chr. Alcoholic Dementia~~ ac. mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Three months ago.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st hrs (at City Hospital St. Paul, 10 days.
Age First Attack, 35 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 10/14/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused and sluggish.
MEMORY, Past Events, Slightly impaired.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert and at times illusive.
REASONING POWER, Ordinary Subjects, Not connected.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly depressed
DELUSIONS, Not Systematized, Transitory, Special Subjects,
Conversation voluble - slightly incoherent.
HALLUCINATIONS, Of common sensations
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 dropsical - 78
Paternal Relatives,
Mother, Living, healthy.
Maternal Relatives,
2 Brothers and 4 Sisters, One sister nervous - rest healthy
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies Syphilis - had gonorrhoea
HABITS, Drinking and Smoking, Drank hard up to 2 yrs. ago.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Salesman of novelties
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep poor: Appetite fairly good: bowels constipated.

Personal and Medical History of Wallace J. Hope.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 PRESENT WEIGHT, 144 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, hair gray - says it is a family trait. Eyelids puffy - slight acne and acne rosacea.
TONGUE, Coatings or Promptness of Movement, Heavy yellowish coat at base - quite prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - slightly contracted - Respond to light & accomodation
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Outline of pupils not perfectly circular.
HEARING, Good.
COORDINATION, Arms, Quite good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, ~~General~~, Slight of hands & tongue: Slight of facial muscles when speaking
PATELLAR REFLEX, 10 equal Other Reflexes, Slight Clonus
ARTICULATION, Slurred, Hesitating, Slow, Slightly slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No murmurs noted. 2nd sound at all points sharp & clicking. Apex beat slightly displaced to left. rapid - much affected by exercise.
Apex Beat, Regularity,
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,

11/4/98 EXAMINATION URINE, Quantity, — Sp. g. 1027 Reaction, Acid Color and Appearance, Clear - yellow.
Albumen, — Sugar, —
Casts and Crystals,

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

Give condensed statement of the present Mental and 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 peculiar and variable delusions regarding his physical condition and his anatomy. At one time he thinks his larynx is displaced, at another that his kidneys are gone, that one side of his brain is not working well & that he can correct the trouble by peculiar gymnastic exercises. Face is rather puffy & circulation poor. Cirrhotic tendency. Chronic alcoholic dementia with some paretic signs.

Personal and Medical History of Wallace J. Hope.

1898.

This patient was brought here by Sheriff's deputy P.G. Nielsen attended by Wm. Blair, with the following history:- No history of consanguinity or heredity: First symptoms of insanity manifested three months ago by loss of sleep + delusions: Disease appears increasing: Not variable: Derangement manifested by belief that he is being admitted to a secret society, thinks he is influenced by electricity: Threatens but never has attempted injury to others: No filthy nor destructive habits: No previous peculiarities manifested: Patient intemperate up to two years ago: No severe diseases nor injuries to head sustained: Was at City hospital St Paul about ten days: has received no treatment except sedatives.

10/13/98 On personal examination is full of delusions relating to secret societies + talks incoherently on all subjects: On admission put upon B³E. (G.H.N. Rpt. Complexion fair hair grayish black: eyes hazel: Vaccination marks on left arm: Slight eruption over body: Toes large, very peculiar, being very short + thick: Behavior very restless.)

Summary 14 da record by Dr Herzog Pulse + temp. normal: Sleep varying, on some nights fairly good, while on one or two nights 2-3 hrs. Is restless + inclined to be pugnacious, is untidy in dress at times and at others neat: Delusions many + changing, almost all referring to disturbances of his physical organization, the part which is displaced varying from day to day. Patient frequently places himself in peculiar attitudes + pounds + rubs various parts of his body in order to restore organs to place. Appetite fair. Some delusions of persecution: No improvement during 14 days.

Continued by Dr Phelps. Nov. 1 Talks rather irrationally: Somewhat melancholy in manner: Very peculiar in all habits + uncertain in behavior, is easily irritated. Nov. 9 Visited by sister: 29 Visited by Dr Riggs. Dec. 1 Wt. 140# Complains of various pains in body. Dec 19 More careless in dress + appearance: Is growing more confused: When personally talking with him he gives a history of syphilis. but remarks are not trustworthy.

1899 Feb 1 99 to July 31 99. (Dr. Wanous) Wt. 144. Patient quarrelsome, obstinate + profane. Imagines that internal organs are deranged + other people have them. Mch. 22 Visited by sister. Received blow in face from H. Jamison. Apr. 23 Continues the same: Is losing in weight. July 31 no change.

Aug 1 Wt 136# P120. Nov 30. Still believes he is charged with electricity; goes through peculiar movements

1900 Jan 2 "which, he says, are produced by Electricity in him". Jany 2/1900 - Imbed on account of abscess

" 9 on right foot. Jany 9. Had trouble with patient Lubke + was struck on eye. June 4. Had trouble with

June 4 patient + received blow on eye. July 6. Wt 147#. July 16. visited by sister. July 20. Was

July 16/20 vaccinated unsuccessfully. Aug 31. Patient confused: delusional, pugnacious —

Oct 26 Was transferred to 1W + put to bed: put on extra diet + opium treatment, with increasing

Dec 14/15 doses. Dec 14. Patient up + Dressed: treatment still continued - Dec 15. Transferred to B3!

Personal and Medical History of Wallace J. Hope

1900 cont.

Dec 15 Patient is somewhat quieter, but no improvement noted, mentally: medicine discontinued -

1901 Jany 31 Is restless + very troublesome: still full of delusions. Feby 1. Wt 140#. March 1. Had trouble

Mar 1 with L. D. Porter: no injury: Apl 6. received severe blow on nose from M. Galvin: no permanent

June 26 marks. June 26. Visited by sister. July 9. Slight scalp wound, at the hand of J.A. Wallin.

July 16/31 Cut slightly on wrist by J.A. Wallin, with a cup. July 31. no change: peculiar in action.

Aug 1 irrational: frequently getting into trouble with other patients: habits slovenly. Aug 1. 131#

Nov 1 Wt 133#. Jany 31/02. no change in mental condition: has been constantly very confused:

1902 Jan 31 meddlesome + frequently quarreling with other patients: habits destructive: often very destructive at night. Physical health fairly good. Feb. 1/02 138#. Aug. 1/02 131#.

Physical condition has been fairly good. Kept in bay most of time - very quarrelsome - frequently scuffling and fighting - Often receives minor bruises and cuts. Is very irrational and delusional

Personal and Medical History of Philip Stokoe

Whole No. 5155
Residence, Ramsey Co. Minn.
Date Admission, October 16th 1898
Admitted by Dr. C. B. Eby hour, 6 55
How Sent, G Willrich J. of P. Ramsey Co.
Sex, male. Age,
Civil Condition, married.
Children, 4.
Age Youngest Child, –
Occupation, Machinist.
Degree Education, Common school
Profession, Religion, Baptist.
Habits, Not intemperate.
Nativity, England (Parents also born there.)
Became resident of State & Co 16 yrs ago.
Physicians Committing, R S Bole + Frederick Leavitt
Correspondents, Mrs. P. Stokoe 36 Sycamore St., St. Paul.

No. of Year, 48
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, "
Form, Acute Confusional Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, About one week.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 45 yrs.
Time of Leaving, Mar. 1. 1899
Time in Hospital, 4 m. 14 d.
Result, Discharged Aug. 9. 1899.
~~Recovered~~ Imp.

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 Dulness, 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 Philip Stokoe

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ in PRESENT WEIGHT, 117½ 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 the present Mental and 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 Philip Stokoe

1898

This patient was brought here by sheriff's deputy L. J. Egan, in fair physical condition, with the following history: No knowledge concerning consanguinity: No history of insanity nor intemperance in parents nor self: First symptoms of insanity were manifested about one week ago by delusions: Disease appears increasing: Not variable: Derangement now manifested by delusions: - Imagines many things which have no existance: No disposition to injure others, nor to filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued.

10/16/98 On personal examination patient said to have suffered from influenza & has been ill for the past few months previous to present delusions. On admissions put upon B^3E (G.H.U. Rpt.) Complexion light: hair brown: eyes blue: Skin in good condition: Vaccination marks on right arm: Hernia on right side: Behavior good: Talks quite rationally.

10/16/98 Summary 14 da. record by Dr. Herzog. Temperature & pulse normal: sleep good: appetite good: after first three days improved considerably in health & strength, tremors less marked and timidity disappearing.

Continued by Dr. Phelps. Appears rational: quite neat & tidy: Fairly well behaved.

Nov. 21 Trans. to A'. Has been quite rational in all ways: Jan 11 '99 Trans. to Infirmary: Complaining of sore throat. Jan 31 '99 Up & out on ward. Sore throat only lasted a few days. Feb 1. - Mch 1 '99 (Dr Wanous) Patient remains on ward: Is quiet & well behaved: Will do most anything to help nurses: General health good: Mch. 1 '99 To-day sent home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Robert Davison.

Whole No. 5156
Residence, Austin, Manc.
Date Admission, October 17th 1898.
Admitted by Dr. A. T. Kilbourne hour, 10 45 Am.
How Sent, S.S. Markham Dept. Morrisboro.
Sex, male Age, about 70 yrs.
Civil Condition, divorced
Children, Six
Age Youngest Child, -
Occupation, Labourer.
Degree Education, Common school
Profession, Religion, A church member.
Habits, Very intemperate.
Nativity, Scotland (Parents born in Scotland)
Physicians Committing, Recommendation of State in 58 of Co. in 1891 Fenwick & Pearson - Dr. Duncan
Correspondents, [illegible]

No. of Year, 49
Insane Relatives, None
Cause Exciting, Injury to head
Cause Predisposing, -
Form, Epileptic Dementia
Accompanying Bodily Disorder, Convulsions.
Suicidal or not, Not.
Date of this Attack, During last two years.
Duration, 1-2 yrs.
No. of Attack, 1st
No. of Admission, 2nd
Age First Attack, abt. 70.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Alert - fairly quick.
MEMORY, Past Events, Impaired
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
alert - correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.
DELUSIONS, At times Systematized, Transitory, Special Subjects,
Is hypochondriacal - Rather weak minded & silly.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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).
Says none - Father, Can't remember
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Injury to Head.
HABITS, Drinking and Smoking, both to excess -
HEADACHES, VERTIGO, OR CONVULSIONS, Headache & epileptic 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

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin, Moles on back - Skin quite healthy.
TONGUE, Coatings or Promptness of Movement, fairly clean & prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, Impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Much impaired
COORDINATION, Arms, Quite Good Legs, quite good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight.
PATELLAR REFLEX, Normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No Strong
Apex Beat, Regularity, Regular 5
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 the present Mental and 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 fair physical health - Has epileptic convulsions, is hypochondriacal & rational. Has delusions at times - Is quick-tempered - talks a great deal & is rather silly. Mental grade probably fair with little education. Has been an intemperate. Diagnosis Epileptic Dementia, cause probably injury to head aggravated by alcoholism.

Personal and Medical History of Robert Davison

1898

This patient was brought here by Sheriffs deputy John C. Johnson in much impaired physical condition with the following history:- No history of consanguinity, heredity: Has been very intemperate: First attack: Symptoms first manifested about two years ago: Disease appears increasing: Disease variable, but no entirely rational intervals: Derangement now manifested by rambling talk, nonsensical at times: has convulsions, epileptical in character: Mind seems weak: No disposition to injure others: No disposition to filthy nor destructive habits: No previous peculiarities manifested: Received injury to head in 1890, has had convulsions: Has been here before, as an inebriate. From Dec 8'94 to May 11'97 (See Volume 22 Folio 257 No. 3929).

On personal examination Check bitten during convulsions: Scar on head: Rambling talk: Desire to sleep out of doors: Desire for treatment.

Oct 17 On admission put upon Infirmary (G.H.U. Rpt. Complexion dark. Hair black & gray: eyes gray: Skin in fair condition: Has full beard: Scar about four inches long on lower left side of back: Small sore on back of left hand. Behavior good: Is deaf.)

Summary Notes by Dr. Phelps, Oct 17 Received on ward: Memory seems almost gone. Very restless. 19 & 20 had convulsions Oct 30 Rather noisy: Behavior is very foolish & childish: Is becoming a little violent. Jan 31'99 No special change. Had convulsions on 1st, 2nd, 6th, 7th, 16th & 18th of December. Jan 4 Became very violent one day in dining room without any cause & since then eats on tray. Feb 1'99 - July 31'99 (Dr Wanous) Wt. 166# Mental condition & memory poor: Is subject to epileptic fits. Physical condition good: Feb 18 Trans. to annex.

1900 From May 8 - 29. had convulsions almost daily. Aug 1 - Jan 31'1900 (Dr Chapple

-20- Aug 1'99. Wt. 168# Pulse 96. Very little change during period: has had convulsions at intervals: Physical condition quite good: Often complains of feeling

Jan 31 sick: & wants to be examined frequently: Habits rather untidy: Does

Feb 1 nothing: Is contrary & at times pugnacious. Feby 1. Wt 175# P86. Mar 22. Received

July 20 Cut on scalp 1½ in long, in fight with M. Wineman. July 20. Vaccinated: result good. July 31. Has

31 had quite frequent "epileptic seizures": behavior very disagreeable: very irritable & attacks others, without any provocation. Is hypochondriacal: always complaining of some ailment: "always wants to be examined": goes to bed: at times, pretending to be sick, but gets up & walks about,

Aug 1 when he thinks he is not observed: habits untidy: does no work. Aug 1. 175 lbs - Sep 10. To D2

1901 Jan 31 Condition the same, from day to day: has frequent convulsions: is childish: frequently complains

Feby 1 of being used up: Easily angered & will strike, without provocation. Feby 1. Wt 177# P110

28 Fell on radiator, during convulsion, bruising shoulder badly. Transferred to TW. Put to bed and

Mar 12 bandage applied to shoulder. March 12. Up, onward. March 14. Transferred to D2

July 31 No changes of importance: former notes hold good, at this date. Does no work -

Personal and Medical History of Robert Davison

1901

Aug 1 1902 Jan 31 Wt 173#. Nov 1. Wt 181#. - Jany 31/02. No change of importance: Does some work when in "quiet spell"; but, during periods of unrest, he is very "cranky" & noisy & frequently pugnacious. Does nothing: habits fairly tidy: has occasional light convulsions. Aug 1, & Feb. /02 176#

1903 Jan 31. Patient has gradually aged during year - frequent convulsions - very childish - irratable and ugly at times. Occasional fight - somewhat untidy. Does no work.

Personal and Medical History of Jacob Schneider

Whole No. 5157
Residence, St. Paul, Minn.
Date Admission, October 19th 1898
Admitted by Dr. H H Herzog. hour, 7 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 40 yrs.
Civil Condition, married.
Children, Six
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Slight
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Poland (Parents also born there)
Became resident of State of Co. 15 yrs. ago.
Physicians Committing, J. A. Peregge & J. Shage.
Correspondents,

No. of Year, 50
Insane Relatives, —
Cause Exciting, Domestic trouble & jealousy.
Cause Predisposing, Unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 months ago.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 40 yrs.
Time of Leaving, Feb. 1. 1899
Time in Hospital, 3 m. 12 d.
Result, Died. Exh. in Acute Melancholia

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 PRESENT WEIGHT, 140. 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 the present Mental and 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 Jacob Schneider

1898

This patient was brought here by sheriff's deputy P. J. Mieser, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor self: First symptoms of attack manifested about two months ago: Disease appears stationary: Not variable: Derangement now manifested by jealousy: Not disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities noted: No history of severe diseases nor head injuries: Has not been confined nor restrained: No treatment pursued: On personal examination refuses to

Oct 19 eat. On admission put upon B^3E (GHN Rpt Complexion dark: hair brown eyes gray: Skin in good condition: Has birth-mark on left side of back: Behavior good) Summary Nurses Notes by Dr. Phelps. Oct. 19 Patient received on ward: rather sullen & stubborn: Will talk very little. Oct 25 Still very stubborn & makes trouble in various ways. Is at present on Infirmary. Nov 30 Resists almost everything done for him: Is very stubborn & troublesome. Dec 8 Fed with tube Is losing flesh & at times refuses to eat. Jan 1 Remains in bed: Still stupid Eats poorly. Jan 2 Stomach washed out: Lard inunctions given: 15 Seems in pain in abdomen. Is badly constipated. 17 Condition continues the same, is in considerable pain. 23 Pain seems to have disappeared: Temp. has been usually normal or sub-normal. Seems to be failing.

Jan 24 Temp. down to 95. Is quite weak. Fed with tube: Feb 1 Died at 8.40 A.M. Has expectorated a good deal. Temp. has been most of time below 97 & as low as 95. Comatose during last few hours.

Died.

Personal and Medical History of

Personal and Medical History of Alexander J. Campbell.

Whole No. 5159
Residence, St. Paul. Minn. 1024 Van Slyke St.
Date Admission, October 21st 1898
Admitted by Dr. H H Herzog hour, 7 P.M.
How Sent, G Willrich J. of P. Ramsey Co.
Sex, male Age, 73 yrs.
Civil Condition, married.
Children, Five
Age Youngest Child, —
Occupation, Book-keeper.
Degree Education, Common school.
Profession, Religion, Methodist.
Habits, Not intemperate.
Nativity, Scotland (Parents also born there)
Physicians Committing, A Macdonald & Park Ritchie.
Correspondents, (wife) 1024 Van Slyke Ave., St. Anthony Hill Station. St. Paul, Minn.

No. of Year, 52
Insane Relatives, None.
Cause Exciting, Senility
Cause Predisposing,
Form, Senile Dementia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, August 1898.
Duration, 2-3 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 73 yrs.
Time of Leaving, Feb. 21. 1899
Time in Hospital, 5 m.
Result, Discharged 2/21/99 Improved.

Notice of hearing petition for appointment of A. Smith White as Guardian served Nov 30 '98

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 10/24/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.
MEMORY, Past Events, Slight impairment.
Recent Events, much imp. 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,
Slightly depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Conversation slightly incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Says well & healthy, can give
Paternal Relatives, No history of heredity, on
Mother, the contrary is quite
Maternal Relatives, proud of his descent.
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
had fistula in ano 4 yrs. ago.
HABITS, Drinking and Smoking, Total Abstainer from birth.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Past two months sleep poor. Appetite regularly good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in. PRESENT WEIGHT, 140 lbs. USUAL WEIGHT, NUTRITION, fair considering age.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. Respond to light & accom.
SIGHT, Senile impairment.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight cataract forming on left eye.
HEARING, Slight senile impairment.
COORDINATION, Arms, Some impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands - Slight general.
PATELLAR REFLEX, 7 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
no murmurs. 2nd pulmonary sound sharp & clicking - all sounds weak - Apex beat slightly displaced to left - Pulse very slightly dicrotic
Apex Beat, Regularity,
ARTERIES,
Considerable atheroma.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Fair

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

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 the present Mental and 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 senile dementia with quite marked confusion of ideas - Says had some trouble at home of his son-in-law, with whom he was living, but is uncertain as to its nature. Has evidently been of quite high mentality previous to his senile failure.

Personal and Medical History of Alexander J. Campbell.

1898

This patient was brought here by Sheriff's deputy Edward Peterson, in fair physical condition, with the following history, with the following history:- No information concerning consanguinity: No history of heredity nor intemperance in parents nor self: First symptoms of attack manifested in August 1898, by desire to to escape from house: Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested by belief that he is "watched, wants to "escape from prison." Not disposed to injure others: No filthy nor destructive habits: No previous peculiarities manifested No severe diseases nor injury to head: No confinement nor restraint employed: No knowledge concerning treatment.

On personal examination shows senile dementia.

On admission put upon B5E (G.H.N. Rpt. Complexion light: hair gray: eyes blue: Vaccination marks on left arm: Small scar on left thigh: Behavior good: Conversation rational.)

Summary, by Dr. Phelps, of Nurses Notes Oct 28 Patient put on Infirmary Rather restless & confused: Gets out of bed frequently. Oct 31 Has been quietly on Infirmary Has slight rise of temp. at times & is slightly confused: Says he cannot think clearly & memory is poor. Nov. 8 Patient now up: Still confused, rather restless, & slightly incoherent. Dec 1 Wt. 137# Behavior has been quiet & is improving somewhat mentaly. Jan 31 Condition has continued the same Still rather mixed in mind & memory very poor.

Feb 21 '99 Patients mental condition has improved: tho memory still poor. Was today allowed to go home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Adelbert Petrie.

Whole No. 5160
Residence, Vernon Tp. Minn.
Date Admission, October 21st 1898.
Admitted by Dr. A. F. Kilbourne hour, 8 P.M.
How Sent, J.F. Winship J. of P. Faribault Co.
Sex, male Age, 38 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farming.
Degree Education, Common school.
Profession, Religion, Free Baptist.
Habits, Not intemperate.
Nativity, Wisconsin (Parents born in Canada) Became resident of State & Co. in 1880.
Physicians Committing, A. J. Franklin & J.E. Cooper.
Correspondents, A. A. Johnson Winnebago City, Minn.
M. S. Petrie, Winnebago City, Minn.

No. of Year, 53
Insane Relatives, None known
Cause Exciting, Masturbation.
Cause Predisposing, —
Form, Adolescent Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes - attempted with knife.
Date of this Attack, Sept 26 '98.
Duration, 3-4 mos.
No. of Attack, 2nd or 4th
No. of Admission, 1st Ret (At St. Peter three times
Age First Attack, 24 yrs.
Time of Leaving, May 17. 1899
Time in Hospital, 6 mo. 26 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 195 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,

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

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Personal and Medical History of Adelbert Petrie.

1898

This patient was brought here by Sheriff Sandy McDonald, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance known: First attack occurred in 1884 - was at St Peter for three months 2nd attack in 1885, was at St Peter six months: First symptoms of present attack manifested Sept. 26'98 - was sick and melancholy: Disease appears increasing: Not variable: Derangement now manifested by threatening his brother & thinking that he is trying to defraud her: Is disposed to injure others Has attempted suicide with knife: Habits have been filthy & destructive: No previous peculiarities manifested: No severe diseases nor injuries to head. Was confined at St. Peter from July 1895 to Feb. 1896 - Has received no treatment except at St Peter. On personal examination is despondent & continually talking to himself.

Oct 21 On admission put upon B³ E (G.H.N. Rpt. Complexion dark: hair & eyes brown: Skin in fairly good condition: Has small mole on back: Slight eruption over body: Behavior quiet.)

Summary 14 da record by Dr Herzog Pulse & temp. normal: Appetite fair Sleep generally very poor: bowels inclined to be constipated. At first filthy, later some improvement in this respect: Still continues untidy, careless, dull & stupid with loss of power of attention at end of 14 days. Continued by Dr. Phelps, Nov 1 Wt. 187# Rather dirty in habits. Dec 2 Wt. 194# Still dirty: rather demented in appearance & at times rather ugly in behavior. Dec 28 Is noted as having brightened up considerably. Jan 28 '99 Still rather dull & sleepy but quiet & of rather better behavior. Feb 1 - May 1 '99. Wt. 216# Patient quiet & rather lazy declines to work: Physical condition good.

May 17 '99 Visited by relatives & allowed to go home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of William Kelley

Whole No. 5163
Residence, New Brighton, Ramsey Co, Minn.
Date Admission, October 29th 1902.
Admitted by Dr. C.B. Eby hour, 6:45 P.M.
How Sent, Ex Patrick Jr. of Ramsey Co.
Sex, male Age, 56 yrs.
Civil Condition, married
Children, Three.
Age Youngest Child,
Occupation, Merchant.
Degree Education, Common school.
Profession, Religion, Baptist.
Habits, Not intemperate.
~~Nativity~~, Newyork - (Parents born in U.S.)
Physicians Committing, E.H. Whitcomb - F.H. Odendahl.
Correspondents, Jno Kelley. New Brighton, Minn.

No. of Year, 56
Insane Relatives, One brother.
Cause Exciting, Disappointment in business.
Cause Predisposing,
Form, Senile Dementia?
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 months ago
Duration, 2 months -
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 56 yrs.
Time of Leaving, September 16th 1902
Time in Hospital, 3 yrs 10 mos 18 ds
Result, Died: Exh in Senile Dementia 14 yrs

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 PRESENT WEIGHT, 140½ 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 the present Mental and 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 Kelsey.

1898

This patient was brought here by Sheriff's deputy attended by John Kelsey in fair physical condition with the following history:-
No history of consanguinity: One brother insane: First symptoms of attack manifested two months ago, by lapse of memory & General degeneration of mind: Disease appears increasing: Is variable: Derangement now manifested by imaginary presence of friends: Not disposed to injure anyone: Neither filthy nor destructive in habits No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed. No treatment pursued. On personal examination lapses of memory and evidences of premature senile dementia.
On ad put upon B³ E (GHN Rpt Complexion light: eyes brown
10/29/98 hair gray: Skin in good condition: Scar on back & one on inside of left thigh: Is clean: Behavior good.
Summary 14 da record by Dr Herzog. Pulse & temp. normal & Appetite fair during 14 days. On most nights slept fairly well but on some nights was quite restless, sleeping 2-5 hrs. Restless & very much confused all of the time; Memory for recent events extremely poor. forgets his place at the table, at times realizes that he is not at home & at others thinks that he is still at home & attempts to get out of the door, saying he must go to work. Wanders about hall in an aimless fashion, does not associate with other patients but is usually quiet & agreeable.
Continued by Dr. Phelps. Dec 1 Wt. 137# Still rather confused & restless. Dec 18 Trans. to A. Jan 31'99 Does not wish to go walking: rather obstinate in some ways but usually not troublesome if let alone. Is usually quite well-behaved. Feb 1 - July 31'99 Wt. 135# Is full of delusions & is confused. General condition good. Feb 28 Eyes sore, nose & cheeks inflamed put
1899 upon treatment - improved. Apr 30 Eyes again sore. under treatment
June 24'99. Eloped through window, returned. July 31 - Condition unchanged.
Sep 14 1900 Eloped, while out walking. Returned same day. Oct 1 142# Does no work. Is quite demented.
Jan 26 Visited by nephew - May 1 Wt 144# P 74. June 1. Patient generally quiet & well-behaved but stubborn
June 9 at times. June 9. Struck nurse Ryan in the face. July 21. Was vaccinated, unsuccessfully. -
Aug 10/29 Patient demented: Confused: Physical condition good: Aug 29. Insists on removing clothing,
Nov 1 1901 all day. Nov 1. 134#. P 72. Jany 31/1901. Patient is badly chafed on left leg: given ointment
Jany 31 for same. Condition shows no special change. Mar 31. Is quiet & well-behaved.
Mar 31 Much demented - Apl 29. Visited by friend. June 5. Has 2 large boils on left arm -
June 5 Treated and improved. July 12. Visited by friend. July 31. No change to report in
July 31 patients' condition - Quiet & well-behaved - Aug 1. 139#. Nov 30. Keeps about the same.
1902 Jany 31 Mentally very feeble: remembers very little: behaves fairly well: Condition does

Personal and Medical History of William Kelsey

Jan 31 not seem to change: (visited, Sept 21, by sister) - June 11/02. Wt. 125#; June 25 Had a convulsion. June 25 Trans. to I.W. Is very weak & decrepit. July 1. Wt. 113#. Restless & destructive; very unsteady. July 20. Put to bed on I.W.; has swollen ear. July 31. Reported as having had a sinking spell during the night. Aug. 4 Visited by nephew. Aug 8. Had 2 convulsions. Aug. 20 Visited by nephew. Restless & uneasy. Aug. 30 Choked with food at supper but was relieved. Is very weak. Sept. 10. Fell out of bed, and received small cut on left eye; has bed sores beginning. Sept. 13 Becoming comatose. Sept. 16. Died 11 P.M. having been in comatose state for last 3 days.

Personal and Medical History of Louis Boysen

Whole No. 5164
Residence, Dodge Co. Minn.
Date Admission, October 31st 1898.
Admitted by Dr. A. F. Kilbourne hour, 7.30 P.M.
How Sent, Swift Olson J. of P. Dodge Co.
Sex, male Age, 18 yrs.
Civil Condition, Single.
Children, none
Age Youngest Child, —
Occupation, Farmer.
Degree Education, went to school three Winters.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Dodge Co. Minn (Parents born Denmark)
Physicians Committing, F.H. VanCleve & C.L. Chambers.
Correspondents, Conrad Boysen, Kasson, Minn.

No. of Year, 57
Insane Relatives, father, for a short time 5 yrs ago.
Cause Exciting, "Intestinal indigestion"
Cause Predisposing, Heredity possibly.
Form, Suicide
Accompanying Bodily Disorder, Intestinal indigestion.
Suicidal or not, Attempted by drowning.
Date of this Attack, 3 months ago.
Duration, 3 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving, Nov. 3. 1899.
Time in Hospital, 1 yr. 3 d. (7)
Result, Discharged Feb. 2. 1900 Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 135 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,

11/4/98 Sp. Gr. 1033. Color yellowish. Reaction acid Character cloudy. No albumen. Trace sugar by Fehlings.
11/21/98 EXAMINATION URINE, Quantity, — Sp. g. 1030 Reaction, acid Color and Appearance, yellow.

Albumen, Slight trace by Paurets. Sugar, —

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Boysen.

1898

This patient was brought here by Sheriff's deputy Joel Tucker attended by Will Getman, in fair physical condition with the following history:- First symptoms of insanity manifested three months ago, felt sick & could not sleep nights: Disease appears increasing: Is variable: Derangement now manifested on subject of matrimony: Has never injured anyone but family are afraid of him: Has attempted suicide by drowning propensity not now active however. Patient has always been weak-minded: No severe diseases nor injuries to head: Has never been confined nor restrained: Has received no treatment: On personal examination, is a case of melancholia.

Oct 31 On admission put upon B³E (G.H.U. Rpt Complexion dark: eyes gray: hair black: Skin in good condition: Vaccination marks on right arm: Is clean: Behavior good.)

Summary 14 da. record by Dr Herzog. Pulse & temp. normal & appetite good: after first three days. Oct 31 & Nov. 1. slept one hour, Oct 2 3 hrs. & after that slept well during entire 14 days. No improvement during 14 days excepting that some days patient was brighter than on others & not so depressed. When more depressed would be inclined to be sullen & refuse to do anything asked of him.

Dec 6 Continued by Dr Phelps. Wt. 141# Has seemed anxious to go home: Rather stupid & sleepy in manner & recently will talk almost none. Dec 15 Trans. to Annex. Somewhat brighter the last few days. 16 Visited by father Dec 21 Had spells of laughing to himself today Jan 6 '99 Visited by friends. Jan 31 '99 Will not answer questions: quite dull & demented. Feb 1 - July 31 '99 (Dr Wanous) Wt. 150.# Visited by father Feb. 18th. Behavior quiet. Physical condition seems good: Does no work: Mch 3. Taken home May 24 Returned July 21 Visited by mother. Aug 31. Quiet & well-behaved; silly in action. Oct 2 Wt 140# - p 96 - Oct 25. Patient stands around in one position; refuses to answer questions. Oct 26. Transferred to I.W. appears feverish: lies quietly in bed. Nov 3 visited by relatives and patient taken home.

1899
Jan 6/31
Feby 1
to
July 31
Aug 31
Oct 26
Nov 3

Discharged

Personal and Medical History of

Personal and Medical History of Charles Klotz

Whole No. 5165
Residence, St. Paul, Minn.
Date Admission, November 2nd 1898.
Admitted by Dr. C. B. Eby hour, 7 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 48
Civil Condition, Married
Children, Six.
Age Youngest Child, —
Occupation, Painter & Teamster.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Has been very intemperate
Nativity, Denmark (Parents also born there) Became resident of State & Co. in 1869.
Physicians Committing, C. C. Miller & J. F. Baker.
Correspondents,

No. of Year, 58
Insane Relatives, None.
Cause Exciting, Alcoholism.
Cause Predisposing, —
Form, Chronic Alcoholic Insanity
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, 45 yrs.
Time of Leaving, May 22. 1900
Time in Hospital, 1 year 6 m. 20 d
Result, Discharged Aug. 8. 1900 Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear. fairly quick.
MEMORY, Past Events, quite good.
Recent Events, do. 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,
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, does not know
Maternal Relatives,
Brothers and Sisters,
7 children - all well exceptions with Bright
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Malaria - Slight injuries to head.
HABITS, Drinking and Smoking, Says not to excess. (?)
HEADACHES, VERTIGO, OR CONVULSIONS, Says none
OCCUPATION, Healthy or not, Painter & Teamster.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Says all good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 1¼ PRESENT WEIGHT, 95 lbs. USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, 2 small scars on head. Skin healthy.
TONGUE, Coatings or Promptness of Movement, Clean - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal.
SIGHT, impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Myopia. & some impairment of vision.
HEARING, good.
COORDINATION, Arms, good Legs, 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, Sounds, good Size, n
Apex Beat, 5 Regularity, reg
ARTERIES,
slightly thickened.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. Sounds somewhat roughened & a few rales.

CRANIAL MEASUREMENTS.

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

11/4/98 EXAMINATION URINE, Quantity, — Sp. g. 1026 Reaction, acid. Color and Appearance, Clear. yellow.
Albumen, yes - all tests. Sugar, —
Casts and Crystals,
11/21/98 Sp. Gr. 1022 reaction acid - color yellow - No albumen - no sugar.
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, sound.
BOWELS, Present Condition, regular

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

Patient in fair physical condition. Somewhat senile in appearance.
Has delusions of persecution &c. Charges wife with infidelity.
A case of Chronic Alcoholic insanity with delusions.

Personal and Medical History of Charles Klotz

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 nor heredity: First symptoms of insanity manifested three years ago by acute delirium from alcoholism: Disease is increasing: Is variable with rational intervals: Derangement now manifested by abusing wife and children: Is not suicidal: No filthy nor destructive habits shown: No previous peculiarities manifested: Patient very intemperate: Has been subject to no diseases except asthma: No injuries to head sustained: No confinement nor restraint employed: No information concerning treatment: On personal examination seems very nervous and is suffering from alcoholism.

11/2/98 On admission put upon B3 E (G.H.A. Rpt. Complexion light: hair brown, part gray: Eyes blue: Small mole on back + skin broken on left leg: Scar on upper lip: Bruise on left shoulder: Is clean: Behavior good.)

Summary 14 da record by Dr Herzog. Temp. + pulse normal: appetite good: with exception of Nov. 7 when he slept none + was restless entire night sleep generally fairly good during 14 days: Improved very considerably in physical health during 14 days. Shows evidence of alcoholism: Breathing labored + fairly asthmatic but has had no attacks of asthma such as he describes as having previous to admission. Is quiet + well-behaved: Fairly neat + tidy, + shows a mild dementia. He has some delusions of persecution -- says that his wife sent him here to get rid of him + that she misrepresented the amount of his alcoholism: also accuses his wife of infidelity + gives this as a reason for her sending him here.

Continued by Dr Phelps. Dec 1 Wt. 102. Talks in an intelligent way; quiet + well-behaved Dec. 5 Trans. to C2. Jan 31 '99 Still behaves quite well. Talks

1899 freely + intelligently: Somewhat senile + feeble-minded in appearance.

Feb 1 - July 31 '99. (Dr Wanous.) Wt. 107th Feb 7. Complained of leg being sore: probably

July 3/99 sciatica improved under treatment: July 3 Given parole of grounds. ——

Aug 5/14 Wt 105th P88. Has parole of the grounds: anxious to go home + frequently asks. Aug 14. Complains of

" 30 pain in hip + given electrical treatment for 2 weeks. Aug 30. Transferred to A3. Nov 1. Patient seems

1900 Jany 1 quite rational: physical condition good. Drives + takes care of horse for Doctors. Jany 1/1900. Wt 101#

Mar 16/17 Patient went down town + obtained some liquor. Mar 17. Transferred to B3 + retained there until 22nd

May 22 then transferred to A3. May 22. Sent home

Discharged

Personal and Medical History of

Personal and Medical History of Frederick Mott.

Whole No. 5168	No. of Year, 61
Residence, St. Paul, Minn.	Insane Relatives, Grandmother insane following childbirth
Date Admission, November 4' 1898.	Cause Exciting, Overwork.
Admitted by Dr. A. F. Kilbourne hour, 6th Bn.	Cause Predisposing, —
How Sent, G. Willrich J of P. Ramsey Co.	Form, General Paresis
Sex, male. Age, 46 yrs.	Accompanying Bodily Disorder, —
Civil Condition, married.	Suicidal or not, Not.
Children, Two	Date of this Attack, 6 months ago.
Age Youngest Child, —	Duration, 6 months.
Occupation, Dentist.	No. of Attack, 1st
Degree Education, High School education.	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 46 yrs.
Habits, not intemperate.	Time of Leaving, Nov. 10. 1898
Nativity, New York State (Parents also born there)	Time in Hospital, 6 da.
Physicians Committing, H Hesselgrave & A. Sweeney.	Result, Died. General Paresis
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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Frederick Mott.

1898

This patient was brought here by Sheriff's deputy Jno. P. Flandrake, in very poor physical condition, with the following history:- No history of consanguinity: Grandmother suffered from puerperal mania: First symptoms manifested six months ago by depression followed by loss of memory: Disease appears stationary: Not variable: Derangement manifested by general incoherence, talks incessantly on all kinds of subjects, is restless, has insomnia: Not disposed to injure anyone: Neither suicidal, filthy nor destructive in habits: No previous peculiarities manifested: No intemperance in parents nor in self: No confinement nor restraint employed: Has been given general sedatives: On personal examination is emaciated, restless, garrulous, sleepless, incoherent confused, forgetful.

Nov. 4 On admission put upon Infirmary East (G.H.N. Rpt. Complexion light: hair black: eyes gray: India ink mark on back of left wrist: Scars on right knee + on instep: Small hernia on left side: Is clean: Behavior good.) Summary Nurses Notes by Dr. Phelps Nov. 4 Patient demented: Talks steadily + incoherently + gesticulates: Was restless nearly all the first night. Nov. 6 Temp. 102 today. Very restless; respiration 36. Temp. about normal on admission. Nov 7 Visited by brother + wife: Very restless + delirious: Pulse rapid + weak: Respiration quick.

8 Visited by Father Riordan 9 Temp. 101 in P.M. Respiration 42-46.

10 Died at 5:20 A.M. Visited by brother preceding evening.

Died.

Personal and Medical History of

Personal and Medical History of C. F. Gillette

Whole No. 5171
Residence, St. Paul, Minn.
Date Admission, November 9th 1898.
Admitted by Dr. H H Herzog hour, 6th P.M.
How Sent, G. Willrich J. & P. Ramsey Co.
Sex, male Age, 35 yrs.
Civil Condition, married
Children, Two.
Age Youngest Child, -
Occupation, Printer
Degree Education, Common school.
Profession, Religion, Episcopal.
Habits, Not intemperate
Nativity, Wisconsin (Father from New York Mother Ohio)
Became resident of St. Paul in 1893.
Physicians Committing, P. Ritchie & V. Hawkins.
Correspondents, Wife 256 E. Robie St., St. Paul, Minn.

No. of Year, 63.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, General Paresis
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, 35 yrs.
Time of Leaving, Jan. 31. 1900
Time in Hospital, 1 yr. 2 m. 22 d.
Result, Died General Paresis

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* Nov. 7/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - Quite quick.
MEMORY, Past Events, poor -
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. p
REASONING POWER, Ordinary Subjects, poor -
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
Exalted delusions.
Cannot hold attention nor follow instructions - Rather silly & emotional exalted delusions
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history known.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says never sick.
HABITS, Drinking and Smoking, Drank a little beer and smoked some -
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not, Printer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10½ PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, Scar on left forearm. Skin - some acne.
TONGUE, Coatings or Promptness of Movement, Clear - quite prompt but uncontrollable.
PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - normal.
SIGHT, Apparently good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, fair Legs, impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands - Tongue quite unsteady.
PATELLAR REFLEX, Increased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred
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 fair
B. sounds rather feeble
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

CRANIAL MEASUREMENTS.

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

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

Give condensed statement of the present Mental and 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-nourished & in good physical condition. Talks in a rambling manner. Attention cannot be held. So incoherent & speech somewhat slurred. Memory very poor. Mental grade probably quite fair. Now has a rather vacant expression - probably a case of General Paresis.

Personal and Medical History of C. F. Gillette.

1898

This patient was brought here by Sheriff's deputy John Moriarty, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor in patients: First symptoms of insanity manifested by loss of memory & delusions: Disease appears increasing: Is variable: Derangement now manifested by incoordination of ideas - no special subject: Not disposed to injure anyone: No disposition to filthy nor destructive habits: No previous peculiarities manifested: Patient subject to occipital Neuralgia - Has neither been confined nor restrained: Treatment unknown: On personal examination appears emotional & incoherent.

Nov. 9 On admission put upon B3E (G.H.U. Rpt. Complexion dark: hair brown: eyes blue: Skin in good condition: Vaccination marks on left arm: Small scar on left forearm. Is clean: Behavior good: T. 100° P. 84 R. 18. Continued by Dr Phelps. Nov 9 Received upon ward: Quite restless, & incoherent, rather stupid in manner, refused to undress Nov 12 Still restless & confused: Trans. to C'. Nov. 22 Condition about same in every way: Still restless, noisy & very much excited: Seems to be somewhat weaker than he was. Has exalted delusions. Dec 30 Trans. to Infirmary. Has been quite incessantly noisy & restless; has a swollen ear: Is insanely talkative: Jan 31 '99. Patient has been this month, on Infirmary; Quite restless & Has been kept in bed & has done much better

Feb 1 - July 31 '99. (Dr Wanous) Patient extremely noisy & restless most of time: Is inclined to be pugnacious & talks a great deal: Has delusions: Physical condition good. Feb 17 - fell out of bed & scratched nose Feb 19. Nose inflamed - also knee - caused by fall Feb 26 Allowed to get up. Trans. to B'. May 10 again sent to Infirmary. Put to bed & under treatment: Condition unchanged from day to day. Aug 1 '99. Patient gradually failing in mental condition: Evidently much demented: Speech irrational & incoherent: manner silly: Movements sluggish & quite unsteady: Appetite good: appears well nourished. Very careless in dress:

Nov 2. 99 Wt. 180 Pulse 86. Dec. 4. Received cut on forehead from M. Shell. Wound dressed & stitched Dec 6 Is more restless & troublesome.

Dec 30. Very confused & unsteady. Kept in bay. Jan. 21 1900 Pulse raped: Temp-

1900 Jan 21 elevated. Trans. to Infirmary. Received from B' & put to bed: Confused & restless: T 102.

" 25/28 P 120: must be put in protection - sheet. Jany 25. T 102. P 120. Jany 28. Patient has twitching

" 31 movements of body & limbs. Jany 31. Seems to be failing: twitching continues. Steadily failed & Expired at 8³⁰ Am.

Died

Personal and Medical History of

Personal and Medical History of Henry Funk, Sr.

Whole No. 5173	No. of Year, 65
Residence, Wabasha Co. Minn.	Insane Relatives, None.
Date Admission, Nov. 10th 1898.	Cause Exciting, Loss of his farm.
Admitted by Dr. H H Herzog hour, 6 45 P.M.	Cause Predisposing, unknown
How Sent, M. Kennedy J. of P. Wabasha Co.	Form, Senile Dementia
Sex, male Age, 67 yrs.	Accompanying Bodily Disorder, none mentioned.
Civil Condition, married	Suicidal or not, Not.
Children, Seven	Date of this Attack, One year ago
Age Youngest Child, 21 yrs.	Duration, One year.
Occupation, Farmer.	No. of Attack, 1st
Degree Education, None	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 66 yrs.
Habits, Not intemperate.	Time of Leaving, Dec. 16. 1899
Nativity, Germany.	Time in Hospital, 1 yr. 1 m. 6 d
Because resident of State & Co. Physicians Committing, J. P. U. Low & W. F. Milligan.	Result, Discharged July 17th 1900 Improved
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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Henry Funk.

First symptoms noted about 3 years ago. Has caused trouble for years about 7 yrs. Always contrary, about home affairs & running farm. Commenced to run away & told lies about way son treated parents.

In '98 sware warrant saying that son was crazy. — Broke son's arm with club & threatened to kill him just before coming here. — Started for him with an ax on several occasions. Quarreled a good deal with wife. Attacked son with club. because he wished to sell some stock. He seemed to remember trouble said he thought he could get along at home now because he

HARACTERISTICS.

USUAL WEIGHT, NUTRITION,

Grasp,

Other Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

11/10/99 EXAMINATION URINE, Quantity, — Sp. g. 1022 Reaction, acid Color and Appearance, yellow.

Albumen, slight trace by all tests. Sugar, —

Casts and Crystals,

11/21/98 Sp. Gr. 1010 Color light yellow - reaction acid - No sugar - No albumen.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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. 5173

Residence, Wabasha Co., Minn.

Date Admission, Nov. 10th 1899

Admitted by Dr. Hoffberger

How Sent, N. Kennedy

Sex, male

Civil Condition, married

Children, Seven

Age Youngest Child, 21 yrs.

Occupation, Farmer.

Degree Education, None

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Germany.

Became resident of State &c.

Physicians Committing, J. T. H. Low & W. F. Milligan.

Correspondents,

was cured — it took 4 months
Talked sunday - visited Fergus
room at noon - & promised to
do all right if I was allowed to
take him home -

16. 1899

r. 1 m. 6 d

July 17 to 1900

approved

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 PRESENT WEIGHT, 129 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,

11/10/99 EXAMINATION URINE, Quantity, — Sp. g. 1022 Reaction, Acid Color and Appearance, yellow.

Albumen, Slight trace by all tests. Sugar, —

Casts and Crystals,

11/21/99 Sp. Gr. 1010 Color light yellow - reaction acid - No Sugar - No albumen.

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Henry Funk, Sr.

1898

This patient was brought here by Sheriff D.C. McKenzie attended by Frank Stwitzler, in fair physical condition, with the following history: No history of heredity, consanguinity, nor intemperance in parents nor self: First symptoms of insanity manifested one year ago - over property: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by thinking that his property is being taken from him: Is disposed to injure others but not suicidal. Previous peculiarity a quick temper: No severe diseases nor injuries to head except loss of left eye: Has never been confined nor restrained in any way: Has received no treatment:

On personal examination is very excitable & there is great danger of his killing his wife or some of the family.

Nov 10 On admission put upon B3 E1 G.H.N. Rpt. Complexion light: eyes blue: Hair gray: Small mole on left arm & back: left eye gone: Is clean: Behavior good.

Summary 14 da. record by Dr Herzog. Appetite good during first week - sleep frequently broken - from one to six hours a night. Temp. & pulse normal: bowels constipated - cascara given but not sufficient to keep him regular. Has an enlarged prostate and difficulty in urinating - urinates frequently during night, quantity small; some pain. 2nd week appetite not so good: bowels still constipated - put on 5 minim doses of calomel. Sleep poor & difficulty in urination still marked - Shows a senile dementia with some loss of memory. Has not given any trouble since coming here. Insists that his son is more insane than he is & that son is responsible for trouble before he came. Sheriff says son is demented.

1899 Jan 31 Continued by Dr Phelps. Jan 31'99 Patient up on ward: Changes little: rather restless; slightly senile in appearance but no very prominent symptoms nor peculiar behavior. Feb 1 - July 31'99 Dr Wanous - Wt. 147. Patient well behaved: Speech rational: General condition good: Is troubled with constipation

Feb 1 to July 31 July 3 Trans to A'. Does a little work & gets along well. Aug 2 Wt 155#. P96.

Oct 30 General behavior good: bowels regular: asks frequently to go home. Dec 18 seems quite well. Visited by

Dec 18 son and taken home -

Discharged

Personal and Medical History of

Personal and Medical History of Hans Peterson Bradley

Whole No. 5174
Residence, Lanesboro, Minn.
Date Admission, November 10th 1898.
Admitted by Dr. H H Herzog hour, 6 45 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age, 52 (see) 72
Civil Condition, married
Children, Ten.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, None
Profession, Religion, Lutheran
Habits, Not intemperate.
Nativity, Norway (Parents also born there.)
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents,

No. of Year, 66
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, Chronic Alcoholic Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Slightly insane for 30 yrs. worse for past year.
Duration,
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, rather sluggish
MEMORY, Past Events, fair
Recent Events, good 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, 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 Dulness, 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, no history of insanity.
Mother, dead.
Maternal Relatives,
4 Brothers and 6 Sisters, All well.
10 children well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Severe stomach trouble at 20 yrs.
HABITS, Drinking and Smoking, drinks to excess. smokes some.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any, first attack escaped from hospital -
Sleep, Appetite, and Bowels, fair.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 PRESENT WEIGHT, 132 USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, Skin slightly anaemic.
TONGUE, Coatings or Promptness of Movement, Clear.
PUPILS, Equality, Size, Response to Light, and Accommodation, right dilated - response to light slow - to accom good.
SIGHT, poor
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, u Size, u.
Apex Beat, u Regularity, irritable.
ARTERIES, full - slight sclerosis.
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,

11/17/98 EXAMINATION URINE, Quantity, Sp. g. 1017 Reaction, acid Color and Appearance, yellow - clear
Albumen, — Sugar, —
Casts and Crystals,

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

Give condensed statement of the present Mental and 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 irritable & pugnacious. Threatened to do harm to his family. Is addicted to use of alcohol to excess. Condition probably due to his excessive indulgence. Patient has a dilated right pupil which is more marked at times. Since coming here has attempted suicide. Is rather unbalanced & needs considerable watching. Physically is fairly well nourished. walks stooped & complains of some pain in the right axillary region which is due to injury sustained when suicide was attempted.

Personal and Medical History of Hans Peterson Bradley

1898

This patient was brought here by Sheriff E.K. Blexrud in fair physical condition with the following history: This is first attack, first symptoms manifested thirty years ago, insane ever since then but worse during past year. Disease appears increasing: Is not variable: Derangement now manifested by jealousy, during jealous fits has severely beaten wife: No filthy nor destructive habits: No history of consanguinity, heredity nor intemperance in patient nor in his parents: Patient has always been very jealous: No severe diseases nor injuries to head; No confinement nor restraint employed: No treatment pursued. No further facts noted on personal examination.

Nov 10/98 On admission put upon B3 E (G.H.N. Rpt. Hair gray: eyes blue: Skin in good condition: Vaccination marks on left arm: Is clean: Behavior good.)

Summary Nurses 14 da record by Dr Herzog. Temp. & pulse normal, sleep good, appite normal, with exception of first night (Nov 10) slept 2 hrs. Always quiet & agreeable, neat & tidy; Conversation fairly rational on ordinary subjects: Extremely anxious to go out. Has delusions of infidelity of wife: and has had hallucinations at night. He describes the manner in which he would take every precaution to prevent any one coming into house: locking doors & nailing down windows in wife's sleeping apartments but still insists that he was able to hear mens voices in the room. Describes in detail various traps & contrivances whereby anyone walking this room would knock down pans etc & waken him but was unable to capture anyone: These delusions have been present for a number of years: It is difficult to get him to talk about the assault committed on his wife & for which he was sent to jail & he is inclined to deny that he threw her out of the wagon, saying that she fell out. Bowels inclined to be constipated.

Continued by Dr Phelps. Dec 1 Wt 130# Patient rather constipated: Complains

1899 of walking with difficulty: Rather senile in appearance but generally

Jan 31 quiet & well-behaved. Dec. 5th Trans. to C2. Jan 31 '99 No change in patient

Feb 1 since last note. Feb 1 - July 3 '99. (Dr Wanous.) Wt. May 1st 130# Patient well behaved

to Talks rationally: Does no work: Is anxious to go home. July 3 Eloped

July 3 from crowd while on lawn. Aug 3. Wt 126# P 80. Patient much depressed &

Aug 3/12 despondent; is troubled with chronic constipation. Aug 12. Patient attempted suicide by hanging: found in room at 8 10: some blood flowing from head, caused by breaking of cord & striking face on the floor. Patient stood on heater & fastened piece of cotton-sheeting strip around his neck & tied the other end to steam pipe with handkerchief. String broke; had deep mark on neck from tightening of string: Was transferred to T.W. & stimulants used & he was brought out from comatose condition. The following

" 23 day, the patient complained of severe pain around the throat. Aug 23. Patient given clothes & up

Personal and Medical History of Hans Peterson Bradley

1899

Aug 28 on ward. Aug 28. Transferred to B3. Dec 29. Patient has erysipelas & was transferred to the IW. -

Dec 29 Improved under treatment. Feb 6/1900. Wt 126# p 76. Is depressed & shows despondency. July 4. Eloped from

1900 July 4/14 crowd - July 14. Returned to ward. July 28. Vaccinated unsuccessfully. July 31. Well-behaved: habits neat

Aug 31 and clean. Physical condition good. Aug 31. Is well-behaved: converses freely: frequently attempts

Nov 1 to Elope. Nov 1. Wt 129# P 80. Is troubled with chronic constipation. Jany 31/1901. No apparent

1901 Jan 31 change. Still tries to elope. - March 31. Is quiet: very anxious to go home. Shows

Mar 31 quite marked mental defect. June 18. Attempted to Elope from crowd. July 31. No further

July 31 change in condition to report. Still tries to elope - Augt 1. Wt 122#. Nov 30. No change -

1902 Jan 31 Ordinarily quiet & well-behaved: "asks, every day, to go home". Is quite feeble-minded, and seems, physically, somewhat feeble, from age -

Jan 31. 03 Patient is quiet. asks daily to go home. Very feeble minded - but answers questions quite rationally.

Personal and Medical History of Edward Flannagan

Whole No. 5174
Residence, St. Paul, Minn.
Date Admission, November 11 1898.
Admitted by Dr. H. Herzog hour, 6.45 P.M.
How Sent, G. Wallrich & J. of P. Ramsey Co.
Sex, male Age, 27 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Painter.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Temperate ? Excessive use of Cigarettes. Employed of Highway Supervisor six years ago.
Nativity, Minn. (Parents also from there)
Physicians Committing,
Correspondents,

No. of Year, 67
Insane Relatives, None
Cause Exciting, Masturbation ? Cigarettes ?
Cause Predisposing, Unknown.
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, During Confinement in penitentiary a year ago.
Duration, over a year
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Nov. 30. 1898
Time in Hospital, 9 d.
Result, Discharged May 3. 1899 Unimproved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish.
MEMORY, Past Events, Seems poor.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Fairly alert & correct.
REASONING POWER, Ordinary Subjects, Some impairment.
Special Subjects, Do.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
Slightly, not fully systematized: fixed: of persecution

HALLUCINATIONS, of hearing.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 from effects of wounds in army.
Paternal Relatives,
Mother, died - cause unknown.
Maternal Relatives,
Brothers and Sisters, healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Excessive cigarette smoker. Formerly drank quite much -
HEADACHES, VERTIGO, OR CONVULSIONS, Has severe headaches troubling him at times
OCCUPATION, Healthy or not, Has done no work since leaving prison.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Edward Flannagan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11 PRESENT WEIGHT, 165 USUAL WEIGHT, NUTRITION, Slightly impaired.
WOUNDS, Abnormalities and condition of Skin, Scar of bubo left groin: Slight scar on lip & forehead received in fight - Skin somewhat anaemic.
TONGUE, Coatings or Promptness of Movement, light grayish coat, quite prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. - Slightly dilated - Responses to light & accom. Excessive.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Slight impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands - Coarse tremor of tongue: Slight general on standing Twitching of muscles about mouth - Side to side tremor of head.
PATELLAR REFLEX, R Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No murmurs noted. Sound somewhat weak. Rate much affected by changes in position, slightly irregular.
Apex Beat, Regularity,
ARTERIES,

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

CRANIAL MEASUREMENTS.

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

11/17/98 EXAMINATION URINE, Quantity, Sp. g. 1020 Reaction, alkaline Color and Appearance, light-yellow - cloudy
Albumen, — Sugar,
Casts and Crystals, Earthy -

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

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

Patient seems to have been a tough young man: Shot a negro in a fight & was sent to Stillwater for 5 yrs. Had gonorrhoea twice & a suppurating bubo. Practiced masturbation excessively in prison - Memory for dates seems very poor possibly shamming. Thinks there is no doubt that he has hallucinations of hearing Says police are after him & so are detectives for killing a woman.

Personal and Medical History of Edward Flannagan.

1899

This patient was brought here by Sheriffs Deputy J.B. Arnold in poor physical condition with the following history:- No information concerning consanguinity. No heredity. First symptoms of insanity manifested during Confinement in penitentiary one year ago. (Was convicted of Highway Robbery 5 yrs. ago.) Disease appears increasing. Is not violent. Derangement now manifested by delusions of persecution by detectives, poisoning & fear of personal safety. Not disposed to injure anyone. No disposition to filthy nor destructive habits. No history of intemperance in parents nor in self. But patient used cigarettes to excess. Has neither been confined nor restrained since leaving prison. Has received no treatment.

Nov. 11 On personal examination is trembling, fearful, refuses food, shows loss of memory. On admission put upon B.3 (Hosp. Rpt. Complexion dark. Hair brown. Eyes blue. Skin in good condition. One mark on thigh just above knee, & one on right side of upper lip. Is clean. Behavior good. Clothing marked "E.A. Smith.")

Summary Notes by Dr Phelps. Nov. 11 Quite depressed & melancholy but answers questions intelligently. Nov. 17 Condition unchanged in any respect. No marked physical ailment. Nov. 19 Patient Eloped.

Discharged.

Personal and Medical History of

Personal and Medical History of James Cochrane (or Corcoran)

Whole No. 5176
Residence, St. Paul, Minn.
Date Admission, November 14 '98
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, G. Willrich J. of P. Ramsey Co.
Sex, male Age, 42 yrs.
Civil Condition, married
Children, None
Age Youngest Child, —
Occupation, Printer
Degree Education, Common school
Profession, Religion, Not a church member
Habits, Not intemperate.
Nativity, Illinois (Parents born in Ireland) Became resident of State & County 11 yrs. ago.
Physicians Committing, Louis A Nelson & Arthur Sweeney
Correspondents, Mrs. A.R. Corcoran Selby Terrace. St. Paul, Minn.

No. of Year, 69
Insane Relatives, None.
Cause Exciting, Syphilis.
Cause Predisposing, Unknown.
Form, General Paresis
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, 40 yrs
Time of Leaving, Dec. 8. 1898
Time in Hospital, 24 da.
Result, Died. General Paresis.

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* Nov 15 '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. correct.
REASONING POWER, Ordinary Subjects, Confused
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted
DELUSIONS, Not Systematized, Transitory, Special Subjects, of Grandeur
Conversation - Quite voluble - incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, History of no value - Memory
Paternal Relatives,
Mother,
Maternal Relatives, Poor.
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Syphilis - says at age 17.
HABITS, Drinking and Smoking, Says 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,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 162 USUAL WEIGHT, NUTRITION, Quite good flesh.
WOUNDS, Abnormalities and condition of Skin, Skin greasy.
TONGUE, Coatings or Promptness of Movement, Slow - clean.
PUPILS, Equality, Size, Response to Light, and Accommodation, Nearly equal. Size contracted: Very slight response to light & accom.
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Pupils not quite circular in outline.
HEARING, Good
COORDINATION, Arms, Gross impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, of tongue (coarse & fine) of lips on attempting to speak - some general.
PATELLAR REFLEX, 10 Equal - Other Reflexes, Ankle Clonus.
ARTICULATION, Slurred, Hesitating, Slow, Yes slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs. Sounds weak - rapid irregular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Good.

CRANIAL MEASUREMENTS.

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

EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 typical general Paretic - Grandiose ideas, dementia, incoordination, pupil abnormalities &c.

Personal and Medical History of James Cochran.

1898

This patient was brought here by Sheriffs deputy P.J. Nimmo attended by E H Dahl in fair physical condition with the following history:- No history of Consanguinity, heredity nor intemperance in parents nor in patient: First symptoms of insanity manifested two years ago by general incoherence with expansive ideas: Disease appears increasing: Not variable: Derangement manifested by general exaltation, restlessness, incoherence. Has shown no disposition to injure one until lately: Neither filthy nor destructive in habits: No previous peculiarities manifested: Had Syphilis many years ago: No confinement nor restraint employed: No treatment pursued. On personal examination is restless, excited, talks incoherently, articulates with difficulty, muscular coordination poor. On admission put upon B3[illegible] Pt Complexion light: Hair & eyes brown: Skin in good condition: Vaccination marks on right arm Scar on left shoulder: Is clean: Behavior good: Temp. 100 4 P. 90

Nov 14 Summary of notes by Dr. Phelps. Nov. 14 Received on ward: Very unsteady on feet. Confused in mind: Is troublesome & contrary; restless & noisy.

Nov 17 Trans. to Infirmary: Rather obstinate 2nd Visited by wife Nov. 30 Temp. slightly elevated: Has been at times ever since admission: Needs quite Constant attention, is restless & confused. Dec 2 Temp. still up at times & patient on the whole seems failing quite rapidly. Dec 3 Temps. up to 105 2/5 varies a good deal. Patient very dull. Nov 7 Patient died at 11:10. Temp. at the last was 107. Quite high up to time of death. On evening of the 6th had convulsive movements.

Died.

Personal and Medical History of

Personal and Medical History of Otto Oskey.

Whole No. 517
Residence, Redwing, Minn.
Date Admission, November 15th 1898
Admitted by Dr. P. M. Phelps. hour, 6:45 PM.
How Sent, Axel Haller & of P. Goodhue Co.
Sex, male Age, 32 yrs.
Civil Condition, married
Children, 4.
Age Youngest Child, -
Occupation, Draying.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Minn. (Father born in Norway, Mother, Ohio) Born in State etc.
Physicians Committing, H. Thoresen & F. C. Dimmitt
Correspondents, Mr. Otto Oskey. Redwing, Minn.

No. of Year, 70.
Insane Relatives, None
Cause Exciting, Overwork, Loss of sleep, business excitement
Cause Predisposing, Unknown
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Nov. 12 1898.
Duration, 3 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 32 yrs.
Time of Leaving, Dec. 28. 1898
Time in Hospital, 1 m. 13 d.
Result, Discharged May 3. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. H. A. Herzog Date of Nov. 16'98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear, quick.
MEMORY, Past Events, Quite good.
Recent Events, Fairly good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert, correct.
REASONING POWER, Ordinary Subjects, Fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, not Systematized, Transitory, Special Subjects, Grandiose
Conversation, slightly incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 60, Cancer of lip.
Paternal Relatives,
Mother, living Healthy.
Maternal Relatives,
Brothers and Sisters, 4 children living, healthy
last child died one year ago.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Neither.
HEADACHES, VERTIGO, OR CONVULSIONS,
Past months has had headaches.
OCCUPATION, Healthy or not, Drayman & scavenger
Work day & night.
Detail Date, Duration, and Character of Previous Attack, if any,
About 4 years ago.
Sleep, Appetite, and Bowels, for last four months has not slept - before coming here constipated.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ in PRESENT WEIGHT, 143 lbs. USUAL WEIGHT, NUTRITION, Much impaired
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Yellow coat on dorsum, prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - slightly contracted - Response to light & accom.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Slight impairment Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands - coarse fine of tongue
PATELLAR REFLEX, 7-8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Roughness 1st sound at apex - impulse forcible - Sounds loud but not sharp
Accelerated - irritable.
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,
Color and Appearance,

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

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

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems to have been developing an acute mania for about a week back. He sold a dray worth about $50 for $25 & proposed opening a second hand store from which he was to make money. His scheme seems impracticable as he knows practically nothing about the business & his ideas on the point are plainly exalted. He says he lay awake many nights thinking about this. He seems to have been rather visionary at times & indiscriminate & excessive in his charity - was also exalted about his Substitional army experience. Was very destructive in the jail - Realizes that he is run down & needs rest.

Personal and Medical History of Otto Oskey.

1898

This patient was brought here by Sheriffs deputy Fred Davis attended by John Seastrand, in fair physical condition with the following history:- No history of consanguinity. Heredity nor intemperance in patient nor in parents: First symptoms of insanity manifested Nov. 17 '98. by incoherent speech, refusal to eat, actions without motive: Disease appears increasing: Not variable: Derangement now manifested on business matters, says no one shall suffer, as he will supply all their wants: No disposition shown to injure anyone: Is destructive of clothing, furniture & personal articles: Previous peculiarities manifested, - religious excitement 9 years ago caused by Salvation Army services: No severe diseases nor injury to head sustained: Has been in straight jacket for a few hours. No treatment pursued:
Talks incoherently, face is flushed, pulse accelerated, violent dancing.
Nov. 16 On Admission put upon 6' Ward Rpt. Complexion light: hair black: eyes blue: Skin in good condition: 2 front teeth out of upper jaw: Scar on top of right foot, on right leg & knee. Right hand cut & bruised: Is clean: Behavior Good: Temp. 98° P 80. R. 18
Summary 14 da record by Dr Herzog. Received on ward & put to bed: Temp. 98°. Ate a good supper. Very quiet - complained of pulling sore & lame in all parts of body. Says that he has much bruised while in jail - Nov 16 Temp. 98°. Pulse 70 Resp. 18. Good breakfast. up & dressed. Complained of being badly bruised & hardly able to put on his coat. Is quiet & well-behaved. Bruises, to Infirmary & put to bed at 10:30 AM. Talks fairly well. Says bowels are much constipated - given 3 ij saturated solution salts, 3 doses followed by a glycerine suppository. 5 PM. Temp. 99°. Grew restless in evening talking of schemes for getting money. Restless during night - slept none. 17th Temp. 99°. In bed until 2 PM. When taken out walking - excited & talking when out walking but behavior good. Evening Temp. 99°. Slept 9 hrs. With hypnotic. 18 Temp. Normal. Talking troublesome - Makes himself very much at home: Slept 4 hours. 19 AM. Temp. 99° PM. 98°. Appetite good: Troublesome & very self assertive: Slept 5 hrs. 20 Obstreperous. self-assertive: Refuses to do as he is asked. Goes into other patients rooms: Troublesome to those in bed. Is restless & excited. Trans to D 3. 10 AM. 21 Troublesome in AM. Asked to sit down - offered to fight: held on floor for ½ minute promised to behave - Went down & ate fair breakfast. 8 PM Temp. 98°. Pulse 80. Stayed in bed all day, quiet, refused to eat. Complained of pain in side - said rib was broken, examined by Dr Herzog. Showed no bruises. Hypnotic given, slept 7 hrs. Restless all night. 22 AM. Temp. 99°. PM 99. Appetite good. Still irritable & troublesome but not so much so. Slept 9 hrs with hypnotic. Temp. normal - appetite good - Restless, troublesome & abusive in conversation. 23 Temp 99. Not so abusive but if at all provoked becomes so. 25 Temp. 99 Slept well - out walking - Still troublesome & abusive. Remained about the same

Personal and Medical History of Otto Oskey

during 14 days - sleeping very well but continually troublesome & abusive. Thinks he should have privileges which other patients do not have. Plays organ, & gathers a crowd around him disturbing the other patients - Is abusive when spoken to, tries frequently to elope when out. Limps on leg when passing. Continued by Dr Phelps Dec. 10 Visited by Mother, 15 More quiet of late. Trans. to B2. Dec 24 Visited by wife & Father Low. Was mildly maniacal during first part of stay, has quieted down quite well

Discharged

Personal and Medical History of Walter A. Mather

Whole No. 5182.
Residence, Warsaw, Rice Co., Minn.
Date Admission, November 19th 1898.
Admitted by Dr. R. M. Phelps hour, 4 P.M.
How Sent, R. A. Mott J. of P. Rice Co.
Sex, male Age, 18
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Public school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Minn (Father Wisconsin, Mother Minn)
Physicians Committing, W. H. Robelliard & D. M. Cool.
Correspondents, J. H. Mather Box 208 Faribault, Minn.

No. of Year, 75
Insane Relatives, Father insane over 20 yrs. ago.
Cause Exciting, Self abuse.
Cause Predisposing, Heredity
Form, Acute mania
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Not.
Date of this Attack, About middle of October '98
Duration, about one month
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving, Apr. 5. 1899
Time in Hospital, 4 mo. 17 d.
Result, Discharged Nov. 1. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft PRESENT WEIGHT, 166 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,

11/21/98 EXAMINATION URINE, Quantity, Sp. g. 1008 Reaction, acid Color and Appearance, pale yellow.
Albumen, Present - all tests Sugar, —
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Walter A. Mather

This patient was brought here by Sheriff's deputy Peter Moss, attended by Philip Cromer, in fair physical condition, with the following history: No history of consanguinity: Father insane: First symptoms of insanity manifested about middle of October: Disease probably increasing: Not variable: Derangement now manifested by hallucinations on all subjects: Thinks he is General Gomez & took part in the war: No filthy nor destructive habits: Has always been peculiar: No severe diseases nor injuries to head: Never confined nor restrained in any way: No treatment pursued: No further facts noted on personal examination: On admission put upon B3 (Gt. N. Rpt Complexion dark: hair brown: eyes blue: Skin in good condition: Vaccination marks on right arm: blind in left eye: Mole on right side of chest: Scar on right foot: Eruption on shoulder Is clean: Behavior good.)

Summary Nurses Notes by Dr. Phelps. Nov. 19 Patient on admission talks quite intelligently but is somewhat confused & slightly irrational: is rather restless. Nov 21 Patient rather threatening today & somewhat incoherent. Dec 2 Is talking noisily: Seems to conspire with Mr. Welles to make trouble or to elope. Trans. to C. Jan 1'99 Wt. 167# Patient has been fairly well behaved on this ward but rather boisterous & exalted.

Jan 31/99 No special change in patients behavior: Now on B3. Does not attempt to elope. Feb 1. Apr. 5'99. Dr. Wanous Patient quiet & well behaved: Talks rationally: Habits clean: April 5'99. Taken home on trial by brother.

Discharged.

Personal and Medical History of

Personal and Medical History of Jeddion St. Onge

Whole No. 5183
Residence, Faribault, Minn.
Date Admission, November 22' 1898.
Admitted by Dr. R.M. Phelps hour, 4 P.M.
How Sent, R.J. Mott J. of P. Rice Co.
Sex, male Age, 27 yrs.
Civil Condition, married
Children, Two.
Age Youngest Child, —
Occupation, Plumber.
Degree Education, Public School.
Profession, Religion, Catholic.
Habits, Patient has been a hard drinker
Nativity, Minn - Parents born in Canada.
Physicians Committing, W.H. Bobilliard & J S Seeley
Correspondents, wife - Mr Faribault.

No. of Year, 76
Insane Relatives, None
Cause Exciting, "Individual characteristic".
Cause Predisposing, Agitation
Form, Acute Melancholia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not
Date of this Attack, 3 yrs. ago
Duration, 3 yrs.
No. of Attack, 1st
No. of Admission, 2nd
Age First Attack, 24 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,
Rather sluggish
MEMORY, Past Events, Good.
Recent Events, fairly good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. Correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State, Quite good.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed

DELUSIONS, Systematized, Transitory, Special Subjects,
Not plain - probably has them.
Patient nervous & hysterical
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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).
None known.
Father, died - cancer.
Paternal Relatives, well.
Mother, died - probably heart disease
Maternal Relatives, well.
2 Brothers and 3 Sisters, all well.
Children 2 boys healthy
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever. Measles - Gonorrhoea.
HABITS, Drinking and Smoking, Both to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.
OCCUPATION, Healthy or not, Painter & worker in Canning factory
Detail Date, Duration, and Character of Previous Attack, if any,
2nd ad.
Sleep, Appetite, and Bowels, Says quite good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 150 lbs USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, Skin healthy - rather moist.
TONGUE, Coatings or Promptness of Movement, Prompt. quite clean.
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, All good Legs, 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, Sounds, Quite strong Size.
Apex Beat, Regularity, Regular.
has palpitation at times.
ARTERIES,
Normal -

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, not sound.
BOWELS, Present Condition, Regular

Give condensed statement of the present Mental and 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 well nourished - vital organs seem healthy. 31 teeth. 1 upper molar gone. Is nervous & suspicious - probably has delusions. Has headaches. is neurasthenic & emotional.

Personal and Medical History of Jeddion St. Onge.

1898

This patient was brought here by Sheriff's deputy Henry Brown, attended by Peter Moon in fair physical condition, with the following history: No history of consanguinity, or heredity. Patient has been a hard drinker. First attack occurred in 1895 + patient has never been entirely well since. He was in this (Rochester) hospital from Sept. 27'95 to Apr. 27'97. (For further particulars see Vol 31 Fol. 245 No. 4209) First symptoms manifested by insomnia + hallucinations. Disease appears stationary: So variable, with irregular rational intervals: Derangement now manifested by suspicions of wife's fidelity. So disposed to injure others: Neither filthy nor destructive in habits: No previous peculiarities manifested: No severe diseases, nor injuries to head: No treatment pursued since leaving hospital.

On personal examination laughs + talks to himself + is excitable without cause.

Nurse. On admission put upon B3C (Gen. Rkt.) Complexion dark: Hair + eyes brown. Skin in good condition: Small scar on left hip + 2 on back. Is clear: Behavior good)

Summary 14 day record by Dr. Hersey Temp. + pulse normal + sleep good entire 14 days: Answers questions fairly intelligently: Quiet + well-behaved: Fairly neat in personal appearance: Evidently deluded but impossible to find out the nature of his delusions: laughs occasionally to himself: generally dull + depressed, does not begin a conversation, does not take part in amusements - seems to have no ambition. It is difficult to persuade him to write home: says that he was drinking somewhat while at home: Seems confused, Mental processes slow: Powers of attention weakened: Apparently no change during 14 days. Continued by Dr. Phelps. Dec 6 Trans. to B2. Has helped with work some + is well-behaved. 17th Began to work in laundry today. 26 Transferred to B3. Dec 31 Still works in laundry: Is quiet + well-behaved since coming this time + seems to understand his case with fair accuracy.

1899
Feb 1 - July 31 '99. / Dr. Wanous. / Patient quiet + well behaved: works on ward: Apr. 14 Trans. to A'. July 10. Went to camps at Oronoco. Aug 2. Is out camping. Aug 17. Returned. Has a cold. Aug 18. Works on T.W. Is well-behaved. Sept 30. Refused to work. Jany 20/1900. Patient had "sick spell" at midnight. Transferred to T.W. Is hysterical: Complains of having chills + being weak. Wt 151#. P88. Is very delusional: has "spells" when he's afraid he is going to die; claims he is very sick: complains his heart is weak. Feby 1st Transferred to T.W. Is very hysterical. 14th. appetite good: bowels regular. Complains of being faint: afraid to stand up. May 3. Cold baths ordered daily + continued for + weeks. No improvement followed treatment. July 3. Visited by wife. July 17. Vaccinated. Aug 1 142#. Nov 30. Nothing special to report — 1901 Jany 18/31 Wt 170#. Days 8-31. Was given static electric treatment: Considerable improvement, physically; but little, mentally: constantly complaining of being too weak to do

Personal and Medical History of Jeddion St Onge

1901 Cont'd

Jan 18/31 anything, but works a little, on the ward. Talks to himself some; has a very dejected manner.
Feby 1 Wt 167#. Is on electrical treatment + is somewhat improved - has "spells of hysteria". Works
July 31 a little, on the ward - July 31. No change noticeable, during the period - Emotion as before noted -
Aug 1 Wt 153½#. Oct 5. Transferred to B2. Nov 1. Wt 161#. Jany 31/02. No change of importance: Patient
Jany 31 1902 very hypochondriacal. Frequently in an attitude of prayer, + says "he is weak and unable to work."
helps a little on ward. Appears in quite good physical health. Feb 1/02 161.#
July 1/02 Visited by wife + children. July 8-16. In
camp at Oronoco. Aug. 1/02 147.#
1903
Jan. 31 Has been in quite good health, and worked about wards and dining room, also a little outside. Cleanly and neat in appearance. Inclined to melancholy + constantly says he doesn't feel strong. Broods over his condition a good deal. On other subjects is quite clear and intelligent.

Personal and Medical History of Frederick La Chapelle

Whole No. 5184

Residence, Wabasha, Minn.

Date Admission, November 23, 1898

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

How Sent, M. Kennedy Sheriff Wabasha Co.

Sex, male Age, 19.

Civil Condition, Single

Children, none.

Age Youngest Child, –

Occupation, Portrait painter.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits,

Nativity, Minn. (Parents born in Wis.)

Physicians Committing, C. N. Kelly & W. H. Lincoln. Became resident of Estate of Co. in 1894

Correspondents, Mother Mrs. Julia Labhapelle 423 St.

No. of Year, 77

Insane Relatives, Father's Brother.

Cause Exciting, Don't know.

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About one week ago.

Duration, One week.

No. of Attack, 2nd

No. of Admission, 1st Here (One in St. Peter)

Age First Attack, 17 yrs.

Time of Leaving, Nov. 27, 1899

Time in Hospital, 1 yr. 4 d

Result, Discharged May 2. 1900 Improved.

EXAMINATION ON ADMISSION BY DR. E. L. Chapple Date of 12/3/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good.

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None

~~Status~~ 4

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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).
One sister hysterical.

Father, Died - Kidney disease.

Paternal Relatives, One uncle died consumption.

Mother, living - healthy.

Maternal Relatives, all healthy.

Brothers and Sisters, 1 sister died consumption.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had La grippe + measles.

HABITS, Drinking and Smoking, Smokes cigarettes + drinks

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Painter.

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

Sleep, Appetite, and Bowels, all good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3 PRESENT WEIGHT, 185 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Scar on left cheek - also on right calf + two scars R. arm -

TONGUE, Coatings or Promptness of Movement, Prompt, clean, no tremor

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, Quick - correct

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, N

Apex Beat, Regularity, Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion 3½ in.
B. sounds normal.

EXAMINATION URINE, Quantity, Sp. g. 1026 Reaction, acid Color and Appearance, Clear - yellow

Albumen, 0 Sugar, 0

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, Very sound -

BOWELS, Present Condition, Regular

Teeth - 15 upper 1 missing In good condition
15 lower 1 " "

Give condensed statement of the present Mental and 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 tall - fairly well proportioned. Ruddy Complexion. Features rather strong - cheek bones prominent. Patient has never received any injuries nor had any serious diseases. Has been addicted to smoking + drinking - Physical condition good. Mentally - seems of fair grade. Talks intelligently. Memory + perceptivity good.

Personal and Medical History of Frederick La Chapelle.

1898

This patient was brought here by sheriff D.C. McKenzie attended by F.G. Phelps in good physical condition, with the following history:-
No history of consanguinity, fathers brother insane: First attack occurred two years ago & patient was at St. Peter hospital 1½ yrs. left improved. First symptoms of present attack manifested about one week ago by sleeplessness: Disease appears increasing: Is not variable: Derangement now manifested by rambling conversation: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: Has received no treatment since leaving St. Peter.
On personal examination is very talkative.

Nov 23. On admission put upon B3 East (G.H.U. Rpt. Complexion dark: hair light brown: eyes brown: Skin dirty: Several marks on legs below knee: Small scar on left ankle: Has vermin: Behavior good.)

Summary Nurses Notes by Dr. Phelps. On admission answers questions intelligently: Is restless & nervous: Was very dirty on admission 28 Still irritable & nervous: Somewhat threatening at times Dec 8 Transferred to B1. Is growing more threatening & noisy Jan 3'99 Wt. 196. Has had considerable trouble at times but is quieting down some. Jan 26 No special change up to today. Feb 1- July 31'99. (Dr. Wanous) Wt. 191.# Frequently gets into trouble with other patients: Is quick-tempered & often abusive. July 10 Complained of blood being out of order, put upon treatment. Condition due to constipation: Is behaving better: General condition improving. - (Dr Chapple). Aug 2 Wt. 204 Pulse 84

Oct 31 Patient for a while quite troublesome & pugnacious but behavior improved steadily & he seemed better able to control his temper. Now appears perfectly rational. No delusions noted: Tidy in habits & dress Works well on ward: reads & plays games. Nov 27 99 Today allowed to go home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Adam Wolf.

Whole No. 5186
Residence, ?
Date Admission, November 26' 98
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, H.L. Buck Supt. Winona Co.
Sex, male Age, 38 yrs.
Civil Condition, married.
Children, None.
Age Youngest Child, —
Occupation, Carpet weaver.
Degree Education, Good in German.
Profession, Religion, Lutheran.
Habits, Very intemperate.
Nativity, Germany Parents also born there.
Physicians Committing, F. Lichtenstein & H.F. McGaughey
Correspondents,

No. of Year, 79
Insane Relatives, None.
Cause Exciting, Intemperance.
Cause Predisposing,
Form, Alcoholic Insanity
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About 3 Mos. ago
Duration, 3 Mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs.
Time of Leaving, Jan. 11th. 1899
Time in Hospital, 1mo. 15 d.
Result, Discharged May 3. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8½ PRESENT WEIGHT, 154½ 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,
Color and Appearance,

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Adam Wolf

1898

This patient was brought here by Sheriff A.W. Fuhrmann, in fair physical condition, with the following history:- No history of consanguinity, nor heredity; patient has been very intemperate: First symptoms of insanity manifested about three weeks ago, by sudden belief that wife was untrue to him: Disease appears stationary: Is variable: Is disposed to injure others: No disposition to filthy nor destructive habits shown: No previous peculiarities, severe diseases, nor injuries to head: No confinement nor restraint employed, no treatment pursued: On personal examination is excited & nervous: Marked tremor

Nov 26 of hands. On admission put upon B3E [G.H.U. Rpt Complexion dark, eyes blue, hair grayish brown: Vaccination marks on left arm: Slight scratch on forehead: Eruption on back: Is clean: Behavior good;

Summary 14 dd record by Dr Herzog -

Nov 26 5.30 P.M. Temp. 99.2 Nov 27 A.M. 99.6. P.M. 99. Nov 28 98.8 & after this refused to have temperature taken: Appetite good & Bowels regular during entire 14 days: Always well-behaved, neat & tidy: Converses intelligently on ordinary subjects: is a trifle loud in his conversation & is easily excited when angered: has systematized delusions of infidelity of his wife & becomes slightly excited when talking on this subject, the evidence which he adduces to prove the infidelity is ridiculously insufficient & his own actions & suspicions show that he is deluded on this point. He does not speak of revenge but is willing to part from wife & procure a divorce.

Continued by Dr. Phelps. Jan. 1 '99 Patient is quite well-behaved: answers questions fairly well: Wt. 160# Says he is alright. Jan 11 Eloped: Got away from ward while patients were out.

Discharged.

Personal and Medical History of

Personal and Medical History of Horace D. Stewart.

Whole No. 5187
Residence, Ramsey Co. Minn.
Date Admission, November 30th 1898.
Admitted by Dr. T. M. Phelps hour, 5th P.M.
How Sent, Sheriff 2d of Ramsey Co.
Sex, male Age, 34 yrs.
Civil Condition, Single
Children, none.
Age Youngest Child, ——
Occupation, Clerk
Degree Education, Public school.
Profession, Religion, Non-denominational.
Habits, Not intemperate.
Nativity, Wisconsin. (Parents born in Penna.)
Physicians Committing, Mohage + Jno. T. Birnhall.
Correspondents, Brother at —

No. of Year, 80
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing, Previous attack (2)
Form, Paresis?
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not
Date of this Attack, 2 yrs ago. (Periodical, continuous?)
Duration, 2 yr
No. of Attack, ?
No. of Admission, 2nd
Age First Attack, 33 yrs.
Time of Leaving, May 30. 1899
Time in Hospital, 5 mos.
Result, Discharged Nov. 1. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4 3/4 PRESENT WEIGHT, 123 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 the present Mental and 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 Stone D. Stewart.

1895

This patient was brought here by Sheriffs deputy Henry Gallick attended by his brother, in fair physical condition, with the following history: No history of consanguinity; First attack occurred about one year ago - Was in this (Rochester) Hospital from Sept. 20' 97 to Dec. 31' 97 For further particulars see Vol. 37 Fol. 229 No. 4876) First symptoms of this attack manifested two weeks ago, by Hallucinations: Disease appears increasing: Is but variable: Derangement now manifested by wanting to start a circus, to run for president, thinks he owns large gold & diamond mines etc - Not disposed to injure anyone: No disposition to filthy nor destructive habits: No history of intemperance in parents nor in patient: No severe disease nor injuries to head: Has received hospital treatment as above stated. On personal examination is very talkative & full of all kinds of hallucinations.

Nov. 30 On admission put upon B³ E. (Y.H.N. Rpt. Complexion dark: hair brown eyes blue: Skin in good condition: Vaccination marks on left arm: Is a little bald: Is clean: Behavior good.)

Summary Notes by Dr. Phelps. Nov 30 Is demented: Has an idea that he is very wealthy & has delusions of grandeur in every respect. Dec 13 Is demented & quite typically paretic in every way. Jan 1' 99 Patient is much more rational in manner: has complained some of lungs. Seems to be improving. Jan 31' 99 Delusions are not very prominent at present: Is somewhat irritable. Feb 1 - May 30' 99 (Dr. Wanous) Patient well behaved: Has delusions: General appearance neat. Mch 4. Complained of pain in stomach put upon treatment, improved. Mch 9 Complained of sore throat. Mch 17. Trans. to Infirmary Improved under treatment. March 18. Trans. to B³ again. May 30' 99 Was allowed to go home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of Botolph Anderson

Whole No. 5188
Residence, Kenyon Township.
Date Admission, December 1st 1898.
Admitted by Dr. R. M. Phelps hour, 5 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, Male. Age, 38
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common School.
Profession, Religion, Not a church member
Habits, Not intemperate.
Nativity, Norway (Parents also born there)
Physicians Committing, J. W. Anderson & Bruno Jacking
Correspondents, —
Ole G Gunhus Guardian.
Notice of Hearing Petition duly served Dec. 10 '98.

No. of Year, 81
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Paranoia.
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, About July 1st 1898
Duration, About 5 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Quite clear.
MEMORY, Past Events, good.
Recent Events, fairly 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, Depressed
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS, Yes.
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, Probably several months
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption). Nothing known.
Father,
Paternal Relatives,
Mother, } little known of relatives.
Maternal Relatives,
2 Brothers and 2 Sisters, 1 sister silly
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Nothing severe. Has had stomach trouble.
HABITS, Drinking and Smoking, Both.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any, None.
Sleep, Appetite, and Bowels, OK.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 146 USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, prompt. quite clear.
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, all quite good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds good, Size, n.
Apex Beat, 5 Regularity, Regular.
ARTERIES, Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fairly 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,
BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 quite good physical condition. Has delusions probably systemized. Says people were mean & told stories & lies about him, for which they could have been prosecuted. That in order, to destroy his consciousness then to protect themselves they claimed he was crazy. He was living alone & the people came to watch him tho he never saw nor heard him. (Is probably a paranoiac)

Personal and Medical History of Bartolf Anderson

1898

This patient was brought here by sheriff's deputy, Wm. Oldsted attended by Ass. Ware, in fair physical condition, with the following history:- No consanguinity known. No history of lunacy nor of intemperance in patient nor in his parents. First symptoms of insanity manifested about July 1st by hallucinations. Disease is variable with irregular rational intervals: appears increasing: Is now manifested by being suspicious of friends & by being so depressed that it affects his appetite. Not disposed to injure others: No filthy nor destructive habits: No previous peculiarities manifested No history of intemperance in parents nor in patient: No severe disease nor injuries to head: No confinement nor restraint employed: No treatment pursued. Personal examination negative: Dec 1/99 For admission put upon B3 (Gen. Rpt. Complexion dark: eyes blue: hair sandy: Vaccination marks on right arm: Is duty: Behavior good) Summary 14 da. record Dr Herzog. Resp. & pulse normal: bowels regular: sleep usually good during 14 days. Considerable improvement in mental condition, also some gain physically: Less depression, talks more readily: does a little work: Is occasionally restless & affected by noises on the ward, but Dec is as a rule quiet & well behaved

1899 Jan 3 Continued by Dr Phelps. Jan 5 '99 Wt. 150#. Answers questions with fair intelligence: Behaves fairly well. Seems rather backward about talking as if under influence of delusions. Jan 14 99 Visited by friends: No special change. Aug 1 Patient irritable at times: works in dining-room. Oct 4 Wt 148#. Visit. Mar 6/1900. Is in bed: complains of bowel trouble. Mar 7/1900. Says "he is discouraged" - "Thinks himself a prisoner because he would not take School-farm to pay for School-house". Refused to get up: had to be clothed and was transferred to B1: very obstinate: refused dinner. Mar 9. Transferred to B3: condition improved. July 17. was vaccinated successfully. Aug 1. 135#. Oct 5. Visited by mother - Jany 31/1901. Can see no change: works steadily in dining-room: Habits tidy: very reserved and sullen in manner. will not speak, unless addressed. Feby 1. Wt 133#. May 31. No change noticeable. Works regularly in Centre dining-room: quiet: rarely speaks: manner sullen: "Thinks he is being drugged": Habits tidy: Health good. Augt 1 Wt 133#. Nov 1 Wt 133#. Jany 31/02. No change whatever: Works regularly in Main dining-room: very quiet: manner surly: health good Feb. 1/02. Wt. 131#. Aug. 1/02 Wt. 128#. June 20/02. Visited by relatives - Had violent spell.

Jan. 31/03 Worked regularly in C.D.R. up to October - has since refused - very surly and stubborn. Delusions of persecution. Rarely converses, but flies into a passion, when personal affairs are mentioned. Habits neat.

Personal and Medical History of

Personal and Medical History of Lewis Hegg.

Whole No. 5189
Residence, Harmony, Minn.
Date Admission, Dec. 2 1898
Admitted by Dr. P. M. Phelps hour, 6:45 P.M.
How Sent, C.H. Farrington Dep. Fillmore Co.
Sex, male. Age, 28 yrs.
Civil Condition, Single.
Children, none.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate
Nativity, Minnesota (Father born in Norway Mother. Iowa) Born in Fillmore Co.
Physicians Committing, D.S. Phillips + C.A. Love.
Correspondents,

No. of Year, 82
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, — —
Form, Recurrent Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 3 yrs ago. (Became insane Nov 28 96)
Duration, 3 yrs.
No. of Attack, 1st continuous
No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving, Mar. 9. 1899
Time in Hospital, 3 m. 7 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 PRESENT WEIGHT, 149½ 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,

12/6/99 EXAMINATION URINE, Quantity, — Sp. g. 1002 Reaction, Neutral Color and Appearance, pale yellow.
Albumen, Very slight trace. Sugar, —
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Lewis Hegg.

1898

This patient was brought here by Sheriffs deputy W. A Erickson attended by Drs. Hopp in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in patient nor his Parents: Insanity first manifested three years ago attacks have occurred at irregular intervals ever since, lasting for a few days at a time: On Monday Nov. 28 threatened to kill people, disease appears increasing: So Variable. Derangement now manifested by melancholia, is very quiet & will not give intelligent answers to any questions: Is disposed to injure others: Is not suicidal: No filthy nor destructive habits: No previous peculiarities manifested. No information concerning restraint or confinement employed nor concerning treatment pursued.

On personal examination is very quiet & will not talk, even to answer questions.

12/2/99 On admission put on B³ (_____ Complexion light: hair light brown; eyes blue: skin in good condition: Scar on chin & one on right hand: So clean: Behavior good.)

Summary 14 day record Dr Herzog. Temp. 99 5 PM. 3rd 8 AM. 99. after that normal the entire 14 days. Sleep good with exception of first night, slept 3 hrs. Somewhat restless during first 3 days. Complains of pain on micturation & worries considerably about a fancied venereal disease - can find no evidence of same. Dec 6 More quiet & contented & is inclined to give up the idea of being afflicted with the disease - Makes no complaint of pain on micturation - Dec 15 Considerable gain physically & mentally during 14 days: has asked to work: says he feels good: is contented: So quiet & well-behaved - Shows a simple slight feebleminededness but no definite delusions - Continued by Dr Phelps. Patient somewhat flighty at times but can answer questions with fair intelligence: Takes part in amusements, On Jan 6 99 noted as being cross & inclined to fight usually well-behaved however. Jan 31 99 - Feb 9 99 Patient well behaved, quiet & agreeable: Works on ward. Feb 6 Trans. to A'. Works in dining room Mch 9. Eloped while in center dining room.

Discharged.

Personal and Medical History of

Personal and Medical History of Milton Shull.

Whole No. 5190
Residence, Minnesota City, Minn.
Date Admission, December 5th 1898
Admitted by Dr R.A. Bibb hour, 10 A.M.
How Sent, P.J. Mischke & Ofts Faribault Co.
Sex, male Age, 45 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Wisconsin - Parents born in New York
Physicians Committing, H. Cooper — F.A. Hunt.
Correspondents, W.D. Smith, Minnesota City Minn.

No. of Year, 83
Insane Relatives, One cousin.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Dementia?
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About same for several years.
Duration, Several years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, July 21. 1900
Time in Hospital, 1 yr. 7 mo. 18 d.
Result, Rec. Nov. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Traynordale *Date of* Aug. 17. 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear & quick.
MEMORY, Past Events, Good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert.
REASONING POWER, Ordinary Subjects,
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 Dulness, 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 Shull.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10½ PRESENT WEIGHT, — USUAL WEIGHT, — NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, Drift shoveler right lower lower thumb right Fracture left Slight scar on left side of abdomen also on left leg lump on left side to left fracture Slight scar on front of left ankle. Skin in normal condition
Teeth - 5 above + 4 below.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Slightly impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
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,
Apex Beat, Regularity,
Normal.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal
Chest symmetrical.

CRANIAL MEASUREMENTS.

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

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
Digestion fair. Appetite good.

Give condensed statement of the present Mental and 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 very rational man & seems to have no delusions, but has a very disagreeable temper at times. Has quite a bad hernia on left side

Personal and Medical History of Milton Shell.

1899

This patient was brought here by Sheriff Sandy McDonald in fair physical condition, with the following history:- No history of consanguinity, one cousin insane: Patient has been in Jail for several years past. Wanders about restlessly, does not sleep well. Threatens to burn property. Disease appears stationary: Is variable but with no rational intervals: Is disposed to injure people: No filthy nor destructive habits: No previous peculiarities: No severe diseases nor injuries to head sustained: Has never been in confinement nor restraint. No treatment pursued. On personal examination is foolish in actions and talk.

17/3/99 On admission put upon B3 (Gth Rpt Complexion light: Hair light brown. Eyes blue: Skin in good condition: Cacination on left arm: Scar on left ankle: Eruption on body: Is clean: Behavior good. Clothing very dirty.)

17/7/99 Summary 14 da. record by Dr Herzog. On admission temp. 99. but generally normal during 14 days, occasionally reaching 99 in evening: Appetite good: Dec 3 Slept 3 hrs. 4th 4 hrs. 5th 6 hrs. 6th 7 hrs. 7th 5 hrs. 8th 3 hrs. 9th 4 hrs. - Generally quiet and agreable; contented, fairly intelligent but shows a symmetrical feeblemindedness: Is restless & slightly troublesome in night of Dec. 8th Dec. 10 Rather more noisy & talkative, arguing with other patients: Likes to trouble the more irrational patients: When spoken to says he will be quiet, sits down & remains quiet for a few minutes then begin again arguing & talking in a loud tone of voice. Slept generally from 2-4 hrs. with exception of Dec 16. when he slept Eight hours. Dec 13 Quite restless, noisy & troublesome; rather worse during second week being noisy & troublesome. Continued by Dr Phelps. Jan 24/99 Patient has been recently on B1. Has been rather noisy & troublesome during all of his stay. Rather obstinate at times: occasionally refuses meals

Jan 31 99. General health is fairly good. No change in behavior,

Feb 1- July 31 99 (Dr. Wanous) Wt. 146 lbs Patient mischievous, troublesome & quarrelsome. Silly in actions: No delusions noticed. Continues about same from day to day.

Aug 1 - 1900 - To Jan 31 1900 (Dr Chapple) Aug 2 Wt. 145 lbs Pulse 76. No change of importance Disposition has been changeable but for the most part stubborn, quarrelsome & frequently pugnacious. Complains of everything & everyone. Talks quite rationally but answers cannot be depended upon as truthful. Habits quite cleanly: appearance untidy: works on ward.

Jan 31 Feb 2 Physical health good. Febr. Wt 150 lbs Bft. May 29. Transferred to C. July 11. Transferred July 20/20 to B1. July 20. Vaccinated. July 21. No change: health fairly good: is a very troublesome and disagreable patient: always quarrelling & abusive, and frequently has fights with other patients: extremely stubborn and wants his own way: Constantly complaining of ill-usage. Thinks everybody is against him. Plays games & does considerable work on ward.

Eloped, while outside at work, to day.

Discharged.

Personal and Medical History of

Personal and Medical History of Henry Barker.

Whole No. 5191
Residence, So. Stillwater, Washington Co. Minn.
Date Admission, December 6th 1898.
Admitted by Dr. A. F. Kilbourne hour, 6th P.M.
How Sent, F. T. Wilson J. of P. Washington Co.
Sex, male Age, 32 yrs.
Civil Condition, married.
Children, Four.
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Minn. (Parents born in Germany)
Physicians Committing, E. B. Froelich & F. G. Landeen.
Correspondents, Wife - Stillwater.

No. of Year, 84
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Chronic Alcoholic Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not suicidal.
Date of this Attack, About 3 mos. ago
Duration, 3 mos.
No. of Attack, Several.
No. of Admission, 2nd
Age First Attack, 31.
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 sluggish.
MEMORY, Past Events, fair
Recent Events, good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert. correct.
REASONING POWER, Ordinary Subjects, quite good
Special Subjects,
Own Mental State, not good
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
~~Depressed.~~

DELUSIONS, Systematized, Transitory, Special Subjects,
about his own actions

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, nothing known died; heart disease
Paternal Relatives,
Mother, living - well.
Maternal Relatives,
2 Brothers and 3 Sisters,
4 Children well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says never was sick.
HABITS, Drinking and Smoking, Both.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, Common laborer,
Detail Date, Duration, and Character of Previous Attack, if any,
2nd admission.
Sleep, Appetite, and Bowels, all good.

Personal and Medical History of

41/205
No 5191 M Henry Barker
Copy of Order for Hearing Petition of Theodore Mitten
for appointment of Theodore Mitten or some other suitable person as guardian for said Henry Barker insane; served and service admitted Dec 17 — 02
P. A. H.
(Papers filed with commitment papers.)
Hearing on 5th Jany 1903, Probate Office, Stillwater.

ACTERISTICS.

SUAL WEIGHT, NUTRITION, good.
condition - slight acne.
mpt.
- size normal. responses good.

Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands.
PATELLAR REFLEX, n. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, good.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds n, Size, n.
Apex Beat, 5 Regularity,
regular - rapid
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good 3½ in.
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, 30 Teeth.
SLEEP, Present Amount and Character, good
BOWELS, Present Condition, good.

Give condensed statement of the present Mental and 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 tall, lank, large framed. Somewhat stooped. Features rather coarse & prominent. Physical condition good. Previous mental grade very ordinary. Not much education. Says he has been a general roustabout. Mental condition: has delusions - Probably alcoholic dementia though aside from delusions his mental condition seems quite good.

Personal and Medical History of Henry Barker.

Whole No. 5191
Residence, So. Stillwater, Washington Co. Minn.
Date Admission, December 6th 1898.
Admitted by Dr. A. F. Kilbourne hour, 6th P.M.
How Sent, F. T. Wilson J. of P. Washington Co.
Sex, male Age, 32 yrs.
Civil Condition, married.
Children, Four.
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Minn. (Parents born in Germany)
Physicians Committing, E. B. Froelich + F. G. Landeen.
Correspondents, Wife - Stillwater.

No. of Year, 84
Insane Relatives, None
Cause Exciting, Unknown
Cause Predisposing, Previous attack
Form, Chronic Alcoholic
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not suicidal.
Date of this Attack, About 3 mos. ago
Duration, 3 mos.
No. of Attack, several.
No. of Admission, 2nd
Age First Attack, 31.
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 sluggish.
MEMORY, Past Events, fair
Recent Events, good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert. correct.
REASONING POWER, Ordinary Subjects, quite good.
Special Subjects,
Own Mental State, not good
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
~~Depressed.~~

DELUSIONS, Systematized, Transitory, Special Subjects,
about his own actions

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, nothing known died; heart disease
Paternal Relatives,
Mother, living - well.
Maternal Relatives,
2 Brothers and 3 Sisters,
4 children well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says never was sick.
HABITS, Drinking and Smoking, Both.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, Common laborer,
Detail Date, Duration, and Character of Previous Attack, if any,
2nd admission.
Sleep, Appetite, and Bowels, all good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 2 PRESENT WEIGHT, 195 USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, Skin in good condition - slight acne.
TONGUE, Coatings or Promptness of Movement, Clean. prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses good.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, R. good L. impaired.
COORDINATION, Arms, good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands.
PATELLAR REFLEX, n. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, good.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, n Size, n.
Apex Beat, 5 Regularity,
regular - rapid
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good 3½ in.
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, 30 teeth.
SLEEP, Present Amount and Character, good
BOWELS, Present Condition, good.

Give condensed statement of the present Mental and 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 tall, lank, large framed. Somewhat stooped. Features rather coarse + prominent. Physical condition good. Previous mental grade very ordinary. Not much education. Says he has been a general roustabout. Mental condition: has delusions - Probably alcoholic dementia though aside from delusions his mental condition seems quite good.

Personal and Medical History of Henry Barker.

1899

This patient was brought here by Sheriffs deputy Wm Smith attended by Oscar Anderson, in fair physical condition, with the following history:- No history of consanguinity or heredity. First attack of insanity occurred last summer of 1897, at which time he was committed to this hospital - he was here from June 7 '97 to Sept 3 '97 (For further particulars see Vol. 37 Fol. 13 No. 4781.) Has had occasional spells since returning home but worst phase has been during last three months. Disease appears increasing: Not Variable. Derangement now manifested by thinking himself mesmerized, controlled by others. Has threatened to kill people. No filthy nor destructive habits. Claims to be God, thinks that he is a detective, that he is Uncle Sam etc. Habits intemperate: No previous peculiarities noted: No information concerning severe diseases nor injuries to head: Has received no treatment since leaving here. Nothing further ascertained on personal examination.

19/6/99 On admission put upon T3 (G.H.M. Rpt) Complexion dark: eyes blue: hair brown: Skin in good condition: Vaccination marks on left arm: 2 small moles on back: Is clean: Behavior good.) Summary 14 da record by Dr Herzog Appetite good: pulse & temperature normal & sleep good during entire 14 days. Was suspicious at time of taking bath, thinking nurses were putting up a scheme on him. also refused to wear state clothing while his own were being washed, but yielded after a time. Is quiet & agreeable & amuses himself playing games & cards. Patient would not excite suspicion of being insane unless his delusions were touched upon in conversation: Objects to staying here & denies attempting any violence while at Lone. when asked concerning the signs used by members of his lodge which he thinks to be conspiring against him will talk quite freely showing delusions of persecution with some delusions of

1899 Jan 31 grandeur. Continued by Dr. Phelps. Jan 31 '99 Has been during all of stay here this time, a little silly in manner but on the whole answers questions in a fairly intelligent way. Patient somewhat unreasonable in talk

Feb 1 to July 31 altho no definite delusions have appeared. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 200# Patient well-behaved - rather lazy: Quite rational in speech: Neat in appearance & habits. March 30. Has spells of ugliness. July 31 Appears better natured but peculiar in speech & manner. Aug 3 Wt 205 p 96.

Aug 3 Oct 30 Is very stubborn. Nov 11 Visited by relatives & taken Home. Nov 15/1899. Returned. Sits in his room. —

1900 April 4 Had trouble with patient Dalen. July 6 Wt 205 p 96. July no Vaccinated, successfully.

Aug 10 Somewhat Confused & delusions of persecution noticed — Oct 3. 206# P 92. Nov 1. Said he

Nov 1 hears people talking "right" — (will not say what he heard) — Jany 1/1901. Had trouble

1901 Jany 31 with patient Douglas. Threw a spittoon at him. Jany 31. Nothing further to report —

Personal and Medical History of Henry Barker

1901

Feby 1/30 Wt 200# P 88. Jelro. Seems brighter & improved mentally. March. Has had spell of

Mar 1 Confusion of a maniacal nature (lasted about a week) — July 31. Patient shows dementia.

July 31 Is much confused, at times. Augt 1. Wt 200# — Jany 31/02. Patient fairly well-behaved:

1902 Jan 31 Somewhat silly in manner, at times. Talk rather incoherent & irrelevant, in some ways. General intelligence, however, fair in ordinary subjects. General health good. —

1903 Jan. 31. Weight 203#. Patient has changed none. Talks to himself some. Is rather silly in talk and manner.

Personal and Medical History of John Dexter.

Whole No. 5193

Residence, St. Paul, Minn.

Date Admission, December 9th 1898.

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

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

Sex, male Age, 44 yrs.

Civil Condition, married.

Children, one

Age Youngest Child, —

Occupation, Switchman.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Canada. (Parents also born there.)

Physicians Committing, L.E. Riggs & J.B. Brimhall.

Correspondents,

No. of Year, 86.

Insane Relatives, None.

Cause Exciting, Unknown

Cause Predisposing, Previous attacks.

Form, Recurrent Mania

Accompanying Bodily Disorder, is anaemic.

Suicidal or not, Not.

Date of this Attack, 3 wks ago,

Duration, 3 wks,

No. of Attack, 3rd

No. of Admission, 2nd here (at Rosslyn also)

Age First Attack, 39 yrs.

Time of Leaving, Feb. 25. 1899

Time in Hospital, 2 mo. 16 d.

Result, Discharged Aug. 9. 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 PRESENT WEIGHT, 140 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 the present Mental and 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 Dexter.

1898

This patient was brought here by Sheriff's deputy J.B. Arend attended by Ed. Peterson, in fair physical condition, with the following history: No history of consanguinity heredity nor intemperance in parents nor self: This is third attack of insanity First occurred five years ago. Patient has been at Pontiac asylum & was here from Oct. 14 '96 to Apr 28 '97 for further particulars see Vol 35 Fol. 53 No. 4552.) First symptoms of present attack manifested three weeks ago by insomnia, with mild excitement. Disease appears increasing: Is variable with periods apparently free from excitement. Derangement now manifested by delusions concerning Detectives, gods, keys to Canadas, kites that can fly both ways, etc; Not disposed to injure anyone: Neither filthy nor destructive in habits: Nothing known concerning previous peculiarities: No severe diseases nor injuries to head: Has received hospital care as above stated.

On personal examination is extremely talkative; anaemic.

12/9/98 On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair dark brown: eyes brown: Skin in good condition: Vaccination marks on right arm & right hand swollen, caused by burn. Slight bruise on left knee: Hernia on right side. Is clean: Behavior good.)

Summary 14 Da. record (Dr Herzog) Temp. & pulse normal with ~~the~~ an occasional slight rise on different days, without any good reason: Sleep fairly good after first two days: generally 7-8 hours. hand kept in plaster of Paris cast first two ~~weeks~~ days. Patient continually restless, noisy & talkative during day. Forms fairly good sentences but thoughts are ramblings & incoherent: Talks continuously & complains much of different poorly localized pains & aches Is in about same condition as when here previously: behavior restless, is ~~f~~ sub-acutely maniacal. On December 22 after being requested to keep quiet refused to speak and indicated his desires by motions of hands.

Continued by Dr Phelps. Jan 31 '99 Patient somewhat maniacal at time of coming: rather noisy & troublesome; during January he became more quiet & at times refused to talk. At present is somewhat better altho disturbed mentally.

Feb. 1-25. Wt. 156# Talkative & noisy: works on ward General appearance neat & tidy. Feb. 25 Taken home by wife.

Discharged

Personal and Medical History of

Personal and Medical History of Fred Menge

Whole No. 5195
Residence, Houston Co. Minn.
Date Admission, December 13' 1898
Admitted by H.H. Herzog M.D. hour,
How Sent, Thos. Ryan J. of P. Houston Co.
Sex, male Age, 28 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farming.
Degree Education, reads + writes.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Houston Co. Minn. (Parents Germany)
Physicians Committing, R.J. Ferguson + W.W. Freeman.
Correspondents,

No. of Year, 88
Insane Relatives, None
Cause Exciting, Inanition.
Cause Predisposing, Previous attacks.
Form, Chronic Melancholia
Accompanying Bodily Disorder, Inanition.
Suicidal or not, Not.
Date of this Attack, September 1898
Duration, 3 mos.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 25 yrs.
Time of Leaving, June 16 – 1901.
Time in Hospital, 2 Yr. 6 Mos 13 Ds
Result, Recd. Discharged – Nov 30/1901.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, sluggish
MEMORY, Past Events, dull
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.
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

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

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 PRESENT WEIGHT, 144 USUAL WEIGHT, NUTRITION, poorly nourished.
WOUNDS, Abnormalities and condition of Skin, skin sluggish
TONGUE, Coatings or Promptness of Movement, responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – enlarged. respond slowly to light. to accom. fair.
SIGHT, not clear
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, normal Legs, normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands, tongue + facial muscles.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, yes.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, absent Murmurs, Strength, Sounds, weak Size, n.
Apex Beat, Regularity,
Apex beat displaced to nipple line – regular.
ARTERIES,
full + compressible
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
R. bulging at base.
Expansion poor.
B. Sounds not heard on R. side – pleura full of fluid.
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, fair
BOWELS, Present Condition, regular

Give condensed statement of the present Mental and 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 melancholiac, has been worrying over his physical condition a good deal. Mental development very poor. patient walks very stooped with hand on chest. On percussion dullness on R. side extending almost to apex. Chest has been aspirated + fluid to contain fluid. Appetite is only fair. Apparently he worries a great deal about his condition.

Personal and Medical History of Fred Menge.

1898

This patient was brought here by Sheriff Geo. N. Bleyed in poor physical condition with the following history: No history of consanguinity, heredity nor intemperance in patient nor in parents. First attack of insanity occurred three years ago & patient was confined in this (Rochester) hospital from (Mch. 28'96 to Mch 30'97 (For further particulars see Vol. 33 Fol. 121 No. 4363.) First symptoms manifested in September 1898 - Disease appears stationary & not variable. Derangement now manifested on no particular subject. Not disposed to injure anyone: No filthy nor destructive habits manifested. Previous peculiarity, a solitary disposition. No severe diseases nor injuries to head sustained. No confinement nor restraint employed during this attack

On personal examination presents a sullen appearance, stays in bed for days at a time leaving stock & everything neglected -

1/13/99 On admission put upon B3 (Gtl. Rpt. Complexion dark: hair black: Eyes brown: Condition of skin fair: Vaccination marks on left arm: Slight bruise on right foot. Is quiet & well behaved.)

Summary 14 days records by Dr. Herzog Appetite good: Temp. generally slightly elevated - 99+, on a few occasions reaching normal. Pulse generally good. Answers questions fairly intelligently but is dull, silly, untidy in dress & appearance, melancholy, depressed & complains if interfered with. Respiration somewhat difficult - no change in the amount of pleuritic effusion - Continued by Dr. Phelps. Jan 31 Patient has been drifting along in about the same dull way since returning. Is rather stoop-shouldered & has a consumptive look. Feb 1 Has pleuritic effusion over left side which has troubled him ever since pneumonia during previous stay. Has to be aspirated. Feb 1 - July 31'99 (Dr. Warnock.) Wt. 146#. Patient stubborn & sullen: does no work. Mch 30 Expectorates considerable sputum streaked with blood. May 19 Trans. to B2. June 26 Has pain in right lung: shoulders stooped: lounges about most of time. June 28 Transferred to Infirmary for aspiration. June 29 Up on ward. Right pleuritic cavity filled with fluid. July 14 Trans. to B3. Aug. 1 Wt 139 lbs. Pulse 88. Stubborn: will not talk: fugacious: Is frequently visited by sister. Nov 20 Transferred to TW - put to bed. Patient's lung trouble causes his depression: Is noisy "by spells". Patient is stooped & carries one shoulder lower than the other. Mar 1/1900 Wt 139#. Mar 30. Aspirated right pleura & 24 ounces serum drawn. Apl 25. Patient is up on ward. May 1. Wt 144#: appetite good: mental condition the same. May 26. Mar 26. Transferred to B3. Cavity again filled with fusion. July 20. Vaccinated successfully. Aug 31 Patient is dull: talks to self: appetite good. Sept 25 Transferred to TW & put on treatment - Sept 30 Visited by sister. Dec 12 Transferred to B3. Patient is suffering from tubercular pleurisy. Jany 31 1900 No change to report in patients condition. Feby 1. Wt 135#. P 120. Patient quiet. Feby 1 seldom speaks: unable to get around. Mar 1 - Transferred to TW. right pleura aspirated. Shows marked emaciation & expectorates a great deal —

Personal and Medical History of Fred Menge.

1901 cont'd

Mar 7 fluid withdrawn: injected with cod liver emulsion: patient put to bed. Mar 22. Patient visited by sister: result of injection shows no improvement. Mar 31 Visited by sister — May 6/01 Visited by sister - Is now in invalid chair - May 31. Is gradually failing - Very weak - June 26 Patient taken home by his sister -

Discharged

Personal and Medical History of Ole Irrson.

Whole No. 5196
Residence, Fairbault Co. Minn.
Date Admission, Dec 13' 1898.
Admitted by Dr T.A. Bebb. hour,
How Sent, J.P. Minship & of P. Fairbault Co.
Sex, male Age, 27
Civil Condition, Single
Children, ——
Age Youngest Child, ——
Occupation, Farming.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Drinks occasionally.
Nativity Fairbault Co, Minn (Parents born in Norway)
Physicians Committing, A.J. Franklin & G.D. Smart.
Correspondents, M. Mrs Irrson, Olsson, Fairbault Co, Minn (friend)

No. of Year, 89
Insane Relatives, None.
Cause Exciting, ?
Cause Predisposing, ?
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, about 2 Mos. ago.
Duration, about 2 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 12/14/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.
MEMORY, Past Events, Very slightly impaired.
Recent Events, Do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Somewhat dull. Correct.
REASONING POWER, Ordinary Subjects, fair but slow.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Slightly Systematized, ~~Transitory~~, Special Subjects, of persecution
Patient is reticent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, 's grandmother insane.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
head injury as noted.
HABITS, Drinking and Smoking, Smokes much, has been several times drunk.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Sleep & appetite poor.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 2 PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Slightly emaciated a very large powerful man.
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Clean - bright - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated, excessive response 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 hands - some fine & coarse of tongue.
PATELLAR REFLEX, 8-9 equal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No murmurs noted. Impulse forcible
Apex Beat, Regularity, sounds loud but not sharp & clear. Slightly irregular. easily affected by changes of position.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Good.

CRANIAL MEASUREMENTS.

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

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

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

Give condensed statement of the present Mental and 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 father states that as a young boy patient appeared quite bright, but at about age of 18 he noted that boy was not so bright as the others. He was however, a good worker & saved his money up to a year & a half ago, when he left home unexpectedly & went to Dakota after a row with his parents. While in Dakota he could get little or no work & spent $300 to $400. Since coming home the last 2 months he has had delusions of persecution which he still has.

Personal and Medical History of Ole Iverson.

1898

This patient was brought here by Sheriff Sandy McDonald, in good physical condition, with the following history:- No history of consanguinity or heredity. Drinks occasionally & smokes too much: Was kicked by horse when seven or eight years old: First symptoms of insanity manifested about two months ago, came home from Dakota, thought he was followed by robbers, was playing & simple- Sat around all day without talking: Disease appears increasing: Is variable, patient being better mornings. Derangement manifested by playing about like a baby, but if angered shows disposition to hurt people, threatens family.
No filthy nor destructive habits. Previous peculiarity a quick temper- Is often angry without reason. Patient has been watched by an attendant. No treatment pursued for relief of patient.
On personal examination is morose & sullen & not inclined to talk.

12/13/98 On admission put upon B3/ G.H.N. Rpt. Complexion light: eyes brown, hair light brown: Skin in good condition: Small scar on left finger of right hand, some pimples on back:
Right thumb nail deformed & scarred. Is quiet & well-behaved. Answers questions intelligently.)
Summary 14 da. record by Dr Herzog. Pulse & temp. nearly normal with occasional slight variation of temp. usually 99, altho running to 99⁸ on evening of Dec. 21. Brightened up slightly during 14 days & moved about a trifle more, during second week assisted a little in the ward work, with some urging. Is still melancholy & depressed. fairly neat & tidy in personal appearance. & not troublesome.
Continued by Dr. Phelps Jan. 31'99 In fairly good health: Answers questions with fair accuracy. Wt. 183# Does not talk very much: Works some

Feb 1- July 31'99 (Dr. Wanous) Wt. 172. Patient quiet & well-behaved. Works on ward: Mch 13 Transferred to A' July 31 Patient is quiet: does not talk unless spoken to. Is rather

1900 depressed. Aug 1- Jan 31 1900 (Dr Chapple) Wt. 178 Pulse 92 (Aug 1) Nov 2. Wt. 180# Very little change

To- during period. For the most part is quiet & melancholy; sits or stands apart from other patients with face to wall. Is occasionally maniacal & violent

Jan 31 does nothing. habits slouchy: expectorates everywhere. Physical health good.

Feb 1 Wt 185# P 90. July 20. Vaccinated. July 31. Very little change, during period. For most part, very

July 31 quiet: melancholic in appearance. Stands about against wall, or in the closet in a dejected attitude: seldom speaks: Inclined to be stubborn and pugnacious: appetite good: sleeps well. Works a little on ward, occasionally. Lower limbs are swelled considerably;

Aug 1 otherwise, physical condition fairly good. Aug 1. Wt 178#. Nov 30. Condition about same.

1901 Jany 31 No change: untidy in appearance: Stands around against the wall or closet, most of time; expectorates everywhere: never speaks, unless addressed: appears in good health: works a little on ward-

Personal and Medical History of Ole Iverson

1901

Feb 1 Wt 175# - June 4. Visited by brother. July 31. No noticeable change: works a little, when asked.

July 31 but, otherwise, stands about by himself: rarely speaks: is easily provoked: health seems good.

Aug 1 Wt 166#. Sep 12. Transferred to D^n. Sep 15. Went to work at soap-house. Nov 1. Wt. 177 lbs

1902 Jan 31 Still works regularly at soap-house: well-behaved: no mental change. Feb. 1/02 Wt. 175#

Aug. 1/02 161#.

Condition quite stationary - has worked at soap house. Is contrary at times - Will run away to the woods and remain for the day - Noisy at times - pounding the wall and talking delusionally. Untidy and indifferent to surroundings.

Personal and Medical History of Joseph Ryan.

Whole No. 5197
Residence, Brt. here from State Prison, Stillwater, Minn.
Date Admission, December 13' 1898.
Admitted by Dr. Rm. Phelps hour,
How Sent, F. T. Wilson J. of P. Washington.
Sex, male. Age, 76 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, R. R. Employee.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Ireland - (Parents also born there)
Physicians Committing, T. C. Clark & J. H. Haines.
Correspondents,

No. of Year, 90.
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing,
Form, Pseudo Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, June 10' 96
Duration, 2½ yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23½
Time of Leaving, Nov. ~~27~~ 28 1899
Time in Hospital, 11 m. 14 d
Result, Discharged May 2. 1900
Improved.
Nov 28/99 - Returned to Stillwater - OK Jm

EXAMINATION ON ADMISSION BY DRs R. M. Phelps & C. B. Eby *Date of* 1/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear & quick.
MEMORY, Past Events, } Seems good as far as can test.
Recent Events, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert
REASONING POWER, Ordinary Subjects, fair
Special Subjects, doubtful about ideas of persecution
Own Mental State, Thinks about right.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal
DELUSIONS, Systematized, Transitory, Special Subjects,
Prison people against him.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, Uncertain - 1 to a few years.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Denies any heredity
Father, living - 5 yrs. ago.
Paternal Relatives,
Mother, living 5 yrs. ago.
Maternal Relatives,
Brothers and Sisters, all healthy
Knows little about his family.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had typhoid fever about 5 yrs ago.
Has been drinking a good deal - as fast as he could get money
HABITS, Drinking and Smoking,
HEADACHES, often VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, None noted. Skin in fair condition.
TONGUE, Coatings or Promptness of Movement, Fair
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. - Responds to light.
SIGHT, Says good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Says good
COORDINATION, Arms, Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
No very definite sign.

CRANIAL MEASUREMENTS.
Circumference Horizontal,
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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient says in a slightly vague way that he rebelled about work. Was put in solitary. Was put on Consumption ward later & kept there seven months. Thinks is all right, only they were down on him because he would not report on other prisoners & so he could not get any leniency. Thinks they were rough & did him injustice.

Personal and Medical History of Joseph Ryan

1899

This patient was brought here by Dr. Withrow as sheriffs deputy from State Prison at Stillwater Minn, in fair physical condition with the following history: Patient was sentenced to Stillwater June 5th '96 for 5 yrs. on charge of Grand Larceny in first degree: ~~First~~ symptoms of insanity manifested ever since incarceration, by delusions of persecution from officers & fellow convicts: Disease appears increasing: Derangement now manifested by alleged persecutions: Is strongly inclined to injure others, not suicidal. No filthy nor destructive habits: No history of consanguinity nor heredity known: Patient has been intemperate: No confinement beyond prison discipline: No treatment pursued: On personal examination no physical disorder: has delusions of persecution & food poisoning: is extremely nervous.

17/3/98 On admission put upon B3 E. (G.H.N. Rpt. Complexion dark: hair black: eyes gray. Skin in good condition: Vaccination marks on left arm: Scar 1/2 in. long on right wrist. Little finger on left hand amputated at second joint - Tip of right thumb gone: Behavior good: Converses freely & fairly intelligently.)

Summary 14 da. record by Dr. Herzog. Temp. normal for 1st 3 days, then slightly elevated for six days: averaging from 100 to 101 - pulse correspondingly increased: expectorations of mucus no bacilli found. At first complained of stomach trouble but grew better after first week. Sleep broken, slept from 3 to 6 hrs. the first week: somewhat better during 2nd week. On some occasions slept 7 hrs. Had words with John Dexter on one occasion but no blows. Is easily irritated but not inclined to commence a quarrel - Improved during two weeks in health & strength, in behavior & tidiness. Usually does whatever is asked of him & does some work on wards. His delusions of persecution are not so fixed as at first. Continued by Dr Phelps Jan 31 Patient has an intelligent manner but is somewhat nervous & suspicious: at times complains of palpitation of heart: No very active delusions noted: Talk & manner rather peculiar, however. Thinks that people conspire against him. Feb 1 - July 31 '99 (Dr. Wanous) Wt. 136#. Patient quiet & agreeable well behaved: habits clean & neat: upon treatment for stomach trouble in June - Improved. June 30 much better. Enjoys outdoor exercise & works on ward. Aug 3. Wt 136#. P 76. Oct 30. Quiet, well-behaved; rational: works in the ward. - Is well-behaved: mind clear. Nov 28. Returned to Stillwater.

1899 Feb 1 to July 31 Aug 3 Nov 4/28

Discharged

Personal and Medical History of

Personal and Medical History of James Gittens.

Whole No. 5198

Residence, La Crescent. Houston Co, Minn.

Date Admission, Dec. 14th 1898

Admitted by H.H. Herzog MD, hour,

How Sent, Thos. Ryan J. of P. Houston Co.

Sex, male Age, 33 yrs.

Civil Condition, Single

Children, none.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, Roman catholic.

Habits, Intemperate

Nativity, Houston Co, Minn. (Parents born in Ireland)

Physicians Committing, W.W. Freeman & F.H. Whitney.

Correspondents, Pat. Gittens, La Crescent, Minn. (Bro.)

No. of Year, 91.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Suspicious Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Is suicidal - attempted to cut throat.

Date of this Attack, Nov. 24'98.

Duration, About 3 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 33 yrs.

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair.

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,
Yes. Thinks people are after him to kill him for doing something wrong. Thinks his family dead & tells them so.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, Since Nov 24 '98.

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives, Not Known

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, Worked in boiler shop.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 PRESENT WEIGHT, 179 USUAL WEIGHT, NUTRITION, fairly good

WOUNDS, Abnormalities and condition of Skin, Vaccination scar on left. Scar on back of right arm about elbow. On left side of nose & one on left side of neck.

TONGUE, Coatings or Promptness of Movement, Clean

Teeth one below & two above gone.

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, Slight of hand.

PATELLAR REFLEX, present Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc. Dull & stupid

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal - regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical & fairly well developed.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Digestion & appetite poor good.

BOWELS, Present Condition,

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

Patient very quiet except at times when he becomes fragracious & obstinate.

Personal and Medical History of James Gittens.

1898

This patient was brought here by James Gillespie & brother, Patrick Gittens, as sheriff's deputy, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents - patient has been intemperate: First symptoms of insanity manifested Nov. 24 '98 He thought he had done something wrong, & would see people after him. Disease appears increasing; Disease is not variable Derangement now manifested by thinking that his friends are dead. Tells them they have been dead a long time. Not disposed to injure others: Attempted suicide with knife: No filthy nor destructive habits: No severe diseases nor injuries to head: No confinement nor restraint employed: Not benefitted by treatment pursued.

On personal examination exhibits a morose, silent appearance & a settled melancholy.

On admission put upon B³E. (G.H.N. Rpt. Complexion dark; hair dark brown; eyes blue: Skin in good condition: Mark on calf of right leg: Vaccination scar on left arm. Is clean: Behavior good.)

Summary Nurses Notes by Dr Phelps. Dec 14 On admission was quite stupid & confused. Somewhat uncertain in feet. Taken to Infirmary. 17 Temp. today about normal: Refuses to eat. Is obstinate about everything: Kept in bed.

Dec 20 Patient upon ward today. Memory poor; is confused. Temp. 100. Dec 28 Transferred to B³. Jan 25 99 Patient has received hypodermics of strychnine, same discontinued today: Is dull & listless; has to be compelled to go to meals.

Feb 1 - July 31 '99 (Dr. Wanous) Wt. 156# Does no work: Is sullen & pugnacious & very melancholy. June 17 Visited by brother: Refuses to take nourishment transferred to Infirmary. Is very pugnacious: also has several bruises from striking himself. July 5 Visited by brother: Trans. to B³. July 27 Struck on nose, by patient weight severe cut 3/4 inch long. sutured. July 31 Trans. to Infirmary:

1900 Kept in bay: very pugnacious: Aug 1 - Jan 31 '1900 (Dr. Chapple). Wt. 151# Pulse 82.

To Nov. 2 166 Pulse 72. Sept. 13 Visited by brother: Behavior has improved but is still very pugnacious most of time: at times quiet & well behaved: Does very little, has to be urged to move &c. is in sort of a dazed condition

Jan 31 expression blank. Habits rather slouchy. Is rather anaemic in appear-

Feb 1 ance although has not complained of any illness. Feb 1. Wt 169# P66.

Mar 2/3 Transferred to T.W.: (has facial erysipelas): Ichthyol collodion applied to face. Mar 3. T. 104⁸

10/15 Cold-sponges given. Mar 10 Temperature normal. Mar 15. Bichloride-bath: Trans-

July 5/17 ferred to B². Recovery Complete. July 5. Visited by brother: July 17. Vaccinated:

31 Aside from Erysipelas, physical condition has been good: appears somewhat brighter, of late, & works a little on ward: but still very dull: Speaks but little and very slowly: Shows no interest in anything: habits very sluggish: behavior stubborn and irritable: very untidy: appetite good: Sleeps well.

Personal and Medical History of James Gittens

1900

Aug 12 Transferred to B². Nov 27. To B¹: habits becoming dirty and filthy: rubs syrup and

1901 Jan 9 mustard in his hair: very slouchy in appearance. Jan 9/1901. Visited by brother -

31 Is becoming more stupid: dirty in habits; expectorates everywhere: seems to be in a dazed

Feby 1/6 condition: does nothing. Feby 1. Wt 174#. Feb 6. Left hand badly swollen, caused by pounding

May 31 it himself. May 31. No change noted: is stupid & demented - July 1. Transferred to B².

July 31 Patient very demented: habits dirty: expectorates over clothing: Physical condition fair: has

Aug 1 been working outside. Aug 1. Wt 160#. Sept 1. Cut 2 fingers of right hand quite badly, while

Sept 1 working at East barn: (struck with pick, by patient): healed well. Nov 1. Wt 176#. Jan 31/02. No

1902 Jan 31 mental change: is very slovenly & careless & indifferent in manner: works a little on ward: but rarely outside, now: Is quite demented. Feb. 1/02 Wt. 180#. Aug 1/02 183#

03 Jan. 31 Has worked a little about ward but is indolent, careless & slovenly. Talks in a silly, childish way. Occasionally very noisy. Behavior good.

Personal and Medical History of Alfred Erickson

Whole No. 5199
Residence, Seely Township, Faribault Co. Minn.
Date Admission, December 15, 1898
Admitted by Dr. R. M. Phelps hour, 7 P.M.
How Sent, J. F. Winship J. of P. Faribault Co.
Sex, male Age, 42
Civil Condition, married
Children, 4.
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate.
Nativity, Sweden (Parents also born in Sweden)
Physicians Committing, J. E. Cowper & F. N. Hunt.
Correspondents, Amelia Erickson Seely, Faribault Co.

No. of Year, 92
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, Unknown
Form, Chronic Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About one year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 41 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
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,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
No
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Nothing known.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No sickness
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Not very good

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 PRESENT WEIGHT, 136 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Skin clear.
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, slight of hands & tongue.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, u Size, u
Apex Beat, Regularity, regular.
ARTERIES,
full & easily 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,

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

Patient is much disturbed. Is maniacal & has delusions. Physically is well nourished & has a good appetite. Is not of high mental development.

Personal and Medical History of Alfred Erickson.

1898

This patient was brought here by Sheriff McDonald in fair physical condition with the following history:- Nothing known concerning consanguinity, heredity- No intemperance in patient nor in his parents: First attack occurred about one year ago, talked incoherently & was very restless. Disease appears increasing: Is variable; Derangement now manifested by foolish actions & walking about restlessly: Is disposed to harm others: Not filthy but is destructive of furniture: Previous peculiarities manifested on religious subjects: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination is mild in talk & actions- On admission put upon B³E (G.H.N. Rpt Complexion dark: eyes gray: hair dark brown: Skin in good condition: Vaccination marks on left arm: Several small scars on left forearm, bruise on left elbow: Is dirty: Behavior restless.)

Summary Notes by Dr Phelps. Dec 16 On admission rather obstinate: refused to take medicine: Gets out of bed frequently: Temp. about normal. Dec 22 Rather noisy most of time; is restless & will not stay in bed. Talks upon religious subjects in a rambling way. Dec 28 Patient still rather emotional, restless, noisy & walks up & down, at times is rather maniacal in behavior. Jan 31/99 Patient has become somewhat more quiet: Does not resist so much & eats better. Jan 7 Visited by relatives. Jan 31'99 Still somewhat disturbed; sings & dances & talks irrationally. Attempted at

1899 one time to elope by wandering away from crowd.

Feb 1- July 31'99 (Dr. Wanous) Wt. 141. Patient irrational: Sings & talks loudly most of time Has delusions: Says he is the Devil. May 12. Has housemaid's knee. Trans. to A-

May 22. Went to work in center diningroom. June 8 Says he is going to elope. June 10 Trans. to B³. Very much disturbed. June 14 Trans to Inf. and placed in protection sheet. June 20. Up on ward: Quiet. June 23. Trans. to B³. July 11. At-

Aug 3 tempted to elope while out. Aug 3. Wt 159#. Oct 30. Patient is confused, illusive: At intervals,

Dec 30 1900 pounds face & head, till they are done. Dec 30. Visited by brother. Mar 30/1900. Nothing special of note-

July 30 1901 vaccinated, unsuccessfully. Aug 31. Confused & maniacal- (Chronic condition)- Nov 1. 150#. P88

Jan 31 Assists on ward - Jan 31/1901 - No change to report, diving the mouth. Feb 1. Wt 163#. P84

Feb 28 Is indifferent: does not associate with other patients - Physical condition good. -

July 31 1902 No change to report, for the period - Aug 1. Wt 153#. Jany 31/02. Usually quiet and

Jany 31 well-behaved: neat in appearance: At times, wants to go home, but does not worry much: has "hallucinations of hearing", but these are seldom noticed. Feb. 1/02 Wt. 154#. Apr. 30/02 Transferred to B². Aug. 1/02 Wt. 151#. Health good- works with extra kitchen force. Habits rather slouchy, talks in a rambling way- at times noisily- laughs silly when questioned. Occasionally noisy.

Personal and Medical History of

Personal and Medical History of James W. Stage.

Whole No. 5202
Residence, Albert Lea, Minn.
Date Admission, December 19' 1898.
Admitted by Dr. H.H. Herzog. hour,
How Sent, H. Blachmer J. of P. Freeborn Co.
Sex, male Age, —
Civil Condition, Widowed
Children, Two.
Age Youngest Child, —
Occupation, Tin-smith
Degree Education, Moderate.
Profession, Religion, Presbyterian.
Habits, Not intemperate.
Nativity, Canada - Parents also born there.
Physicians Committing, G.G. Belsheim G.W. Barck.
Correspondents, Chas. Stage

No. of Year, 95
Insane Relatives, None. (2 uncles)
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One year ago.
Duration, One year
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 3
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 12/27/98

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused. quick.
MEMORY, Past Events, fairly good.
Recent Events, do Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert - Correct.
REASONING POWER, Ordinary Subjects, Rapid erroneous.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, not Systematized, Transitory, Special Subjects,
Speech voluble, incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Brother says - peculiar & eccentric, but never called insane.
Paternal Relatives, 2 uncles insane
Mother,
Maternal Relatives, Maternal great grandmother.
Brothers and Sisters,
2 children healthy.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fell injuring head at 20 yrs of age. About 16 yrs ago fell on a spike covered with cloth injuring right eye with resultant gradual loss of sight.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Tinsmith & hardware merchant
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Sleep broken, appetite good.

January 3'99.
Notice of appointment of Charles Stage as Guardian of James W. Stage - served upon above named patient.
M.D.

RISTICS.

VEIGHT, NUTRITION, Quite good.

size normal. Response to light & accom. Excession

squint coming on gradually after loss of sight.

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, No tremors.
PATELLAR REFLEX, 5 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No murmurs noted.
Apex Beat, Regularity,
Sounds somewhat weak. Easily affected by changes of position etc.
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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient was bright as a boy exceptionally so, but at about age of 19-21 changed in disposition - became very religious and somewhat peculiar. Has had, by testimony of brother, previous mild attacks in which he did inexplicable things but not sufficient to need treatment. Since death of wife about 1 yr. ago has been considerably worse. Case seems to be an acute mania developing on a previously unbalanced mentality. The two injuries with the heredity seem sufficient to account for the adolescent unbalancement & the death of wife probably operated to induce the present mental state.

Personal and Medical History of J[redacted]

Whole No. 5202

Residence, Albert Lea, Minn.

Date Admission, December 19' 1898.

Admitted by Dr. H.H. Herzog. hour,

How Sent, H. Blachmer J of P. Freeborn Co.

Sex, male Age, —

Civil Condition, Widowed

Children, Two.

Age Youngest Child, —

Occupation, Tin-smith

Degree Education, Moderate.

Profession, Religion, Presbyterian.

Habits, Not intemperate.

Nativity, Canada - Parents also born there.

Physicians Committing, G.G. Belsheim G.W. Barck.

Correspondents, Chas. Stage

Duration, One year

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 3

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 12/27/98

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fairly good.

Recent Events, do Special Subjects,

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

REASONING POWER, Ordinary Subjects, Rapid erroneous -

Special Subjects,

Own Mental State,

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

DELUSIONS, not Systematized, Transitory, Special Subjects,

Speech voluble, incoherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Brother says: peculiar & eccentric, but never called insane -

Paternal Relatives, 2 uncles insane

Mother,

Maternal Relatives, Maternal great grandmother.

Brothers and Sisters,
2 children healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fire injuring head at 20 yrs of age. About 16 yrs. ago fell on a spike covered with cloth injuring right eye with resultant gradual loss of sight.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Tinsmith & hardware merchant

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

Sleep, Appetite, and Bowels,
Sleep broken. appetite good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 167 USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Clean - prompt.

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

SIGHT, Nearly blind in right eye.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, right divergent squint coming on gradually after loss of sight.

HEARING,

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

TREMORS, Hands, Tongue, Facial Muscles, General, No tremors.

PATELLAR REFLEX, 5 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
No murmurs noted.

Apex Beat, Regularity,

Sounds somewhat weak. Easily affected by changes of position etc.

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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient was bright as a boy exceptionally so, but at about age of 19-21 changed in disposition - became very religious and somewhat peculiar. Has had, by testimony of brother, previous mild attacks in which he did inexplicable things but not sufficient to need treatment. Since death of wife about 1 yr. ago has been considerably worse. Case seems to be an acute mania developing on a previously unbalanced mentality. The two injuries with the heredity seem sufficient to account for the adolescent unbalancement & the death of wife probably operated to induce the present mental state.

Personal and Medical History of James W. Stage.

1898

This patient was brought here by Sheriff's deputy W.C. Mitchell, attended by Charles Stage, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor in his parents:
First symptoms of insanity manifested one year ago, at time of death of wife.
Disease appears increasing: Is variable, but no rational intervals:
Derangement now manifested mostly on religious subjects: Is inclined to injure others: No filthy nor destructive habits: Peculiar, to some extent before accession of disease, especially on religious subjects: No severe diseases nor injuries to head: Was confined over night in City jail (12/18/98)
No treatment has been pursued for his relief.
On personal examination is completely demented or irrational at the present time
12/19/98 On admission put upon B3 E. (G.H.N. Rpt Complexion dark: hair black partly gray: eyes brown: Skin in good condition: Vaccination marks on right arm: Is clean: Behavior good.)
Summary Nurses Notes by Dr Herzog. During first three days. temp. ranged from 100 to 101°, at times higher in morning & at others higher at night. Appetite good, sleep during first eight days much broken, ranging from one to four hours - hypnotics prescribed but generally refused. Dec 27 Slept 8 hrs. and after that from 5-6 hrs. restless & noisy during day, walking up & down hall singing. Forms fairly good sentences but is incoherent. has exalted, unsystematized delusions & general grandiose ideas. Dec 27 noisy & troublesome at night - had to be held in bed. Toward end of two weeks became somewhat quieter but conversation as irrational as before
Continued by Dr Phelps Jan 31'99 Patient talks quite freely: Was visited by relatives
1899 on Jan 5th Talks rather incoherently at times: Is somewhat silly in
Feby 1 requests & ideas. Feb 1 - July 31'99 (Dr. Wanous.) Wt. 174# Is restless & talkative
Jan 30 - July 31 appetite good: bowels regular. Little change mentally or physically. —
Aug 1 Visited by sister. Wt 176# P 90. Thinks he was wrongfully sent here; is a good worker: spends considerable
Oct 14 time writing & reading. Oct 14. Patient becomes more excited & very talkative; frequently talks at random,
" 27 sings & whistles. Oct 27. Refused breakfast; said "The Lord made him do so". Given Dress & transferred to B3 -,
" 29 same day: continues noisy & is very stubborn. Oct 29. Transferred to T.W. Dec 30. No special change.
1900 Feb 28 Imagines there were electrical influences around his bed. May 21. Very destructive & troublesome.
May 29 Does not sleep, nights. May 29. Visited by friend. July 1. Wt 150# P 76. July 6. Visited by friends.
July 20 Works some on ward. July 20. Vaccinated successfully. Patient has a mania for scrubbing & soaping himself
Aug 1/13 Wt 145# - Aug 17. Visited by friend. Sep 18 - 22. On medicine for diarrhoea. Nov 1. Visited
1901 Jany 30/31 by friends - Jany 30/1901. Transferred to B2 - Jany 31. Mental condition has improved somewhat.
Was, for a time, very troublesome & confused & untidy. Works some on ward, is quite talkative
Feby 1 & incoherent: has a habit of scrubbing unnecessarily with soap & water. Feby 1. Wt 151#
20/25 Visited by uncle. Feby 25. Complains of general pain & weakness. T 103# P 120 -

Personal and Medical History of James W. Stage

1901

May 1 (apparently a severe cold): given medicine. May 1 Wt 168# - May 31. Some improvement
31 noticeable. July 31. Physical condition improved considerably: slight improvement mentally.
July 31 Is still somewhat confused, irrational, notional. Constantly scrubbing his room & furniture with soap-suds: also drinks soapsuds. Usually well behaved. Reads some library-books.
Aug 1 Wt 176#. Nov 30. Trouble with nurse Wilkinson: receiving cut over right eye, by falling
Nov 30 on floor. Jany 31/02. Has improved slightly in mental condition, but still shows some inco-
1902 Jan 31 herence & vague delusions. Keeps room untidy by constant use of soap-suds. Drinks soapsuds &c. Feb. 1/02 Wt. 159# Mar. 28/02 Visited by friends - Apr. 7/02 Visited by friends. June 1/02 Visited by friends. Aug 1/02 Wt. 181# Aug 15/02 Transfered to Annex. Sept. 10/02 Visited by friends
1903 Jan 31. Has worked some on ward but is disagreeable from secreting and smearing soap about his room. Wishes to be cleanly but is constantly mussing things in the endeavor to be so. Inclined to order other patients about, but otherwise is not troublesome.

Personal and Medical History of Christ G. Lockrem.

Whole No. 5204
Residence, Warsaw, Minn.
Date Admission, December 23. 1898.
Admitted by Dr. H H Herzog hour, 6th P.M.
How Sent, A. Haller J. of P. Goodhue Co.
Sex, male Age, 40 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate
Nativity, Norway - (Parents also born there.)
Because resident of State & Co. in 1895
Physicians Committing, C. Jacking & J. V. Anderson.
Correspondents,

No. of Year, 97
Insane Relatives, None
Cause Exciting, Loss of property.
Cause Predisposing, —
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 2 yrs. ago.
Duration, 2 yrs.
No. of Attack, 2nd
No. of Admission, 1 here - (at Fergus Falls.)
Age First Attack, 36 yrs.
Time of Leaving, Aug. 16. 1899
Time in Hospital, 7 ms. 24 d.
Result, Discharged Feb. 7. 1900
Improved.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

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

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 PRESENT WEIGHT, 159 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 the present Mental and 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 Christ G. Lockrem.

1898

This patient was brought here by Sheriff P. J. Lundquist in fair physical condition with the following history:- No consanguinity nor heredity known in family, nor intemperance in patient nor in parents: First symptoms of insanity manifested four years ago, when patient was at Fergus Falls for three months: First symptoms of present attack manifested two years ago, became unreliable, & negligent in habits: Disease increasing & is variable. Derangement now manifested by irritability, is unreliable & negligent in his work: habits filthy: is sullen. Not disposed to injure anyone: Habits filthy; is sullen: Not disposed to injure anyone: No information concerning previous peculiarities: No severe diseases nor injuries to head: Was at Fergus Falls hospital four years ago: Has received no treatment since leaving Fergus Falls.

On personal examination physical condition good: Memory fair: Ideas wandering.

12/23/99 On admission put upon B° (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin in good condition: Vaccination mark on left arm: Scar on left eyebrow & one on back: Is clean: Behavior good.)

Summary 14 da record by Dr Herzog- Appetite good from 23-27th Sleep good- Temp- a little elevated- reaching 99° on Morning of 25th & 99° evening of 26. Quiet & agreeable. Does a little work about ward. Shows a mild dementia & feeblemindedness which he realizes- Hearts action slightly irregular & weak but able to be up & about. Dec 28 Fainted at breakfast. 8 AM. Temp. 101. No breakfast- fair dinner, good supper. Dec. 29 In about usual condition: Hearts action fair: Dec 30 to Jan. 5 Temp & pulse normal- appetite good: a slight gain physically still a little demented: no definite delusions.

Continued by Dr. Phelps. Jan 31 '99 Patient quiet & well-behaved: seems somewhat feebleminded but is fairly intelligent on ordinary subjects

1899 Feb 1 - July 31 '99 (Dr. Wanous.) Wt. 159#. Quiet & well-behaved: Works. Talks rationally: complains of tightness across chest. has a cold. heart weak & irregular

-to- habits clean: April 2. Trans. to A². May 28. Works in center dining room: July 14. Deserted crowd while out: said he had a headache & did not

July 31 - know what he was doing. July 31. Seems somewhat confused.—

Aug 5 Still working in dining room. Aug 5. Wt 181#. p 60 Works in C.D.R. Is rather awkward & dull.

" 16 Eloped from Dining-room.

Discharged

Personal and Medical History of

Personal and Medical History of Harry Burns.

Whole No. 5205
Residence, Winona Co. Minn.
Date Admission, December 27th 1898
Admitted by Dr. H.H. Herzog hour, 4 P.M.
How Sent, H. Buck Dep. Sheriff Winona Co.
Sex, male Age, unknown.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Has been very intemperate.
Nativity, Milwaukee Wis -
Physicians Committing, C.D. Keyes – Thos. A Rice.
Correspondents,

No. of Year, 98
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, Unknown
Form, Epileptic Insanity
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 2 mos. ago.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 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, fairly clear
MEMORY, Past Events, Recent Events, } fairly good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. Quite alert.
REASONING POWER, Ordinary Subjects, Special Subjects, Own Mental State, } fairly good -
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 Dulness, 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, } Knows little of family history - was left an orphan young.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Small-pox
HABITS, Drinking and Smoking, Smokes some - Drinks hard at times.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Farmer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Before releasing Harry Burns, notify

Mr. Edward Condon,
Homer,
Minn.

RISTICS.

VEIGHT, NUTRITION, Good -
-Vaccination scars on both arms.
flected to right.
ils normal - responds to light.

COORDINATION, Arms, good Legs, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
PATELLAR REFLEX, present Other Reflexes, do
ARTICULATION, Slurred, Hesitating, Slow, Clear
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 the present Mental and 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 & has from 4 to 5 convulsions a week. Face is covered with small pox scars - He has a very mean revengeful disposition & gets into trouble quite frequently.

Personal and Medical History of Harry Burr

Whole No. 5705
Residence, Winona Co. Minn.
Date Admission, December 27th 1898
Admitted by Dr. H.H. Herzog hour, 4 PM.
How Sent, H.L. Buck Dep. Winona Co.
Sex, male Age, unknown.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Has been very intemperate.
Nativity, Milwaukee Wis.
Physicians Committing, C.D. Keyes – Thos. A Price.
Correspondents,

No. of Year, 98
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, Unknown
Form, Epileptic Insanity
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, 2 mos. ago.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 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, fairly clear

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

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

REASONING POWER, Ordinary Subjects, Special Subjects, Own Mental State, } fairly good –

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 Dulness, 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, } Knows little of family history – was left an orphan young.

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

HABITS, Drinking and Smoking, Smokes some – Drinks hard at times.

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

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in PRESENT WEIGHT, 146 USUAL WEIGHT, NUTRITION, Good –

WOUNDS, Abnormalities and condition of Skin, Skin healthy. – Vaccination scars on both arms.

TONGUE, Coatings or Promptness of Movement, Clear + prompt – deflected to right.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size normal – responds to light. Teeth all present but one

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, present Other Reflexes, do

ARTICULATION, Slurred, Hesitating, Slow, Clear

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 the present Mental and 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 + has from 4 to 5 convulsions a week. Face is covered with small pox scars. He has a very mean revengeful disposition + gets into trouble quite frequently.

Personal and Medical History of Harry Burns.

1898

This patient was brought here by Sheriff Aug. Fuhrmann attended by Geo D. French, in fair physical condition, with the following history: No information concerning consanguinity nor heredity: Patient was formerly a hard drinker: First symptoms of insanity manifested two months ago - so far as known - by fits with loss of consciousness and deranged mental state. Disease appears increasing: Is variable: Derangement now manifested by thinking he is going to be hurt: is generally suspicious: Is inclined to injure others, no filthy nor destructive habits noted: No information concerning previous peculiarities: Is probably subject to epilepsy: No confinement nor restraint employed: No treatment pursued for relief of patient. On personal examination is morose, suspicious, incommunicative, shows tendency to violence.

Dec 27/98 On admission put upon 6' (G.H.N. Rpt. Complexion dark: hair dark brown: eyes brown: Skin in good condition: small pox scars on shoulders. Hernia on right side: Is dirty: behavior quiet)

Summary Nurses Notes by Dr. Phelps. Dec 27 On admission shows delusions of persecution: Is rather uneasy & restless. Jan 2 99 Noted as having improved & as being quite free from delusions. Jan 31 99 Complains some of rupture & of pain from it. Is an epileptic: No note, however, of any convulsions in his case: Mental state is slightly variable.

Feb 1 - July 31 99. (Dr. Wanous) W. 160# An epileptic with delusions of persecution: Is inclined to be pugnacious & frequently gets into trouble with other patients July 31. Continues about same from day to day. Aug 1 - Jan 31 99 (Dr. Chapple) W. 170. Pulse 80. Has had occasional convulsions; At times insane, otherwise physical condition good: habits untidy: works on ward: most of time shows rational & intelligent: Has a very bad temper & frequently attacks others. Nov 16 Became very incoherent in speech, & delusional threatening to kill nurses muff put on hands: Spell lasted for several days: did not appear to remember anything about it afterward aside from this

1900 Feby 1/1/1 Feby 1/1/1 July 30 Speech little change in condition during period. Feby 1900. Wt 165#. Pso. Feby. Upper tooth extracted. Feb 11 - 28. Has had one to 3 convulsions, daily. July 30. But little change during period. Is an epileptic: inclined to be stubborn and disagreeable, with "spells", in which he becomes very abusive and delusional, for a short time. Usually rational & talks quite sensibly. Has been on medicine for lumbago & constipation. Plots with other patients to elope. Aug 1 (1900) Jany 31 171# - Jany 31/1901 - no change; very troublesome patient; has occasional "epileptic seizures", & becomes very delusional, threatening & quarrelsome: has a violent temper. Usually talks rationally: Takes part in games. Inclined to be constipated: Is on bromides & cathartics. - Feby 1 - 1 - Injunction sheet: is very violent to nurses: Feby 1 - May 31 Threatening them bodily harm. May 31. Still has occasional epileptic convulsions -

Personal and Medical History of Harry Burns

1901

July 31 Aug 1 (1900) Jan 31 Very little change noticeable: occasional epileptic convulsions: is stubborn & disagreeable: fault-finding: at times, becomes very maniacal & pugnacious & threatening: works a little, on ward. Health, otherwise, very good. Aug 1. Wt 175#: Nov 1 Wt 173#: Jany 31/01. Has been in fairly good health: works a little on ward: habits tidy: plays games & attends amusements: has occasional light "epileptic seizures" & has "spells" of extreme ugliness & violence: is also very hypochondriacal. Feb 1/02 172#. Aug 1/02 165#

1903 Jan 31, Very little change noted - Is in good health - has an occasional epileptic seizure. Rather hypochrondriacal - complains often of very slight ailments - often thinks he is made sick by some drugs or some other influence - becomes morose and very ugly - occasionally threatening. Will go to bed for two or three days at a time, apparently because of nothing but sullenness. Occasionally fights with other patients - rarely works any.

Personal and Medical History of William Bruton.

Whole No. 5708

Residence, Town of London Freeborn Co., Minn.

Date Admission, December 30 1898.

Admitted by Dr. T. M. Phelps hour, 6 PM.

How Sent, H. Blackmer Sheriff Freeborn Co.

Sex, Male Age, 41 yrs.

Civil Condition, Married.

Children, 7.

Age Youngest Child, ——

Occupation, Farmer.

Degree Education, Fairly good.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Germany (Parents also born there)

Physicians Committing, Ab. Wedge & Gr. Barck.

Correspondents,

No. of Year, 101

Insane Relatives, None.

Cause Exciting, Nervous shock. (See next page.)

Cause Predisposing, Unknown.

Form, Acute Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About August 1898.

Duration, 4 months.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 41 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ PRESENT WEIGHT, 183# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Bütow

1898

This patient was brought here by Sheriff's deputy E.H. Ellickson attended by Jno. Bütow (bro.) in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor in patient: First symptoms manifested in August 1898 - became afraid that someone was after him: Disease appears increasing: Is variable with irregular, rational intervals: Derangement now manifested by delusions on nearly all subjects: Not disposed to injure anyone: No disposition to filthy nor destructive habits: No previous peculiarities manifested. No severe diseases nor injuries to head: No confinement nor restraint employed: Has received treatment but with no benefit.

12/30/98 On personal examination presents a wild, unsteady appearance, mind wandering. Received a nervous shock last Summer - Barn burned & he had to get team of horses out - horses ran away.

12/30/98 On admission put upon B³ E (G.H.N. Rpt. Complexion dark: hair dark brown: eyes gray: Vaccination marks on left arm: Several small moles on arms & body: Is dirty: Slight abrasion of skin on right shoulder near neck.

to 1/12/99 Is quiet & seems melancholy.)

Summary 1x da. record by Dr Herzog. Temp. & pulse normal: Pulse somewhat weak. Melancholy & much depressed: slept none. 31 Appetite fair: restless & confused impossible to make him understand why he is here - wants to go home: restless & troublesome during night, slept none - on rhubarb & soda mixture & digitaline 3 times a day. Jan 1/99 Restless, depressed - still insists that he should be allowed to leave: Slept one hour. Jan 2 Am. Temp. 100 P.M. 99 3 restless & troublesome. seven hours during night - slept two hours; 4 Am. 99. P.M. 99⁴. While out walking tried to elope; force necessary to bring him back. Slept 3 hrs. 5th Appetite improving - again troublesome while out of doors. resisted being brought back: Slept 3 hrs. Jan 6-12 Slept well at night Jan 8/99 Is ill-natured, stubborn, loud in conversation. Jan 10 Went to bed at 1 P.M. 5 P.M. T. 99 P. 82. R. 18. ate a light supper. Remained in bed all day. on the 11th Temp. 98⁸ in Am. P.M. T. 100 P. 78 R. 18. digitalin discontinued. Jan 12/99 Am. 100 P.M. 100⁶. Up in morning - went to bed at 2⁴⁵ P.M. Complained very much - a light attack of influenza. Has delusions of persecution: Says everyone is against him - has hallucinations of hearing, says people call him names. Still impossible to convince him that he should stay. Continued by Dr. Phelps. Jan 3 Patient continues rather mildly maniacal: tries to elope. Walks away from crowd when out. Is rather stubborn & melancholy & somewhat demented. Feb 1 - July 31/1899 Wt. 179# Patient stubborn, noisy & irrational at times: Wants to go to Albert Lea, frequently calls on Albert Lea men to make a break for liberty. Threatens to take keys from nurse & escape. Mch 30 More depressed & melancholy.

Personal and Medical History of William Bütow

1899

July 31 No change in patient. Aug 6/99. Wt 196#. P80. Is stubborn: fights on slight provocation.

Aug 6 1900 Has maniacal outbursts, when he becomes very noisy & abusive. Dec 31. No special change noted -

May 8/25 Moved to B². May 25. Visited by wife & daughter July 17. Was vaccinated successfully -

Aug 1 1901 Wt 191# - Jany 31/1901. No change apparent: is very inactive; sits or lies on bench,

Jan 31 all day long: never volunteers conversation & rarely answers questions: health good -

Feby 1/18 Wt 208#. Feby 18. Has severe cold. Transferred to TW: given salts, every hour to obtain free movement.

Mar 3 Up, on ward. May 4. Transferred to B²: is in usual health. May 31. No important change.

July 31 No other changes to note: sits or lies about, in stupid, melancholy manner: very rarely speaks: does no work: quite tidy in habits & appearance - Eats & sleeps well -

Aug 1 1902 Wt 212#. Nov 1. Wt 213#. Jany 31/02. No noticeable change: is very stupid and inactive.

Jan 31 lies on bench, most of time: sleeps a good deal: too indifferent & sluggish to be aroused. goes out with crowd; but otherwise inactive. Feb. 1/02 Wt. 209#. Aug 1/02 204#

1903. Jan. 31. Patient does nothing - lies about on benches or floor in a sullen, stupid way, rarely converses but occasionally breaks out in loud, incoherent talk, about imaginary persecutors. Habits quite tidy.

Personal and Medical History of Andrew Carlson.

Whole No. 5710
Residence, Merton Tp. Steele Co. Minn.
Date Admission, D January 3' 1899
Admitted by Dr. C. B. Eby. hour, 7th P.M.
How Sent, W.A. Eggleston J. of P. Steele Co.
Sex, male Age, 43 yrs.
Civil Condition, Married.
Children, Six.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, None.
Profession, Religion, Lutheran.
Habits, Intemperate.
Nativity, Sweden (Parents probably born there)
Physicians Committing, J.P. Johnson + J. L. Hatch.
Correspondents, -

No. of Year, 103.
Insane Relatives, Unknown
Cause Exciting, Protracted use of alcohol.
Cause Predisposing, Unknown.
Form, Post Apoplexy Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, August 1898.
Duration, 5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 43 yrs.
Time of Leaving, June 26 - 1901
Time in Hospital, 2 yrs 5 mos 23 Ds
Result, Died: Apoplexy

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6. PRESENT WEIGHT, 139. 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 the present Mental and 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 Carlson

1899

This patient was brought here by Sheriff's deputy H Warren attended by Mr. O'Grasky in fair physical condition, with the following history:- No information concerning consanguinity nor heredity. Patient intemperate. First symptoms manifested in August 1898. Disease appears increasing; Is variable. Derangement now manifested by irrational talk: refers to derangement of special senses, gets up in middle of night. Not inclined to injure anyone. No filthy nor destructive habits manifested. No previous peculiarities manifested. No injury to head sustained; has had rheumatism. Has never been confined nor restrained in any way. Has been given quieting medicines & nerve tonics.

On personal examination talks incoherently at times, particularly regarding noises in the ear & trouble in his mouth.

1/3/99 On admission put upon B³E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin dirty: Two vaccination marks on left arm & small mole on right side. Two blisters in palm of right hand, evidently caused by burn: light eruption over body: Left foot amputated at ankle joint: six teeth out in upper jaw & 4 in lower: one tooth very loose & decayed in lower jaw: Is very helpless: Right arm & leg partly paralyzed. Examined by C.H. Morgan.)

Summary Nurses Notes by Dr Phelps. Jan 3'99 On admission quite helpless & very much confused. Has lost left leg by amputation. Right arm & leg very weak. Trans. to Infirmary. Jan 4 Large sore on palm of right hand; hand bandaged. Stays in bed fairly well & seems contented. Rather demented in appearance.

Jan 7. Somewhat dirty in habits. 10 Transferred to A⁴. Seems to think this is a hotel. Is gaining somewhat in strength 24 Trans. to Infirmary. Seems to have suddenly become paralyzed without a convulsion while changing his clothes.

1899 Lies quietly in bed: Paralysis quite complete. Temp. elevated but now

Feb 1 nearly normal. Feb 1 - July 31 '99 Patient stupid & dull: has a hemiplegia: Is unable to get about. Remains in bed. Feb 9 Struck in mouth by a

to- patient causing it to bleed. Feb 16 Visited by friends. Given enemata

July 31 frequently. Apr 5 Visited by wife: Shows a gradual improvement.

Aug 1 July 31 Continues to improve - given massage. Aug 1. Wt 114#. Patient in bed.

Sep 5 Left leg amputated; right side paralyzed. Sep 5. Patient dressed; given "invalid" chair. Nov. 18. Went

1900 Apl 12 home. Apl 12/1900. Returned to hospital. Patient quite confused & silly in manner. May 1. Wt 115#

May 1/21 Is well-behaved & quite rational. May 21. Patient dressed: is able to move around slowly —

" 23 Visited by friends. July 5. Visited by relatives. July 25. Transferred to A⁴ ward —

Aug 20/29 Can see no delusions: is troubled with rheumatism. Aug 29. Visited by nephew —

Oct 16 Given parole: assists in dining-room. Dec 1. 128# P68. Jany 31. No change to

1901 Jany 31 note, during period. Feby 1. Wt 129# P60. Mar 31. Is quiet: neat & clean in habits —

June 10 Appears very weak: fell down, while walking. Transferred to TW: put to bed & on treatment —

Personal and Medical History of Andrew Carlson

1901

June 19/26 Visited by wife: patient is failing - June 26. Continued to fail rapidly, and Died today.

Died.

Personal and Medical History of James R. Crofoot.

Whole No. 5211	No. of Year, 104.
Residence, St. Paul, Minn.	Insane Relatives, Maternal grandfather.
Date Admission, January 4' 1899.	Cause Exciting, Senile debility.
Admitted by Dr. H.H. Herzog hour, 6.45 P.M.	Cause Predisposing, Previous attack.
How Sent, E.W. Bazille J. of P. Ramsey Co.	Form, Senile Dementia
Sex, male Age, 58 yrs.	Accompanying Bodily Disorder, None mentioned
Civil Condition, married	Suicidal or not, Not.
Children, eight	Date of this Attack, October 1898.
Age Youngest Child, -	Duration, About 2 mos.
Occupation, Retired minister.	No. of Attack, 2nd
Degree Education, College education.	No. of Admission, 2nd
Profession, Religion, Retired minister.	Age First Attack, 54 yrs.
Habits, not intemperate	Time of Leaving, June 26. 1900
Nativity, Newyork. (Father N.Y. mother Wales) Became resident of State in 1883 - of Co. 1891	Time in Hospital, 1 yr. 5 m 2 v.d.
Physicians Committing, A.W. Whitney & R.P. Canac-Marquis.	Result, Died. Pernicious Anaemia
Correspondents, wife.	

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 Dulness, 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,

Rochester, Minn. Feb 20 1899.
Second State Hospital for the Insane.
The statement that I have been kicked and sworn at by nurses in this hospital has no foundation in fact, and is untrue.
J.R. Crofoot.

Mrs Crofoot writes that he said he had been sworn at & kicked Mr Crofoot says it is not so The voluntarily makes the above written statement.
G. F. K.

See Mrs Crofoots letter Feby 12/99

HARACTERISTICS.

USUAL WEIGHT, NUTRITION,

Grasp,

Other Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and 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

Whole No. 5211

Residence, St. Paul.

Date Admission, Janua

Admitted by Dr. H.

How Sent, E.W. B

Sex, male

Civil Condition, marr

Children, eight

Age Youngest Child, –

Occupation, Retired minist

Degree Education, College educa

Profession, Religion, Retired minist

Habits, not intemperate

Nativity, Newyork. Father N.Y. Mother

Because resident of State in 1883 - of Co. 1891

Physicians Committing, A.W. Whitney & R.P. Canac-Mar

Correspondents, wife.

...yrs.

June 26. 1900

...pital, 1 yr. 5 m. 2 v.d.

Died. Pernicious Anaemia

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 3/4 PRESENT WEIGHT, 131 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 the present Mental and 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 R. Crofoot.

1899

This patient was brought here by Sheriff's deputy E. Dahl, attended by Paul Fernett in poor physical condition, with the following history:- No history of consanguinity, Brother's father insane. Patient had first attack of insanity in 1894 when he was sent to this hospital and remained here from Oct. 16 '1894 to June 21 '96. (For further particulars see Vol 29 Fol. 65 No. 3872). First symptoms of present attack manifested in October 1898 by violent language & actions: Disease appears increasing, Is variable: Derangement now manifested by Kleptomania, gets into violent temper: Is inclined to injure others: Breaks furniture: Was peculiar before accession of disease: Has had convulsions once or twice: No confinement nor restraint employed: since leaving hospital & No treatment pursued.

On personal examination is very talkative & easily excited.

Jan 4/98 On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair gray, is partly bald, eyes blue. Skin in good condition: Vaccination marks on right arm Scar about 2 in. long on left knee. Is clean: Six teeth out upper jaw: 2 badly decayed: Four teeth out lower jaw: Behavior good: Exam. by J. Howe & C.H. Morgan, Summary Notes by Dr Phelps. Jan 6 On admission seems in poor physical condition: Is rather pallid, hair white & appears quite senile:

Jan 10/99 Restless & asking to be allowed to get up. Went out of Infirmary to go to A' but went down town instead: Brought back by Smart & placed on A'.

Jan 31 Complains of considerable weakness. Coughs some: Seems to be in poor physical condition Feb 1 - July 31 '99 (Dr Wanous) Patient quite well-behaved: has

_to_ a good appetite: has an abscess on shoulder: under treatment: Inclined to be cross & disagreeable at times. May 1 Allowed to go to town to

July 31 church. June 20. Shoulder continues to trouble him. July 15 Given parole of

Aug 1 grounds. Aug 1. Wt 141#. Patient works on ward: very easily irritated. Sep 9. Transferred to T.W.

Oct 1 Complains of appetite: put on tonic treatment: goes out for short walks. Oct 1. Complains of

" 31 "faint spells"; also of dizziness. Oct 31. Patient appears weaker & frequently lies down. Is very anaemic.

Nov 20 Had bad "spell" of heart-trouble. Jan 1/1900 Wt 130#. patient is much alarmed about his condition.

1900 Jany 1 Bowels are frequently constipated. Apl 4. Patient's limbs are stiff and very unsteady; cannot walk:

Apl 4 has habit of carrying food into room: also articles belonging to other patients. June 25. Patient's

June 25/26 limbs are badly swollen: he shows rapid failure: must be catheterized. June 26. In comatose state, all day; respiration labored. Died at 5 P.M.

Died

Personal and Medical History of

Personal and Medical History of David Bousleman.

Whole No. 5212
Residence, St. Paul, Minn.
Date Admission, January 4' 1899.
Admitted by Dr. H H Herzog. hour, 6th P.M.
How Sent, Ed Bazille J. of P. Ramsey Co.
Sex, male Age, 27.
Civil Condition, Married
Children, two.
Age Youngest Child, –
Occupation, Peddlar
Degree Education, Illiterate.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Syria – (Parents also born there)
Physicians Committing, Became resident of State Co. 7 yrs. ago. R. S. Christison & Arthur Sweeney.
Correspondents,

No. of Year, 105.
Insane Relatives, None.
Cause Exciting, Nostalgia.
Cause Predisposing, Unknown.
Form, Imbecile
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Six months ago.
Duration, Six months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 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, Not good.
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat 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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, 6 mos.

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
This is first attack.

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 148 on ad. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, 2 scars on small of back & one above rectum - scar on bridge of nose

TONGUE, Coatings or Promptness of Movement,
Teeth 2 teeth above & 3 below.

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

SIGHT, good

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

HEARING, normal.

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,
Normal.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical & fairly well developed
Normal

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 speak English nor German & it is difficult to get any information from him. Is fairly erect - gait unsteady.

Personal and Medical History of David Bousleman.

1899

This patient was brought here by sheriff's deputy J.B. Arend attended by A. Buselement in poor physical condition, with the following history:-
No consanguinity, heredity nor history of intemperance in patient nor in his parents given in papers. First symptoms of insanity manifested six months ago, became melancholy, silent & inattentive to surroundings: Disease appears increasing, not variable: Derangement now manifested by talking constantly of his children, crying, violent behavior & attempts to escape from attendants. Not disposed to injure anyone: No filthy nor destructive habits: No knowledge of previous peculiarities: No severe diseases nor injuries to head: Was at St. Joseph's Hospital, St. Paul, 4 days. Has been given sedatives. On personal examination talks incessantly & incoherently & is occasionally violent.

1/4/99 On admission put upon Infirmary (G.H.U. Rpt. Complexion dark: hair dark: eyes blue: Skin in good condition: Mole on right shoulder & one on left hip: Scar on left forearm: Is clean: Two teeth out of lower right jaw: patient very weak, was put to bed. Exam. by L.R. Spillane, Swerson & Latty.)
Summary Nurses Notes by Dr. Phelps. Jan 4 Patient on admission quite noisy: Talks to himself & laughs at nothing: Was visited by friends: Rather maniacal in behavior. Jan 8 Still very restless & maniacal: somewhat noisy & thoroughly incoherent. Jan 17 Continues about the same. Appetite Not good: sleeps poorly. Has been in restraint sheet at times. Jan 18 Taken up & dressed: Still on Infirmary. Jan 21 Asks when he is going to die.
Jan 31. Has quieted down considerably but is still at times irrational & quite maniacal. Feb 1 - July 31 '99 Patient restless & troublesome. Feb 14 visited by brother: frequently gets out of bed & is up on ward Mch 18 became destructive, placed in protection sheet. May 13. Eloped while out walking still maniacal & destructive
Returned May 15th. Aug 1 - Jan 31 '1900 (Dr Chapple) Wt. 150½. Pulse 76#. Aug. 8 Visited
1900 by relatives. Aug 18. & 21. attempted to elope. Aug 22 Visited by friends
-20- Aug 25. 29 & 31. Attempted to elope. Made frequent attempts from this time up to October 3rd. Dec 21 & 23 Visited by brother. Not much mental or physical change during period. Seems somewhat demented, manner silly: Speaks very little English: habits uncleanly, quite noisy & destructive at times - a troublesome patient; has to be kept in bay.
Jan 31 Frequently asks to be sent home & is at times quite melancholy.
Feb 1/28 Wt 151#. P80. Feb 28. Visited by friend. Mar 19. Visited by sister. Mar 20. Visited by sister -
Apl 3/19/30 Visited by Cousin. Apl 19. Given medicine for tape-worm: passed a very large one. Apl 30. Phy-
May 16/31 sical condition improving. May 16. was visited by friend: May 31. Transferred to B1 -
June 3/15/16 Was visited by sister. June 15. Visited by relatives - June 16. Taken home by relatives.

Personal and Medical History of David Bousleman

1900

June 16 There has been very little change, during the period: habits slouchy and, at times, filthy: inclined to be troublesome: very restless: climbs about on radiators & benches: frequently hysterical: laughs immoderately or weeps: speaks very little English: seems to be worrying a good deal about
1900 ⊗ Nov 2/16 his confinement. ⊗ Returned, to B3. - Nov 16. To B1. Jany 31/1901. no apparent change -
1901 Jan 31 Talks English a little better than formerly, but is restless & silly in manner: Constantly asking
Feby 1 to go home. Tries to Elope. - Feb 1. Wt 165# - May 31. Condition remains about the same.
July 31 No noticeable change: is restless, talkative & silly in manner; sits on back of benches & in
Aug 1 other unusual attitudes: "asks to go home". Does nothing. Aug 1. Wt 145# Nov 1. Wt 147½
Nov 1/9 visited by friends. Nov 9. Visited by relatives. Jany 28/02. & Jany 27/02 Visited by sister.
1902 Jan 31 no change noticeable: does no work: stands about in a silly sort of way: asks when he can go home? occasionally destructive & mischievous. Feb. 1/02 Wt. 159#. Aug. 1/02 Wt. 141½#.
1903 Jan 31 Very little change - health good - does no work. Stands about idly - laughs and talks sillily about little matters. At times asks when he goes home. Occasionally scuffles with other patients and becomes ugly.

Personal and Medical History of Jeremiah Sheehan.

Whole No. 5214

Residence, Marion Tp. Olmsted Co. Minn.

Date Admission, January 11th 1899.

Admitted by Dr. H. H. Herzog hour, 4:00 P.M.

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

Sex, male Age, 55 yrs.

Civil Condition, married.

Children, Eleven.

Age Youngest Child, ——

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Intemperate.

Nativity, Ireland (Parents also born there.)

Became resident of State in 1871

Physicians Committing, A. J. Adams & Chas. J. Granger.

Correspondents,

No. of Year, 107

Insane Relatives, None

Cause Exciting, Inebriety

Cause Predisposing, ——

Form, Acute Alcoholic Insanity

Accompanying Bodily Disorder, heart irritable with constant tremor.

Suicidal or not, Not.

Date of this Attack, Jan. 8 '99.

Duration, 3 days.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 55 yrs.

Time of Leaving, Feb. 28. 1899

Time in Hospital, 1 m. 17 d.

Result, Discharged Aug. 9. 1899. Recovered

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 1/11/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State,

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

DELUSIONS, not Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Illusory hallucinations.

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 drunk hard - chews & smokes.

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 Jeremiah Sheehan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8¾ PRESENT WEIGHT, 154 USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, Slight abrasion.

TONGUE, Coatings or Promptness of Movement, White coat. slow.

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

SIGHT, impaired

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

HEARING, Slight impairment.

COORDINATION, Arms, impaired - Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands & tongue -

PATELLAR REFLEX, 9-10 normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, 1st mitral rough - all pulmonic sounds Normal. ~~Apex Beat, Regularity~~, Sig enlarged area of superficial cardiac dullness increased apex beat 5th interspace - nipple line.

ARTERIES,
Pulse very small.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
All sounds various, few large moist rales.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Mental trouble began last Saturday. Says he has not drank for a week. Hallucinations of sight, disappearing with the lighting of a lamp. Saw men & women coming through the walls & at times decreasing in size. Rare hallucinations of hearing. Delusions of persecution & of infidelity of his wife. Acts committed with these "ghosts". Alcoholic.

Personal and Medical History of Jeremiah Sheehan.

1899

This patient was brought here by Sheriff's deputy E. H. Vine, in fair physical condition, with the following history: No history of consanguinity nor heredity; patient has been very intemperate: First symptoms of insanity manifested Jan 8'99. Disease appears increasing, not variable: Derangement now manifested by believing that he is being persecuted, becomes violent. Shows disposition to injure others, is destructive: No severe diseases nor injuries to head sustained: Has been in care of an attendant; has been given bromides could not give regular treatment. On personal examination heart irritable, with constant tremor. is delusional & shows tendency to acute mania.

1/11/99 On admission put upon B³E (G.H.N. Rpt. Complexion light: hair gray eyes gray: Skin in good condition: small sore on right leg: Scars on right hip, on breast, on right thumb, on left side of back, small scratch on nose. 5 or 6 small scratches on right hand: Two scars on right elbow, on on right shoulder. 5 teeth out of upper jaw, 4 out lower jaw varicose veins on right leg: Behavior good.)

Summary Notes by Dr. Phelps. On admission answers questions quite accurately blames his family for being sent here. Jan 13 Noted as having delusions concerning wife & daughter. Delusions quite marked. Jan 18 Noted as being much brighter mentally. Jan 21 Nurses notes show no marked delusions of persecution nor other peculiarities Jan 28 Visited by son. Remains about same. Is quiet & well behaved.

Feb 1. 22' 1899 - (Dr. Wanous). Wt. 147#. Patient quiet & well-behaved & agreeable. Feb 12. in bed complaining of headache & throat. Improved under treatment Feb 22. Visited by son who took him home on trial on Feb 23rd.

Discharged.

Personal and Medical History of

Personal and Medical History of Albert Volbruck.

Whole No. 5215
Residence, Nunda, Minn.
Date Admission, January 11 1899.
Admitted by Dr. R.M. Phelps hour, 6th P.M.
How Sent, H. Blackmer J. of P. Freeborn Co.
Sex, male Age, 58 yrs.
Civil Condition, married
Children, 8 –
Age Youngest Child, —
Occupation, Farmer
Degree Education, Partial.
Profession, Religion, None.
Habits, Not known.
Nativity, Germany (Parents also born there.)
Physicians Committing, F.A. Blackmer + G.W. Barck.
Correspondents,

No. of Year, 108
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Has been coming on slowly.
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,
Fairly clear + quick
MEMORY, Past Events, Quite 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,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
of persecution.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Says none.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
doesn't know much about them.
8 children all well - 3 died
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none
HABITS, Drinking and Smoking, says not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, none
OCCUPATION, Healthy or not, farmer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, normal

M. Albert Volbruck
Copy of Order for Hearing Petition of Amelia Volbruck for appointment of a guardian for Albert Volbruck, insane; served and service admitted June 27 1900.
(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, Good - fleshy.
skin healthy.
l - size + responses normal.

HEARING, impaired
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal - speaks German distinctly
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, fairly strong Sounds, Size,
Apex Beat, 5 Regularity, regular.
ARTERIES,
Normal
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
B. sounds normal.
Expansion good.
EXAMINATION URINE, Quantity, Sp. g. Reaction,
Albumen, Sugar,
Casts and Crystals,

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

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

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

In fairly good physical condition. Is of sturdy build.
Is depressed - believes he is all right but is persecuted by neighbors + others.

Personal and Medical History of Albert Volbruck.

Whole No. 5215
Residence, Nunda, Minn.
Date Admission, January 11 1899.
Admitted by Dr. R.M. Phelps hour, 6th Pm.
How Sent, H. Blackmer J. of P. Freeborn Co.
Sex, male Age, 58 yrs.
Civil Condition, married
Children, 8 –
Age Youngest Child, —
Occupation, Farmer
Degree Education, Partial.
Profession, Religion, None.
Habits, Not known.
Nativity, Germany (Parents also born there.)
Physicians Committing, F.A. Blackmer + G.W. Barck.
Correspondents,

No. of Year, 108
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Has been coming on slowly.
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,
Fairly clear + quick
MEMORY, Past Events, Quite 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,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
of persecution.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Says none.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
doesn't know much about them.
8 children all well - 3 died
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says none
HABITS, Drinking and Smoking, says not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, none
OCCUPATION, Healthy or not, farmer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, normal

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 in PRESENT WEIGHT, 146 USUAL WEIGHT, NUTRITION, Good - fleshy.
WOUNDS, Abnormalities and condition of Skin, None apparent - skin healthy.
TONGUE, Coatings or Promptness of Movement, Clear -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size + responses normal -
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, impaired
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal - speaks German distinctly
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, fairly strong Sounds, Size,
Apex Beat, 5 Regularity, regular.
ARTERIES,
Normal
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
B. sounds normal.
Expansion good.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

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

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

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

In fairly good physical condition. Is of sturdy build.
Is depressed - believes he is all right but is persecuted by neighbors + others.

Personal and Medical History of Albert Volbruck.

1899

This patient was brought here by Sheriff's deputy E.H. Ellickson, in fair physical condition, with the following history:- No history of consanguinity nor heredity: Trouble has been coming on slowly; is increasing: Is variable with irregular, rational intervals: Derangement now manifested on all subjects: Not disposed to injure anyone: Destroys furniture; no filthy habits: Has shown symptoms of insanity for several years: No severe diseases nor injuries to head sustained: No treatment pursued for relief of patient.

On personal examination seems to be insane on all subjects.

1/11/99 On admission put upon B3 (G.H.N. Rpt. Complexion light: hair brown part gray: eyes blue: skin in good condition: Varicose veins on both legs: Scars on right side of spine: looks like a burn: Is clean: 5 teeth out of upper + 5 out of lower jaw: Behavior good: Exam. by F.R. Spillane, C.R. Knutson + Mr Horn.

Summary Notes by Dr. Phelps. On admission rather melancholy + quiet: Anxious to go home. Thinks he was sent here wrongfully. Jan 17 Thinks neighbors influenced family to send him here so as to convert family to Catholic religion. Also is suspicious of wife Jan 24 Quiet + well behaved: rather melancholy in manner: Wants to go home.

1899 Feb 1 - July 31'99. (Dr. Wanous) Wt. 144# Patient quiet + well-behaved, rational + generally contented. Mental state weak. Feb 17. Went home with wife to Apr 25 Returned. May 1 Wt. 151# Well behaved, rather dull: Trans. to B2. May 31 June 6. Trans. to A1. July 28 Visited by wife. Works in congregate dining-

July 31 room. General behavior good. July 31 Continues about same.

Nov 2/18 Wt 161# P 96. Nov 18. Visited by wife. Nov 29. Visited by friends. Dec 8. Thinks he heard + saw his wife

Dec 8 1900 on the West wards. Transferred to B2. Feb 1/1900. Wt 172#. Patient seems quite rational: physical condition good.

Apl 9/11 Patient very stupid: carried from supper and put to bed. Apl 11. Transferred to IW: put on light diet: requires

July 17 catheterization July 17. Vaccinated, unsuccessfully. Aug 31. Condition shows no special change.-

Nov 1 1901 Wt 174#. Jany 31/1901. Works in kitchen. Is rather stupid: disinterested in manner. Talks little

Jany 31 English, but seems to be quite rational: habits quite tidy. Feby 1. Wt 174#. May 31. No change

May 31 noticeable: stupid + dull. July 31. Patient usually very inactive. Does some extra work in

July 31 kitchen: sits in his room or lies on the bed, a great deal. Shows no interest in anything-

Augt 1 seems to be growing demented. Physical condition fairly good. Augt 1 Wt. 183# Nov 1 - 184#

1902 Jany 31 Has worked a little, in kitchen, at odd times: is very dull + inactive: demented and childish in manner. Feb. 1/02 Wt. 181#. Aug. 1/02 Wt. 184#.

Jan 1/03 Visited by friends. Jan. 31/03. Has worked none - stays in room almost constantly reading a little - but usually entirely unoccupied. Seemingly quite contented - Somewhat demented + childish. Habits tidy.

Personal and Medical History of

Personal and Medical History of Orson S. Porter.

Whole No. 5216
Residence, Rochester, Minn.
Date Admission, January 12 1899.
Admitted by Dr. A.M. Phelps hour, 10½ A.M.
How Sent, J.A. Leonard J. of P. Olmsted Co.
Sex, male Age, 71 yrs.
Civil Condition, married.
Children, none.
Age Youngest Child, —
Occupation, Hotel-Keeper.
Degree Education, College education.
Profession, Religion, Not a ch. member.
Habits, formerly drank heavily.
Nativity, Newyork. (Parents also born there) Became resident of Olmsted Co in 1863.
Physicians Committing, S. M. Moore & C. J. Granger.
Correspondents, Mrs. O.S. Porter (wife) Rochester, Minn.

No. of Year, 109.
Insane Relatives, One sister insane from injury to head.
Cause Exciting, Unknown
Cause Predisposing,
Form, Senile Dementia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 3 yrs. ago.
Duration, About 3 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 68 (about)
Time of Leaving, Feb. 6. 1899
Time in Hospital, 25 da.
Result, Died Hypostatic Pneumonia

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

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

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Orson S. Porter.

1899

This patient was brought here by sheriff ~~deputy~~ E.H. Vine attended by Mr. Thompson, in an aged & weak condition: No history of consanguinity. One sister insane, from injury to head: First symptoms of insanity manifested about three years ago, by gradual mental failure: Disease appears increasing: Is not variable: Derangement now manifested by incoherency, delusions, wandering away from home: Not disposed to injure anyone: Habits filthy & destructive: No previous peculiarities manifested aside from fact that patient was drinking heavily about five years ago: No severe diseases nor injuries to head manifested: Has been confined to his home for two years: Has received no treatment: On personal examination seems to be suffering from General Paresis.

1/2/99 On admission put upon Infirmary. (G.H.H. Rpt. Complexion light: hair gray: eyes gray: Large bruise on inner side of right foot: Deep scar on inner side of left ankle about 1½ in. long: one small deep scar just above right side of Pelvis about one inch long: 2 scars on top of left foot 1-2 in. long: & one about 1 in. long. Broad scar on right side of lower right leg, about 2½ in. long. Several almost unnoticeable scars on right shin. Is clean: lower limbs swollen: behavior good: Witnesses F.R. Spillane, C.C. Witt & J.B. Severson) Summary Nurses Notes by Dr. Phelps. Received on ward on Jan 12th legs swollen & oedematous: memory very poor: Is demented: Is quiet power of attention lacking: Jan 22 '99 Patient has been in bed: Is drifting along in a quiet, demented paretic way. Talks very little

Jan 31/99 Patient shows some slight rise of temperature: Seems less able to help himself: Talks some. Feb 1-~~6th~~ 99 (Dr. Wanous) Patient seems weak: coughs & expectorates a great deal: Is gradually failing. Feb 5 Pulse & respiration weak. failed rapidly and died at 6:40 P.M. on Feb 6th.

Died

Personal and Medical History of

Personal and Medical History of Andrew L. Dather

Whole No. 5718

Residence, Warsaw, Minn.

Date Admission, January 16th 1899.

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

How Sent, L.J. Nelson Ct. Com. Goodhue Co.

Sex, male. Age, 26 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Goodhue Co. Minn. Parents born in Norway

Physicians Committing, J.W. Anderson & B. Tacking M.D.

Correspondents,

No. of Year, 111

Insane Relatives, Father committed suicide.

Cause Exciting, Unknown.

Cause Predisposing, —

Form, Acute melancholia

Accompanying Bodily Disorder, Torpid circulation.

Suicidal or not, Has threatened it.

Date of this Attack, August 1898.

Duration, 5 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 26 yrs.

Time of Leaving, Mar. 1. 1900

Time in Hospital, 1 yr. 1 m. 12 d.

Result, Died Exhaustion in melancholia.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Poor.

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,

Is very 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 Dulness, 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, Not obtainable

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 11½ PRESENT WEIGHT, 141 lbs. USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Slight eruption on shoulders.

TONGUE, Coatings or Promptness of Movement,
Teeth are missing from upper + one from lower jaw.

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

SIGHT, Normal

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

HEARING, Normal.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc. Dull.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal

ARTERIES,
Normal

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Normal.
Chest fairly well developed.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Digestion + appetite good. Sleeps well.

BOWELS, Present Condition, Regular.

Give condensed statement of the present Mental and 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 speak English + will not talk, nor will he do what he is told. He lies on the floor all day long + will not sit on benches nor in chairs. Attitude crouching, gait unsteady.

Personal and Medical History of Andrew C. Dather.

1899

This patient was brought here by Sheriff P.J. Lundquist, in fair physical condition, with the following history:- No history of consanguinity - father committed suicide: First symptoms of attack manifested in August 1898. acted strangely, seemed to be afraid of people: Disease appears increasing: Is variable: Derangement now manifested by fear. runs away & has to be watched: Not disposed to injure anyone: Has threatened but never attempted suicide: No filthy nor destructive habits: No previous peculiarities manifested: No severe injuries nor diseases noted: Has never been confined nor restrained in anyway. Has received treatment, results not known - (physician employed, A.T. Conley, Cannon Falls.) On personal examination is depressed, circulation torpid: Tongue thick, flabby, indented & coated. Says he does not like to be with ~~the~~ people as he is not sure but that

Jan. 16 they may harm him. On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair dark brown: eyes gray: Skin in good condition: Small scar on left thumb scar on first finger of left hand, one on each wrist, on right ankle & large one on inside of right leg: Mole on abdomen: warts on either shoulder. Vaccination marks on left arm. Several pimples on body: Is clean: behavior good - witnesses to exam. Nurses Keefer & Howe)

Jan 16/99 Summary Nurses Notes by Dr. Phelps. On admission quite confused, restless & troublesome: Does not want to stay in room: Jan 17 Vomited today: Seems afraid of being killed. Jan 22 Still restless & timid but quiet in behavior Jan 29 Would not go to breakfast & could not be kept off floor Trans. to Infirmary. Has been refusing meals quite steadily. Jan 31 Seems to do much better on Infirmary & is eating better

Feb 1 - July 31'99 Dr. Wanous. Patient inclined to be stubborn: refuses to assist on ward. Feb 6. Trans. to B³. Wt. 132# - will not sit on chair, lies about on floor: appetite impaired. Feb 10. Refused to eat. Trans. to Infirmary. Complains severe pain in right knee: improved under treatment. May 16. Trans. to B'. Continues to sit on floor. Thinks he will be killed. Stubborn & has to be

To 1900 put to bed by nurses. Aug 1 - Jan 31'1900 (Dr Chapple) Aug 2 Wt. 143# Pulse 70. Very little change during period. excepting during last two nights when he complained of pain & not feeling well. Most of times crouches

Jan 31 on floor, is untidy: will not go outside & is very stubborn otherwise is not troublesome. Feb 11. Transferred to T.W. Physical condition failing:

Feb 11 takes but little nourishment: is extremely stubborn. Complains, at times, of pain

25 in his limbs: no inflammatory condition present. Feb 25. Continues to refuse all

28 nourishment: becoming very emaciated. Is failing. Feb 28. Continued to fail

Mar 1 rapidly. March 1. Died at 10 am.

Died

Personal and Medical History of

Personal and Medical History of James Heaney

Whole No. 5219
Residence, Goodhue Minn.
Date Admission, January 16th 1899.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, S. J. Nelson Crt. Com. Goodhue Co.
Sex, male Age, 35 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Public school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Illinois (Parents born in Ireland)
Because resident of Goodhue Co. over 30 yrs ago.
Physicians Committing, H. L. McKinstry & F. C. Wellner.
Correspondents,

No. of Year, 112
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, —
Form, Ombicile
Accompanying Bodily Disorder, None mentioned
Suicidal or not, ~~Threatened it once~~ Not
Date of this Attack, June 1898.
Duration, about 7 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 32
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Trans. to Hastings. O.K. Jan

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 PRESENT WEIGHT, 121 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 the present Mental and 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 Heaney.

1899

This patient was brought here by Sheriff's deputy Jno O'Reilly attended by Mr. McCue in fair physical condition, with the following history:- No consanguinity nor heredity known: First symptoms of attack manifested last June by leaving home & going through the country in an aimless way, also by insane talk: Disease not variable; is increasing Derangement now manifested by buying horses & by a desire to marry: Never threatened to injure anyone but once, but friends are afraid of him: No filthy habits, destroyed watch: Previous peculiarity - has never been considered bright or entirely sound mentally. No history of intemperance in parents nor in self: No severe diseases nor injuries to head. Has never been confined nor restrained. Has received no treatment. On personal examination is wild, excited, talks incoherently, refuses to be examined.

Jan 16 On admission put upon B3E (G.H.N. Rpt. Complexion dark; hair dark brown, eyes gray. Skin in good condition: Mole on right shoulder & wart on left shoulder: Is clean: A roll of flesh hangs down over both knees: Behavior good. Examined by Nurses Knebler & Howe)

Summary Nurses Notes by Dr. Phelps. On admission talks irrationally but is quiet & well-behaved. Does not seem to remember anything & acts in a foolish way. Jan 22 Remains about the same. Jan 31'99 Still remains

1899 about same. In fair health: is silly & childish in talk & manner.

Feb-1 - July 31'99. (Dr. Wanous) Wt. 131# Quiet & well-behaved. works. Mch 25 Complains of pain in inguinal region. Examination revealed a reducible

to hernia. Patient complains of constipation: abdomen much distended given cathartics & enema. Mch 26. Visited by relatives. Apr 30. Again

July 31 complained of hernia. July 1. General condition about same.

Aug 2/30 Wt 129#. P 98. Aug 30. Works in C.D. room. Sep 14 visited by friend. Nov 30. No change Specially

Feb 1900 noticeable. Feb 1900 Wt 140#. P 76. no delusions noticed: continues work.

Apl 26 Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Carl P. Swenson.

Whole No. 5222
Residence, Otisville Wash. Co., Minn.
Date Admission, January 17th 1899.
Admitted by Dr. R.M. Phelps hour, 6 45 P.M.
How Sent, F. T. Wilson J of P. Wash. Co.
Sex, male Age, 25 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Sweden – (Parents also born there)
Physicians Committing, W.H. Pratt & T.C. Clark.
Correspondents, Chas. Engdahl (uncle) Otisville, Minn.

No. of Year, 115
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Hyperemia Melancholia
Accompanying Bodily Disorder, Vibratory movement of eyes. Capillary circulation of extremities poor.
Suicidal or not, Not.
Date of this Attack, November 1898.
Duration, About 2 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving, Apr. 19. 1900
Time in Hospital, 1 yr. 3 m. 2 d.
Result, Died Tuberculosis Pulmonalis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Sluggish
MEMORY, Past Events, poor
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects, poor
Special Subjects,
Own Mental State,
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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

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

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft ½ in PRESENT WEIGHT, 154 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, skin aeraemic.
TONGUE, Coatings or Promptness of Movement, clear.
PUPILS, Equality, Size, Response to Light, and Accommodation, equal – dilated. responses slow
SIGHT, poor
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Nystagmus.
HEARING,
COORDINATION, Arms, Normal Legs, normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Very weak Sounds, Size, N
Apex Beat, N Regularity, Irregular
ARTERIES, Pulse weak
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Chest flat. Expansion poor. B. sounds not distinct
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 the present Mental and 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 case of dementia probably hereditary in character. Physically is fairly well nourished – has a comedo extending over entire body – also troubled with nystagmus of chronic standing.

Personal and Medical History of Carl P. Swenson.

1899

This patient was brought here by Sheriff's deputy G.W. Smith, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor in patient. First symptoms of attack manifested in November '98 - became stupid & dull & altho healthy apparently disinclined to work, talk or to do anything except to sit in a chair all day: Eats voraciously: Disease appears increasing, not variable: Derangement now manifested by as above stated: Once showed disposition to injure others: No filthy nor destructive habits: No previous peculiarities manifested: No knowledge of severe diseases nor injuries to head: Has been restrained once - had hands tied on occasion of attacking his cousin: No treatment pursued. On personal examination shows, vibratory movement of eyes: dull appearance. Capillary circulation of extremities poor.

Jan 17 On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair light: eyes blue: Skin in good condition: Vaccination marks on left arm: Eruption on back & shoulders: Is clean: Has a peculiar, continual movement of eyes: Exam - by Chas Morgan.)

Summary Notes by Dr. Phelps. On admission is quiet & well-behaved. oscillating movements of eyeballs quite marked. Has a dull & tired appearance. Temperature normal: Is quiet & well-behaved. Jan 25 Says he never has been right since a child: Is the same now as he always has been. Talks in a dull, despondent way.

Feb-1 to July 31 '99. (Dr. Wanous). Patient quiet & up on ward. Complained some of feeling weak & tired Feb 3. Remained in bed Complained of occasional slight chills and coughed some. Feb 4. Temp. 103. Pulse 88. Restless all night. Trans. to Infirmary - Received there in following condition 11 upper & 15 lower teeth also 5 on plate. Skin covered with eruption on back & shoulders. Given sponge bath & put upon liquid diet. Feb 14. Improved - put on light diet. & on Feb. 28 allowed full diet. Mch 3 given clothes. up on ward. Apr. 15 Physical & mental condition seems good. June 10. Appears stupid. Seems anxious to go home. Endeavors to get away. Trans to B³. June 14. Had an hysterical spell: stubborn & troublesome: Seems to be growing worse.

Aug 1900 Jan. 31 '1900. Wt. 153. Pulse 104. Patient contrary & disagreeable, easily irritated & fights if molested. has what are apparently hysterical spells.

-To- Occasionally lies in a stupor, rarely speaks. Appears much demented.

Jan 31 Very uncleanly in habits. Physical condition gradually failing

Feb 2 to thin & anaemic. Feb 2. Wt 128# P102. Mar 3. Transferred to T.W. Physical con-

Mar 3 - dition failing: has diarrhoea: behavior very stubborn and troublesome; attacks other patients: filthy:

Apl 1 very demented: has to be dressed & undressed by nurses. Apl 1. Still failing: is quite weak. Coughs & expectorates considerably. Is constipated: appetite poor: has a constant low fever.

Personal and Medical History of Carl P. Swenson

1900

Apl 19 Has been rapidly failing and died at 8⁰⁵ am. (Diagnosis. Pulmonary Tuberculosis) —

Dist

Personal and Medical History of George W Brannan.

Whole No. 5223

Residence, St. Paul, Minn.

Date Admission, January 20 1899.

Admitted by Dr. R.M. Phelps hour, 5th P.M.

How Sent, Ex Bazille Sh. of P. Ramsey Co.

Sex, male Age, 71 yrs.

Civil Condition, widowed.

Children, two

Age Youngest Child, —

Occupation, Mechanic.

Degree Education, Common school.

Profession, Religion, Methodist.

Habits, Not intemperate.

Nativity, U.S.A.

Has been a resident of Ramsey Co. over 30 yrs.

Physicians Committing, R. S. Bole & Jno. B. Brimhall.

Correspondents,

No. of Year, 116

Insane Relatives, Unknown

Cause Exciting, Cerebral hemorrhage.

Cause Predisposing, Unknown

Form, Post Apoplectic Insanity

Accompanying Bodily Disorder, Cerebral hemorrhage

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, 71 yrs.

Time of Leaving, Apr. 9 1900

Time in Hospital, 1 yr. 2 mo 18 d.

Result, Discharged Apr. 24. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Bole *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused.

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Alert.

REASONING POWER, Ordinary Subjects,

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 Dulness, 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, dead.

Paternal Relatives,

Mother, dead

Maternal Relatives,

Brothers and Sisters, 5 living - well. 4 children living - well. 3 dead.

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

Lung fever 4 years ago. Says he had a partial sunstroke 3-4 yrs ago. Apoplexy 10 days ago. Says he had a bad cold a few months ago.

HABITS, Drinking and Smoking, both to some extent

HEADACHES, VERTIGO, OR CONVULSIONS, none.

OCCUPATION, Healthy or not, Worked for agricultural implement trade.

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

Sleep, Appetite, and Bowels, all good.

Personal and Medical History of

St Paul Pioneer Press 4/23/03

FOUGHT IN THE MEXICAN WAR

GEORGE W. BRANNAN PASSES AWAY SUDDENLY.

He Was a Member of the Sixth United States Infantry During the Mexican War, Having Ran Away From Home to Enlist — His War Record.

George W. Brannan, one of the few survivors of the Mexican war and a pioneer of St. Paul, died suddenly at 9 o'clock yesterday morning of heart failure. His funeral will be held at 2 o'clock Friday afternoon from the First M. E. church, and will be in charge of Acker post, G. A. R. Interment will be at Oakland cemetery.

Mr. Brannan has been in poor health for two weeks, but he seemed to have improved Tuesday, and he was around the house all day. He arose about 8:30 o'clock yesterday morning and was sitting on his bed dressing when he was stricken. He fell on the bed, and he was found a few minutes later by his daughter, Mrs. Margaret Ash, with whom he resided at 570 Wabasha street. A doctor was called, but he died at 9 o'clock.

Mr. Brannan was seventy-five years old. He was born in Dayton, Ohio, Nov. 11, 1828. At the age of eighteen he ran away from home and went to St. Louis, where he enlisted in the regular army, joining the Sixth United States infantry. His regiment took an active part in the campaign under Gen. Zachary Taylor in the Mexican war. After the war his regiment was transferred to Fort Snelling.

Leaves the Army.

While at the old fort Mr. Brannan met the young woman who afterward became his wife. She was a nurse in the family of Rev. Dr. Geer, the chaplain at the fort. Mr. Brannan was honorably discharged at the end of his three years of enlistment, and leaving the army he took up his residence in St. Paul. He was married soon afterward. Mrs. Brannan died eight years ago. They had two children, both of whom are living—James Brannan and Mrs. Margaret Ash, both of St. Paul.

After leaving the army Mr. Brannan worked as carpenter for a time. When the Civil war broke out Mr. Brannan enlisted in Company A, Sixth Minnesota volunteers, and later became first sergeant of the company. He went through the war and took part in the Indian campaign with the Sixth. In the Indian campaign he received a severe wound in the shoulder.

After the war he drove a stage between St. Paul, Hinckley and Brainerd. In recent years he worked with farm implement companies until he retired from active work four years ago.

Mr. Brannan always took a great interest in the work of the G. A. R. Last Memorial day he rode in a carriage in the parade with the only other two survivors of the Mexican war now living in St. Paul and perhaps in Minnesota, Sergeant Major Simeon P. Folsom and Corporal Isaac Wright, both members of the only Wisconsin regiment which participated in the Mexican war. It is notable that Mr. Wright's death occurred this week.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 141 USUAL WEIGHT, NUTRITION, fairly good.

and condition of Skin, Vac. scars. scars above each knee. Skin healthy.

mptness of Movement, Clean. prompt.

tesponse to Light, and Accommodation, Equal. size normal. responses good.

d

t, Arcus Senilis, or other troubles, Arcus senilis slightly developed.

ried.

s, good Legs, good. Grasp,

gue, Facial Muscles, General, Very slight of hands.

Other Reflexes,

ed, Hesitating, Slow, normal. some difficulty from want of teeth.

, Paretic, Sad, Etc.

gth, Sounds, Size, good

rity, regular.

ened

ry, Expansion,

Tread.

fair

normal

NE, Quantity, Sp. g. Reaction, Color and Appearance,

Sugar,

rystals,

EXAMINATION,

noglobin,

nd Character, Round.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

BOWELS, Present Condition, Regular

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

Fairly well preserved physically. Hair White - Teeth nearly all gone - Stands erect - Shoulders sloping; ~~but~~ chest full - Mental trouble recent (evidently) & due to apoplexy. Is confused.

Personal and Medical History of George W. Brannan.

Whole No. 5223

Residence, St. Paul, Minn.

Date Admission, January 20 1899.

Admitted by Dr. Rel Phelps hour, 6th PM.

How Sent, Ex Bazille J. of P. Ramsey Co.

Sex, male Age, 71 yrs.

Civil Condition, widowed.

Children, two

Age Youngest Child, —

Occupation, Mechanic.

Degree Education, Common school.

Profession, Religion, Methodist.

Habits, Not intemperate.

Nativity, U.S.A.

Has been a resident of Ramsey Co. over 30 yrs.

Physicians Committing, R. S. Bole + Jno. B. Brimhall.

Correspondents,

No. of Year, 116

Insane Relatives, Unknown

Cause Exciting, Cerebral hemorrh

Cause Predisposing, Unknown

Form, Post Apoplectic

Accompanying Bodily Disorder, Cerebral

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, 71 yrs.

Time of Leaving, Alive

Time in Hospital, 1 yr. 2

Result, Discharged Recovered

EXAMINATION ON ADMISSION BY DR. B

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused.

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Alert.

REASONING POWER, Ordinary Subjects,

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

LENGTH INVA

ONSET, Gradu

HEREDITY ...anguinity, Epil-

epsy ...y, Consumption).

Fa...

Maternal ...

Brothers and Sisters, well.

7 Children living well. 3 dead.

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

Lung fever years ago. Says he had a partial sunstroke 3-4 yrs ago. Apoplexy 10 days ago. Says he had a bad cold a few a few months ago.

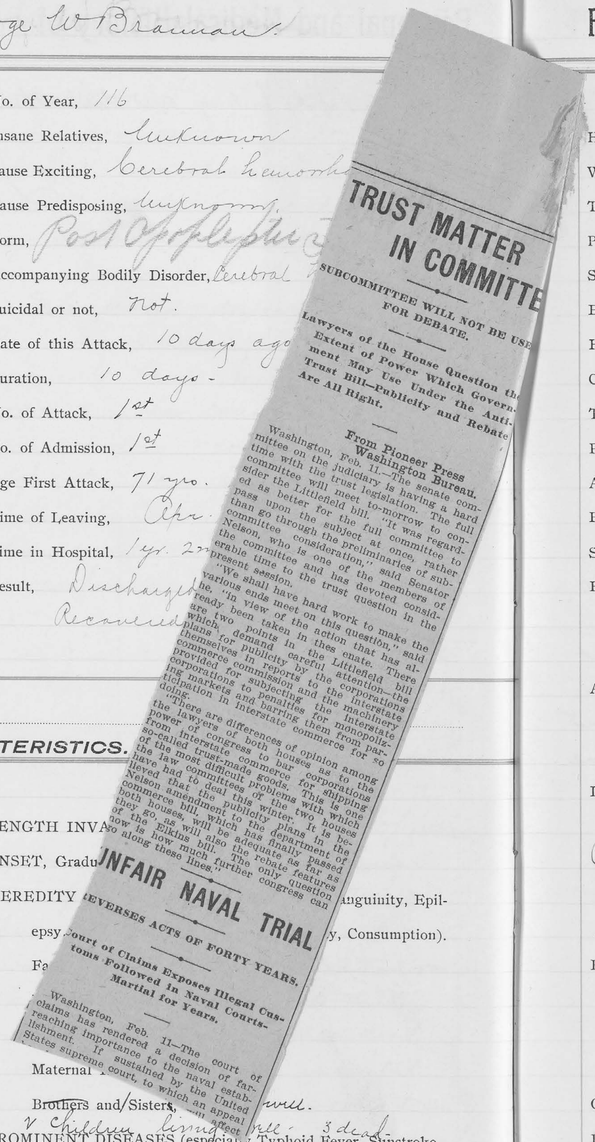
HABITS, Drinking and Smoking, both to some extent

HEADACHES, VERTIGO, OR CONVULSIONS, none

OCCUPATION, Healthy or not, Worker for agricultural implement trade.

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

Sleep, Appetite, and Bowels, all good.



TRUST MATTER IN COMMITTE

SUBCOMMITTEE WILL NOT BE USE FOR DEBATE.

Lawyers of the House Question th Extent of Power Which Govern ment May Use Under the Anti- Trust Bill—Publicity and Rebate Are All Right.

From Pioneer Press Washington Bureau.

Washington, Feb. 11.—The senate committee on the judiciary is having a hard time with the trust legislation. The full committee will meet tomorrow. The question is whether the Littlefield bill, which was reported as better for the full committee to pass upon than go through the preliminaries of another committee and have the members of the committee who is one of the senate committee and has devoted consider- able time to the trust question in the present session. We shall have hard work to make the various ends meet on this question," said he, "in view of the action that has already been taken in these committees. There are differences of opinion among the lawyers of both houses as to the power of congress to pass laws to prohibit trusts from buying goods for shipping in interstate commerce for so called interstate goods. This is one of the most difficult problems with which we have had to deal. If, for instance, the Nelson amendment which has passed the senate, which also has been passed by the house, will also be adequate as to the power of congress

Personal and Medical History of George W. Brannan.

1899

This patient was brought here by Sheriffs deputy Mr Hanson, in feeble physical condition, with the following history:- No known history of consanguinity, heredity nor intemperance in patient nor in his parents: First symptoms of insanity manifested ten days ago by convulsions followed by coma lasting 48 hrs. Disease appears increasing, not variable: Derangement now manifested by confusion of ideas on all subjects: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head. Has never been confined nor restrained: but was at St. Joseph's hospital, St. Paul for one week. On personal examination no

Jan 20 '99 further facts obtained.) On admission put upon Infirmary (Fr. Kpt) Complexion light: hair gray: eyes brown: Skin in good condition: Vaccination marks on left arm. Small scar on right arm: one on left forearm & one above either knee: Is clean: Behavior good: Exam. by F.R. Spillane & E.W. Latty.)

Jan 20 '99. (Summary by Dr. Wanous.) Patient talks rationally on most subjects but cannot understand how he came to be in hospital: Is quiet & well-behaved. Feb 1 Is well behaved. Mch 1 Trans. to A4. Memory somewhat impaired but is in good condition & not troublesome. No delusions

Aug 30 noticed. June 22 Complained of headache. Aug 30. Quiet & well behaved: Improved.

Oct 1 Wt 165#. Both mental & physical condition good. Dec 30. Condition remains about the same.

1900 Feb 1 Complains of occasional headaches: (due to Constipation): Apl 9. Wt 182#. Pulse 64.

Apl 9 Sent home -

Discharged

Personal and Medical History of

Personal and Medical History of Adolph Pochmish

Whole No. 5224
Residence, St. Paul, Minn.
Date Admission, January 20th 1899.
Admitted by Dr. P.M. Phelps hour, 6 P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, Male Age, 56.
Civil Condition, Married
Children, 5
Age Youngest Child, —
Occupation, Blacksmith.
Degree Education, Reads & writes well.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Germany. Parents also born there.
Became a resident of State & Co. 26 yrs. ago.
Physicians Committing, Manning & Ellis Ancker.
Correspondents,

No. of Year, 117
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, Paresis
Accompanying Bodily Disorder, Very anaemic.
Suicidal or not, Not.
Date of this Attack, 5 mos. ago.
Duration, 5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 56 yrs.
Time of Leaving, Jan. 10. 1900
Time in Hospital, 11 mo. 21 d.
Result, Died. General Paresis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused & sluggish.
MEMORY, Past Events, Fairly good.
Recent Events, Imp'd'ed. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Rather dull & illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull, slow, seems unable to follow directions.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION, 0
ONSET, Gradual or Sudden, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead
Paternal Relatives,
Mother, dead.
Maternal Relatives,
3 Brothers and 2 Sisters,
1 boy - 3 daughters.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says he has had fever
HABITS, Drinking and Smoking, Drinks & smokes.
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.
OCCUPATION, Healthy or not, Blacksmith.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, Fair and Bowels, Quite regular

Examination of Urine of M Adolph Pochmish

Passed ..... Examined .....
Character Sp. gr. 1030 Color Dark yellow
Quantity in 24 hours ..... Reaction Neutral
Clear, cloudy, or a sediment Slightly Cloudy

Tests for Albumen.

1. Heat Abund 2. Nitric Acid No
3. Tanrets .....

Tests for Sugar.

1. Fehlings Sol. ..... 2. Haines No
3. Bismuth .....

Microscopical.

Urates	*Phosphates*
Mucus	*Pus*
Blood	*Epithelium*
Casts	*Oxalate Linn*

Amount Urea .....

ACTERISTICS.

SUAL WEIGHT, NUTRITION, Quite good.
ear on right scapula. Skin in fair condition.
prompt- unsteady.
ual - normal size. responses good.

epaired- Grasp,
Lando + tongue.
Other Reflexes,
itating.

CRANIAL MEASUREMENTS.

Circumference Horizontal,
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, Not very good - disturbed.

BOWELS, Present Condition, Quite good - Has haemorrhoids.

Give condensed statement of the present Mental and 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 hearing is poor & he speaks broken English, but seems dull, confused, & is slow & slovenly. Does not seem able to do as directed. Mental grade probably quite good. Aside from nervous manifestations is in fair physical condition. Probably a case of Gen. Paresis.

Personal and Medical History of [illegible]

Whole No. 5224

Residence, St. Paul.

Date Admission, January [illegible]

Admitted by Dr. P.M. [illegible]

How Sent, E.W. Bazille & of P. Ramsey Co.

Sex, Male Age, 56.

Civil Condition, Married

Children, 5

Age Youngest Child, —

Occupation, Blacksmith.

Degree Education, Reads & writes well.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Germany. Parents also born there. Became a resident of State & Co. 26 yrs ago.

Physicians Committing, Dr Fanning & Dr Archer.

Correspondents,

Cause Predisposing, unknown

Form, Paresis

Accompanying Bodily Disorder, Very anaemic.

Suicidal or not, Not.

Date of this Attack, 5 mos. ago.

Duration, 5 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 56 yrs.

Time of Leaving, Jan. 10. 1900

Time in Hospital, 11 mo. 21 d.

Result, Died. General Paresis

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fairly good.

Recent Events, Impaired. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive. Rather dull & illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull, slow, seems unable to follow directions

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, 0

ONSET, Gradual or Sudden, Gradual

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

Father, dead

Paternal Relatives,

Mother, dead.

Maternal Relatives,

3 Brothers and 2 Sisters,

4 sons - 3 daughters.

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

Says he has had fever

HABITS, Drinking and Smoking, Drinks & smokes.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.

OCCUPATION, Healthy or not, Blacksmith.

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

Sleep, Appetite fair and Bowels, Quite regular

Personal and Medical History of Adolph Pochnish.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 125 lbs. USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, Warts on back. scar on right scapula. Skin in fair condition

TONGUE, Coatings or Promptness of Movement, Clean - quite prompt - unsteady.

PUPILS, Equality, Size, Response to Light, and Accommodation, Unequal - Normal size. Responses good.

SIGHT, Impaired

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

HEARING, Poor

COORDINATION, Arms, Impaired Legs, Impaired - Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Tremors of hands & tongue.

PATELLAR REFLEX, About normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, First sound roughened - S. sounds impaired - Apex beat 5 - Regular.

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion rather poor
B. sounds normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Not very good - disturbed.

BOWELS, Present Condition, Quite good - Has haemorrhoids.

Give condensed statement of the present Mental and 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 hearing is poor & he speaks broken English, but seems dull & confused. His sleep & slumber. Does not seem able to do as directed - Mental grade probably quite good. Aside from nervous manifestations is in fair physical condition. Probably a case of Gen. Paresis.

Personal and Medical History of Adolph Roehmish.

1899

This patient was brought here by Sheriff's deputy Paul Roehmish, in fair physical condition, with the following history:- No information concerning consanguinity: No heredity nor intemperance in patient nor in parents: First symptoms of attack manifested five months ago by delusions: Disease appears increasing: Not variable: Derangement now manifested by general delusions: Not disposed to injure anyone: No disposition to filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued.

On personal examination is very anaemic:

Jan 10 On admission put upon B³ E (G.H.N. Rpt. Complexion dark: hair gray (par bald) eyes blue: Skin in good condition: Vaccination marks on left arm: two warts on back: Small scar on finger also one on face near right eye: Is clean: 2 teeth out on right side of lower jaw: also 2 out left side upper jaw - several decayed. Behavior good. Exam. by C.H. Morgan.)

Summary Notes by Dr Phelps. Patient on admission rather restless, confused + suspicious: Shows considerable dementia + is full of delusions + hallucinations + talks in a confused, incoherent way.

Feb 7 Wanders about in a confused way: Behavior has not changed in any special respect; is perhaps a little stronger.

Feb 15 (Dr Wanous) Patient deluded - has hallucinations: Physical condition fair: May 1. Is quiet + well behaved: Speech faltering. Gait unsteady. Frequently asks to be allowed to go home

July 4 Visited by wife and daughter. Aug 3. Wt 155# Pulse 112. -

Aug 30 Speech + action sluggish, hesitating: Oct 30. Patient seems failing: sluggish: weak. -

Dec 24 Patient in bed: very weak + tremulous. Transferred to I.W. Legbadly swollen, from ulcer.

" 27 Put in bed + treatment given. Dec 27. Patient seems very much confused and restless.

1900 Jan 9 Patient is failing rapidly: respiration labored: unconscious: remained unconscious all

" 10 night. Jan 10/1900. Died at 5³⁰ P.M.

Died

Personal and Medical History of

Personal and Medical History of Theophile Pilon.

Whole No. 5227
Residence, White Bear Lake, Minn.
Date Admission, January 25' 1899.
Admitted by R. M. Phelps hour, 6th Bn.
How Sent, E. W. Bazille J. of P. Ramsey Co.
Sex, Male Age, 49 yrs.
Civil Condition, married
Children, None -
Age Youngest Child, -
Occupation, Wood dealer.
Degree Education, Common school education
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Canada
Became a resident of State & Co. 19 yrs.
Physicians Committing, H. R. Weirick Wm L Kelly.
Correspondents,

No. of Year, 120
Insane Relatives, None.
Cause Exciting, Financial reverses.
Cause Predisposing, Unknown.
Form, Paresis
Accompanying Bodily Disorder, Kidney trouble.
Suicidal or not, Not.
Date of this Attack, Two months ago.
Duration, 2 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 49 yrs.
Time of Leaving, Jan. 11' 1901.
Time in Hospital, 1 yr. 11 mo. 17 da.
Result, Died. Paresis.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Rather confused & sluggish.
MEMORY, Past Events, fair.
Recent Events, poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull - illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.
LENGTH INVASION, 2 mos.
ONSET, Gradual or Sudden, rather sudden -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Talks incoherently & will not give history
Father, says dead -
Paternal Relatives,
Mother, says living.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Small scars on head.
Says he has been sick ever since he was born -
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Wood dealer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Theophile Pilon

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 150 lbs. USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, Two small scars on scalp - slight scars over eye.
Skin in quite healthy condition
TONGUE, Coatings or Promptness of Movement, fairly clean - slow & unsteady.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. responses indistinct -
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, cannot stand - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue -
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, ~~y~~ slurred - & slow -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, quite strong Size, N.
Apex Beat, 5 Regularity, regular
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion fair
B. sounds normal.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fairly good.
BOWELS, Present Condition, somewhat constipated

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

Patient in fair physical condition - no gross lesions found. Has tremors - is unsteady. Knee jerk absent. Speech slow & rather muffled & incoherent. Has delusions - says he owns the world - has thousands of children. Talks about the "Princess" etc. Also has hallucinations, sees angels etc.
Probably has General paresis. Previous mental grade very ordinary.

Personal and Medical History of Theophile Pelon.

1899

This patient was brought here by Sheriff's deputy H. Hanson in fair physical condition with the following history: No history of consanguinity, heredity nor intemperance in patient nor in his parents: First attack manifested about two months ago following an attack of kidney trouble. Disease appears to be stationary: Is variable: rational intervals at night: Derangement now manifested by hallucinations: thinks he sees angels day & night: Was destructive of furniture on one occasion: No previous peculiarities manifested. No severe diseases noted two scalp-wounds on head: Has been in confinement for a short time: No treatment pursued. On personal examination shows general hyper-
Jan 25 esthesia. On admission put upon B3 (GHURpt Complexion dark: hair dark brown: eyes brown: Skin in good condition: Name tattooed on right forearm: with small emblem beneath & crucifixion on left forearm: Three small scars over left eye: Is clean: Several teeth gone in upper jaw (11 upper - 13 lower teeth) & one of incisors in upper jaw broken off. Behavior good. Exam by Ew. Allen.)

Jan 25 - Feb. 8 '99. 14 Da. Record by Dr Wanous. Patient received an ward & put to bed: fairly quiet most of time. Refused to eat when given tray. Feb. 5 Somewhat restless & irritable. cannot retain nourishment. Feb 6. Cross & complained of pain in abdomen. Vomited after dinner. Feb. 7 Cross - refused to have temperature taken. had to be held. Threw cuspidor out of room: Throws chairs across hall. Gait appears unsteady & shows incoordination of arms: Very destructive frequently throws tray on floor. after finishing meals. Feb 12 & 14 Vomited after meals. Feb. 19 Visited by wife for a few hours then threatened to throw chair at her Feb 24 put in protection sheet. Feb 26 Has retention of urine, has to be catheterized. Continues to vomit frequently after meals Mch. 18 Attempted to strike nurse. May 8 Again on Infirmary: Continues to be destructive & filthy. has diarrhoea.

May 14. Visited by wife, was very ugly & had to be held by nurses.

June 17 Patient's ears painted with collodion for hematoma. Has to be kept in restraint because of frequent attempts to injure himself.

Aug 1 Patient is on extra diet: is badly demented & pugnacious: must be restrained: has a ravenous
" 30 appetite. Aug 30. Has "spells": becomes maniacal & very emotional & during which he becomes
Oct 14 destructive & violent: often vomits after eating. Oct 14. Gotten up on ward: has habit of
Jany 22 1900 striking other patients Jany 22/1900. Transferred to B1. Feby 1. Says "he has millions" -
Mar 16 appetite ravenous. Is quite demented. Mar 16. Visited by wife. May 11. Transferred to A4.
May 11 patient is very unsteady & continues to strike other patients. July 30. Vaccinated, unsuccessfully
Aug 31 Patient is demented: inclined to be pugnacious: appetite ravenous. Sep 4. Visited by wife -
Oct 11 Feet are swollen: Specimen urine examined. Dec 19. Transferred to TW. Is very incoordinate &
Dec 31 put to bed: bowels constipated. Dec 31. Refused nourishment. Jany 1/1901. 142# - Frequently
Jany 1/4 1901 refuses nourishment. Jany 4. Unable to swallow food. Patient has bed sore which needs daily dressing.
11 Shows rapid failure — Died at 9^05 am.

Personal and Medical History of

Personal and Medical History of Joseph S. Evans.

Whole No. 5778

Residence, Minnesota Lake, Minn.

Date Admission, January 28th 1899.

Admitted by Dr. H. H. Herzog hour, 6 P.M.

How Sent, J. T. Winship & of P. Faribault.

Sex, male Age, 27 yrs.

Civil Condition, Single

Children, none

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Minn. (Faribault Co.) (Parents born in Prussia)

Physicians Committing, H. Cooper & A. P. Franklin

Correspondents, Stephen Evans, Minnesota Lake, Minn.

No. of Year, 21

Insane Relatives, None.

Cause Exciting, Unknown

Cause Predisposing, Unknown.

Form, Acute Mania

Accompanying Bodily Disorder, Unknown.

Suicidal or not, Not.

Date of this Attack, October 9' 98.

Duration, 3-4 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27 yrs.

Time of Leaving, May 10. 1900

Time in Hospital, 1 yr. 3 mo. 12 d

Result, Discharged Nov. 6. 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 Dulness, 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 S. Evans.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 160½ 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 the present Mental and 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 S. Evans.

1899

This patient was brought here by Sheriff Sandy McDonald, in fair physical condition, with the following history: No history of consanguinity, heredity, nor intemperance in patient nor in his parents. First symptoms of insanity manifested in October 1899. Was restless + would not attend to his duties + took no interest in things + acted childish: Disease appears increasing; is variable: Derangement now manifested by thinking he is sick: Is despondent: Not disposed to injure anyone: Is careless in habits: No previous peculiarities manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment pursued.

On personal examination seems despondent + takes no interest in things + does not care to work.

Jan 28 '99 On admission put upon B^3 E (G.H.N. Rpt. Complexion dark: hair black: eyes dark brown: Skin in good condition: Scars on right shoulder blade + chin

latter as if inflicted with some sharp instrument. Is clean. Second molar on upper right side broken off. Behavior good. Exam. by Ew. Allen + G Kirchner)

Jan 28 - Feb 11th Summary 14 da pec. by Dr Wanous. Received on ward + put to bed. Is depressed: speech rational: Says his inventions got him into trouble: Feb 1. Visited by father. Feb 28 Is stubborn about coming back when taken out: May 1 Much improved: Works when asked: General condition good. May 18 Visited by parents. May 19 Transferred to B^2. When out wandered from crowd.

July 21. Visited by mother + sister. Aug 1. Wt 165#. P 96. Patient told others he would

Aug 1/8/31 attempt suicide. Aug 8. Transferred to B^3. Aug 31. Patient quite rational: habits clean: appetite

Oct 31 1900 good: Sleeps well: does some work on ward: has inclination to elope. Oct 31. Planned to elope, by

Feb 6 opening screen. Feby 6/1900. Wt 166#. At times, is eccentric. Continues quiet + well behaved: habits clean

May 1/10 Wt 173# P 74: well-behaved; rational works — May 10. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Robert B. Thompson

Whole No. 5230	No. of Year, 123.
Residence, St. Paul. Minn.	Insane Relatives, Unknown.
Date Admission, February 2nd 1899.	Cause Exciting, Unknown.
Admitted by Dr. R. M. Phelps hour, 6th P.M.	Cause Predisposing, Unknown.
How Sent, E.W. Bazille J. of P. Ramsey Co.	Form, Delusional Insanity
Sex, male. Age, 30 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single.	Suicidal or not, Unknown
Children, —	Date of this Attack, Unknown.
Age Youngest Child, —	Duration, "
Occupation, Travelling salesman.	No. of Attack, "
Degree Education, Good.	No. of Admission, "
Profession, Religion, Congregational.	Age First Attack, "
Habits, Not intemperate.	Time of Leaving,
Nativity, England - (Parents also born there)	Time in Hospital,
Physicians Committing, President of State & Co. 2 yrs. F. A. Kanter & Fred'k Leavitt.	Result,
Correspondents, Mother - Mrs E. B. Thompson Winchester, Mass.	

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 2/3/99

MENTAL CHARACTERISTICS.

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

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

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

REASONING POWER, Ordinary Subjects, Much impaired
Special Subjects,
Own Mental State,

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

DELUSIONS, not Systematized, ~~Transitory~~ Somewhat fixed, Special Subjects, of grandeur.
Voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 information
Mother,
Maternal Relatives,
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had gonorrhoea & epidymitis - denies syphilis -

HABITS, Drinking and Smoking, uses tobacco - says has not drunk hard for years.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Robert B. Thompson.

Put in history of R.B. Thompson

Written by R.B.T.

Robt. B Thompson, had an operation performed on me in Rockville, Conn. for which he was to receive a large amount of money which is in Washington D.C. any time he wants it. I came to this country to invest some money and had to change my name over twenty-five times. the U.S. government have the papers showing who I am and have money from England which is waiting for me. I went to a surgeon to have some money extracted from me and was arrested. Had some taken out in St. Paul City hospital twenty years ago. I have a book in Boston Mass with over fifty names in it acknowledged to have been mine by the government. I had the

ARACTERISTICS.

USUAL WEIGHT, NUTRITION, well nourished.
ar, superficial specific looking scars on right instep.
ompt.
l. Somewhat contracted. Responds to light & accom.

lo. Standing eyes shut do. Grasp, ~~Standing~~ see handwriting -
tongue

Other Reflexes,

Sept. 27th 1901.

Dr. A. F. Kilbourn: I wish to inquire if you have the property for me which has been sent to the hospital & which I left here before such a pictures books & letter I have received but a single letter since I've been here.
When I came in here I brought with me concealed the keys to my houses & buildings & to a number of Private Cars I have beside the keys to the bagage which I understand you have kept for me since the last time I was here. I travel all the time prepared for everything. I carry concealed

EXAMINATION URINE, Quantity, Sp. g.
Albumen, Sug
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition degree of invasion, estimate of previous mental grade, and any physical impai
of grandeur - Extreme Wealth - has numerous diamond Treasury at Washington for having an operation perfor present size. Is related to all the Wealthy men in the Country, was a great actor, a very prominent [illegible] of his relation to royalty. Suspicions of general paresis quite marked, articulation is however quite clear & incoördination not plainly marked.

Personal and Medical History of

Whole No. 5230

Residence, St. Paul, Minn.

Date Admission, February 2nd 1899.

Admitted by Dr. P. M. Phelps hour, 5th P.M.

How Sent, E.W. Bazille Jof P. Ramsey Co.

Sex, male. Age, 30 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Travelling Salesman.

Degree Education, Good.

Profession, Religion, Congregational.

Habits, Not intemperate.

Nativity, England - (Parents also born there) Resident of State 4 Co. 2 yrs.

Physicians Committing, F.A. Kantz & Fredk Leavitt.

Correspondents, Mother - Mrs E.B. Thompson Winchester, Mass.

EXAMINATION ON ADMISSION BY DR. ...

MENTAL CHAR...

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused - quick.

MEMORY, Past Events, Poor.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Alert - illusive.

REASONING POWER, Ordinary Subjects, M...

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent ...

Exalted.

DELUSIONS, Systematized, Transitory, Spec... not somewhat im...

Voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

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

about me enough money to ... ment every demand. I carried ... same time the Badge of the Chief of the Secret Service that is I Robert A. Pinkerton & everything that I carry concealed. I do lose anything upon me it is a mark on every thing I had with me. & the Supreme Court has a mark as well. I have keys to my home in New York City. & in another in the country. in the box of keys are 97 larger & smaller keys & a number of smaller key more. I don't expect to lose them all, but the box of big keys I last since I was sent to ... last time I had a difficult time ... all marked with my name

name of John Frinson who was in this state twenty years ago besides being the proprietor of the Jacob Leitz Opera House and the owner of half of the hotel in the city of St. Paul. Have been in the employ of the Pac. Service office in Washington D.C.

I have the police ... them as well as the Pinkerton Detective Work & know Lodge of Mew York & Boston. & have knowledge that my loss by being held ... will not be confined to time but that I will be lost ... letter by fire & there is good ... a good deal of money. I am forbidden to be in the ... wards any way the State of Minnesota had a release ... all ready before I started from St. Paul now I say you must have been informed that if you were put in to the wrong man you would ...

Robert B. Thompson.

ARACTERISTICS.

USUAL WEIGHT, NUTRITION, Well nourished.

ear, superficial specific looking scars on right instep. ...ript.

al. Somewhat contracted. Responds to light & accom.

...o. Standing type Chest &c. Grasp, ~~Standing~~ See Handwriting - tongue

Other Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

EXAMINAT...

Al...

Cast...

OPHTHALMOSCOP...

BLOOD, Corpuscles, H...

SLEEP, Present Amount ...

BOWELS, Present Conditio...

Give condensed statem... most probable cause, the degree of invasion, estimate of ... unsystematized delusions of grandeur - Extreme ... his skin has. Toppoo in the treasury at Washington ... caused him to grow from a dwarf to his present size. Is related ... world. Has numerous children all over the country, was a great ... Masons how took the degree but is a Mason by reason of his relation to royalty. ... of general paresis quite marked, articulation is however quite clear & incoördination not glaringly marked.

Sunstroke,

...o syphilis-

...says has not

...SIONS,

Detai... of Previous Attack, if any,

Sleep, Appetite, and Bo...

Personal and Medi

Whole No. 523

Residence, [illegible]

Date Admission, [illegible]

Admitted by Dr. [illegible]

How Sent, C.W. Ba[illegible] — [illegible]-sarily

Sex, male — [illegible] mentioned.

Civil Condition, Single — [illegible]

Children, —

Age Youngest Child, —

Occupation, Travelling sa[illegible]

Degree Education, Good.

Profession, Religion, Congregat[illegible]

Habits, Not intemperate.

Nativity, England - (Parents resident of State 65. 2 yrs.)

Physicians Committing, Fla: Kanter [illegible]

Correspondents, Mother - Mrs E.B. [illegible] Wuches[illegible]

EXAMINATION ON ADMISS — 2/3/99

MENTAL ACTIVITY, Clear or Confused, Q[illegible]

Confused - Quick.

MEMORY, Past Events, Poor,

Recent Events, " Spe[illegible]

PERCEPTIVITY, Alert or Dull, Correct or [illegible]

Alert - illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent,

Exalted.

DELUSIONS, ~~Not~~ Systematized, ~~Transitory~~, Somewhat fixed, Speci[illegible]

Voluble & coherent.

HALLUCINATIONS,

ILLUSIONS,

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

[illegible] sanguinity, Epil-

[illegible]y, Consumption).

[illegible] ever, Sunstroke,

[illegible] is syphilis-

[illegible] says has not [illegible] worse [illegible] for years.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

[illegible] Mr. Ch[illegible] [illegible] Mr. Thompson [illegible] [illegible] [illegible]

Personal and

Whole No. 523

Residence, A

Date Admissio

Admitted by Dr

How Sent, Ed Ba

Sex, male

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Traveling sa

Degree Education, Good.

Profession, Religion, Congregation

Habits, N

Nativity,

Physician

Correspo

-ately

mentioned.

known.

mission,

First Attack,

aving,

ospital,

EX.AM

Date of 2/3/99

TICS.

MENTA

MEMOR

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Th

HISTORICAL.

INVASION,

radual or Sudden,

Y (Question concerning Insanity, Consanguinity, Epil-

Paralysis, Syphilis, Hysteria, Inebriety, Consumption).

er,

nal Relatives,

er,

nal Relatives,

ers and Sisters,

NT DISEASES (especially Typhoid Fever, Sunstroke,

Injuries, and Surgical Operations),

orrhoea & epidymitis - denies syphilis -

Drinking and Smoking, uses tobacco - says has not

ES, VERTIGO, OR CONVULSIONS,

ON, Healthy or not,

Duration, and Character of Previous Attack, if any,

of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness,

Loss of Will Power, Slight Melancholy, or Exaltation.

Sleep, Appetite, and Bowels,

No information

Patient refuses to answer questions. Says he will not have allowed me inspection as I am "Property Owner" of this County. I have the papers for everything from the silver-ware to the Gold-watches & pictures & the stock I am the Mistyc Park owner in Somerville. I owned the Rheepshead Park on Long Island & the Surfer Stables. I would like to get back to my house & business. I am a liberal to a certain extent any debt that I owe I am willing & settle right away I was always able to & left money enough to pay my friend for their trouble. But I am King Ludwig of Bavaria. & Adamson Bracker of Phil. Pa.

Truly R.B. Thompson.

ersonal and Medical History of Robert B. Thompson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Well nourished.

WOUNDS, Abnormalities and condition of Skin, Has 5 faint circular, superficial specific looking scars on right instep. Skin in good condition.

TONGUE, Coatings or Promptness of Movement, Clean - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - somewhat contracted. Responds to light & accom.

SIGHT, Good.

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

HEARING, Good.

COORDINATION, Arms, Fairly good Legs, do. Standing eyes shut do. Grasp, ~~Standing~~ See handwriting - slight deviation from the normal in gait.

TREMORS, ~~Hands,~~ Tongue, ~~Facial Muscles~~, ~~General,~~ Slight of tongue

PATELLAR REFLEX, 9-10 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs. Sounds weak - rapid. Quite regular.

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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Has numerous unsystematized delusions of grandeur - Extreme Maith - Has numerous diamonds secreted under his skin has $1,000,000 in the treasury at Washington for having an operation performed which caused him to grow from a dwarf to his present size. Is related to all the Maithy Men in the World. Has numerous children all over the country. Was a great actor, a very prominent Mason, never took the degree but is a Mason by reason of his relation to royalty. Suspicions of general paresis quite marked, articulation is however quite clear & incoördination not distinctly marked.

Personal and Medical History of Robert B. Thompson

1899

This patient was brought here by Sheriff's deputy Hanson in fair physical condition, with the following history:- No information concerning consanguinity or heredity, previous attacks nor duration of present attack. Disease appears increasing: Derangement now manifested by delusions: No information concerning habits, previous peculiarities, diseases nor injuries to head. No history of intemperance in patient nor his parents. No confinement nor restraint employed. No treatment pursued. On personal examination attack is probably recent - patient is full of extravagant delusions - imagines he is the richest man in the world &c claims to have in his body diamonds & other precious jewels: On admission put upon B³E (GHN Rpt. Complexion dark: hair black: eyes blue: Skin in fair condition: Mole on neck, one on left shoulder, on right arm, on right elbow: Small scar on 3rd finger left hand: 3 on left foot: one on right foot. One scar & dent on top of head. Slight eruption on body. Is clean: One tooth out right lower jaw: one left side upper jaw. Behavior good. Exam. by C.R. Kuntson & J. Howe.)

Feb 2 - 16'99. (Dr Wanous) Received on ward & put to bed. Has delusions of wealth & grandeur. Is in good physical condition: Takes part in amusements. Threatens revenge on those who sent him here. Feb 15 Is well behaved. Says he has changed his identity several times & speaks of valubles & jewels concealed under skin. Mch 13 Trans. to A'. Refuses to work says he did not come here to work June 28 Tried to strike A. Dorrschug for coughing during night. Trans. to B'. July 13 Had trouble with patient, received cut near right eye.

Aug 1 to 1900 - Jan 31 1900. (Dr. Chapple). Aug 2. Wt. 164# Pulse 72. Very little change & no improvement. Physical condition good. Does some work on ward: habits cleanly & tidy. Behavior fairly good. Has been occasionally pugnacious & abusive in language. Has numerous delusions still. Says he has been many different noted people. has diamonds under his skin. owns the Waldorf-Astoria hotel &c &c. Febr. Wt 154# P68

Jan 31 Febr Apl 30 No change: Very delusional: "Thinks he has been various rich & influential persons". Says "he carries diamonds under his skin" &c: rather slouchy in habits and does no work. Is contrary, and, at times, abusive and violent. Is a masturbator. Physical health good.

July 17/31 Aug 1 1901 Jan 31 Feby 1 July 31 Vaccinated. July 31. No change noticeable: Is fairly well-behaved (now), but does nothing: talks to himself and is quite noisy, at times. Aug 1. 145# - Jany 31/1901. No change: Does nothing - Constantly talking about his wealth & the great names he bears. Is rather troublesome & occasionally pugnacious: habits slouchy. Feby 1. Wt 150# May 31. Condition about the same. No noticeable change: former notes in regard to delusions & habits hold good: occasionally threatening in manner, but rarely causes any trouble: expectorates on floor & behind radiators: personally, quite neat in appearance. Aug 17. Transferred to C'. Struck patient over

Personal and Medical History of Robert B. Thompson

1901

Sep 11 Dec 12 1902 Jan 31 eye. Sept 11. Transferred to B². Nov 1. Wt 152# - Dec. To C'. (had fight with patient Joslyn). Dec 12. To B'. Jany 31/02. No change of importance; has been very delusional, irritable & frequently pugnacious; habits somewhat slovenly; does nothing. Feb. 1/02 Wt. 153½#; Aug 1/02 Wt. 139#.

03. Jan 31 Has been in good health - worked some on ward and in kitchen. Usually good natured and talkative. Very delusional. - thinks he is a man of wealth & importance - inclined to be domineering - Will fight on slight provocation. Habits neat.

Personal and Medical History of Peter Olson. #a

Whole No. 5232

No. of Year, 125

Residence, Bath, Freeborn Co, Minn.

Insane Relatives, Brother died in an Insane Hospital.

Date Admission, February 3rd 1899.

Cause Exciting, Unknown.

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

Cause Predisposing, Previous attack + Senility.

How Sent, A. Blackmer & of P. Freeborn Co.

Form, Acute Agitated Melancholia

Sex, male Age, 50 yrs.

Accompanying Bodily Disorder, None mentioned.

Civil Condition, married.

Suicidal or not, Not.

Children, —

Date of this Attack, August 1898.

Age Youngest Child, —

Duration, 6 mos.

Occupation, Daylaborer.

No. of Attack, 2nd attack.

Degree Education, Common school

No. of Admission, ? 1st Hos.

Profession, Religion, Baptist.

Age First Attack, About 35 yrs.

Habits,

Time of Leaving,

Nativity, Denmark - Parents also born there)

Time in Hospital,

Physicians Committing, W. E. Wild + G. W. Burch.

Result,

Correspondents, Pete Jensen, Geneva, Minn. (friend)

EXAMINATION ON ADMISSION BY DR. Herzog. Date of 2'4'99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused - sluggish

MEMORY, Past Events, fair

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

dull - correct.

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

much depressed.

DELUSIONS, ~~Systematized~~ not, ~~Transitory,~~ Fixed, Special Subjects, has committed grevious sin & reticient.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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),

Severe head injury by runaway team.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Previous attack in old country - says age 32 - lasting 12 mos. same as this - In Hospital - not for Insane he says.

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Olson.

Copy of Notice of hearing petition for of Karna Olson for appointment of guardian for Peter Olson - served Jan - 9th 1900 -

(Filed with commitment papers -)

STICS.

HT, NUTRITION, Considerably impaired.

dbumut over right side of head 1½ in. above herna phimosis.

mewhat dry-flow.

ormal - Response to light + accom.

Grasp,

ial muscles non genital - Slight of tongue

xes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION,

SENSIBIL

HEART, M

Apex

his murm

ARTERIES

Sound

LUNGS, Cl

Breath

EXAMINAT

Rochester, Minnesota
September 26, 1951

#2

Peter Olson #2

5'2" 130 1

41

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

eaction,

Albumen,

Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 an agitated melancholia, much depressed - takes short inspirations + groans with each expiration - Careless at to appearance - Power of attention much impaired - Answers questions slowly - Speaks no English - says he has committed a grevious sin + cannot be saved.

Personal and Medical History of Peter Olson. #a

Whole No. 5232

Residence, Bath.

Date Admission, Febr

Admitted by Dr. R. M

How Sent, A. Blackm

Sex, male

Civil Condition, mar

Children, –

Age Youngest Child, –

Occupation, Daylaborer

Degree Education, Comm

Profession, Religion, Bapt

Habits,

Nativity, Denmark - Parents also born there

Physicians Committing, W.E. Wild & Gr

Correspondents, Ask Jenson, Grenva

us Hospital.

dity.

Millmahon

ioned.

Age First Attack, About 35 yrs.

Time of Leaving,

Time in Hospital,

EXAMINATION ON ADMISSIO

...te of 2'4'99.

MENTAL ACTIVITY, Clear or Confused, Quick

Confused - sluggish

MEMORY, Past Events, fair

Recent Events, do. Special

PERCEPTIVITY, Alert or Dull, Correct or Illusi

dull - correct.

REASONING POWER, Ordinary Subjects, fa

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

much depressed.

DELUSIONS, ~~Systematized~~ not, ~~Transitory~~ Fixed, Special Subjects, has committed grevious sin

& reticent.

HALLUCINATIONS,

ILLUSIONS,

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

...ty, Consanguinity, Epil-

...nebriety, Consumption).

Mother,

Maternal Relatives,

Brothers and Sisters,

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

Severe head injury by runaway team.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Previous attack in old country - says age 32 - lasting 17 weeks. same as this - In Hospital - not from Insane he says -

Sleep, Appetite, and Bowels,

Personal and Medical History of Peter Olson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3 in. PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Considerably impaired.

WOUNDS, Abnormalities and condition of Skin, Large T shaped depression adherent scar, right side of head 1½ in. above ear. Nose depressed + large scar left side of nose. Large right dorsal hernia funnicis.

TONGUE, Coatings or Promptness of Movement, Slight grayish yellow coat - somewhat dry - slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Rig Normal - Response to light + accom.

SIGHT, Slightly impaired.

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

HEARING, Considerably impaired.

COORDINATION, Arms, Slightly impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, None of hands. facial muscles nor genral - slight of tongue

PATELLAR REFLEX, 5 - 6 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs. Sounds weak.

ARTERIES,

Considerable atheroma.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and 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 an agitated melancholia, much depressed - Takes short inspirations + groans with each expiration. Careless at to appearance - Power of attention much impaired. Answers questions slowly - Speaks no English. says he has committed a grevious sin + cannot be saved.

Personal and Medical History of Peter Olsen

1899

This patient was brought here by W.C. Mitchell attended by A.N. Jensen in an aged condition with the following history:- Nothing known concerning consanguinity: one brother insane: No history of intemperance in patient nor his parents. First attack occurred in 1883 - in Denmark. duration unknown: First symptoms of present attack manifested in August 1898 by despondency & religious hallucinations: Disease appears increasing: is variable but with no rational intervals. Derangement now manifested by despondency & irrational task and ideas on various subjects: Not disposed to injure anyone No disposition shown to filthy nor destructive habits: No previous peculiarities manifested: No severe diseases, sustained injury to head 30 years ago. No confinement nor restraint employed. Nothing known concerning treatment pursued. On personal examination is stupid and docile

Feb. 3 On admission put upon B³E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin in good condition: One large scar on right side of head, extending to top. 3 small scars on top of head: one scar on left cheek: right testicle scar. hard & much swollen & enlarged: Slight eruptions on back & shoulder: Is dirty: Teeth all out, except stump in lower jaw: Behavior good. Exam. by E.W. Allen.)

Feb 3-17'99 Summary 14 da Record by Dr Wanous Received on ward: Answers questions readily & rationally: Worries over some wrong which he has committed: Appears to be very melancholy & cries a good deal. Is inclined to lie around during day.

March 28. Rope taken from him: found around his neck. Patient is much worried over his hernia & frequently tries to reduce it.

July 22 Trans. to Infirmary. put to bed & hernia held back with compresses but would not remain. June 6 Complained of pain from hernia. June 17 Visited by brother-in-law & wife. Remains about same

Aug 1/28 - 23 from day to day. Aug 1. In bed: Wt 97#. Picks his nose. Aug 28. Patient very restless; refused nourishment. Aug 23. Patient operated for double hernia: operation successful.

Nov 30 1900 Patient's condition remains about the same. Jany 25/1900. Has inflamed area on forehead.

Jany 25 treated with ointment & improved. May 1. Wt 106# P 84. Patient demented: never speaks. -

May 14 Transferred to TW. July no. Vaccinated successfully. - Aug 1. Wt 112#. Sep 10. To Dr. -

Sep 27 1901 Visited by brother - Jany 31/1901. Physical condition rather poor. Does not eat well -

Jan 31 Is very untidy: Becomes very depressed, at times & goes to bed. Does nothing. Is very demented

Feby 1 and childish - Feby 1. Wt 114#. Apl 10. visited by friends. May 31. Condition about the same.

July 31 No change noted: a very feeble demented old man: habits untidy, at times: has melancholy

Aug 1 attacks: Cries & says "he wants to die". Aug 1. Wt 113# Nov 1 Wt 119# Jany 31/02. No change

Jany 31 1902 noted: health fair -

Personal and Medical History of Peter Olsen

Feb 1/02 Wt. 110#. May 25/02 Transfered to I.W.E. Patient quite feeble - often has attacks of going to bed, which seem to be only depression - Wants to die etc - June 4/02 Transferred to Annex. Seems to be improved. Aug. 1/02 Wt. 112. Dec. 31/02 Transferred to I.W.E. Has Erysipelas of face. Jan. 27/03 Transferred to Annex - good recovery.

Jan 31 03. Little change, except as due to age, very childish, fearful of harm, sits about in corners, often pewish and fretful - Very demented - never talks intelligently.

Personal and Medical History of Fred Pfeiffer

Whole No. 5233	No. of Year, 126
Residence, St. Paul, Minn.	Insane Relatives, unknown.
Date Admission, February 3rd 1899.	Cause Exciting, Intemperance.
Admitted by Dr. R.M. Phelps. hour, 6 P.M.	Cause Predisposing, unknown.
How Sent, E.W. Bazille J. of P. Ramsey Co.	Form, Paresis
Sex, male Age, 42 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single	Suicidal or not, Not.
Children, –	Date of this Attack, About a week ago.
Age Youngest Child, –	Duration, One week.
Occupation, Musician.	No. of Attack, unknown.
Degree Education, Common school.	No. of Admission, First here.
Profession, Religion, Methodist.	Age First Attack, unknown.
Habits, Intemperate.	Time of Leaving, Mar. 2. 1899
Nativity, Ohio. (Parents born in Germany	Time in Hospital, 1 month
Physicians Committing, Resident of County & State 3 yrs H.R. Weinich & A.W. Whitney	Result, Died. General Paresis.
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 Dulness, 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 Pfeiffer

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Pfeiffer.

1899

This patient was brought here by Sheriffs deputy Hansen, in fair physical condition, with the following history:- Nothing known concerning consanguinity & heredity. Patient has been intemperate. No information concerning previous attacks. First symptoms of present attack manifested about one week ago: Disease appears increasing, not variable. Derangement now manifested on subject of religion. Not disposed to injure anyone. No filthy nor destructive habits manifested. Previous peculiarity - delusions on subject of religion. Has been subject to Delirium Tremens. Was confined for one week in County jail: given sedatives for one week.

Feb 3 On personal examination is stupid and dull & disinclined to talk. On admission put upon Infirmary (Gen'l Rpt. Complexion dark: hair dark brown: eyes blue: skin in good condition: several small white spots resembling scar, at base of spine - two on left side. Varicose veins on right leg. Thumb nail on left hand slightly disfigured. Moles on left cheek. a few pimples on skin. Is dirty. Eight teeth in upper & two in lower jaw. Exam by C.C. Wilt.)

Feb 3 - 17th 99. Summary of 14 days, record by Dr Wanous. Proved on ward: appetite fair. Seemed rational. Feb 5th At 6 PM had twitching & convulsive movements of limbs & face lasting a few minutes. Feb 6 Restless - will not stay in bed. On Feb. 14. Refused nourishment & medicine. Quiet in bed most of time.

Feb 19 Extremely restless during night. Appears exalted & excited. Feb 20 Temp. 103. Given sponge baths. Patient seems unable to swallow nourishment or water given him. Mch 1 Appears somewhat better frequently calling for water. Has herpes-zoster of right side. Mch 2 Pulse 160. Resp. 68. Patient failing rapidly. Died at 8:30 AM. Mch 2nd 99.

Emaciation of Body
Herpes on breast & right arm. Small scab on left ear. also on right ankle.

Died.

Personal and Medical History of

Personal and Medical History of

Whole No. 5235

Residence, Elmore, Minn.

Date Admission, February 6th 1899.

Admitted by Dr. R.A. Bebb hour, 6th P.M.

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

Sex, male Age, 34 yrs.

Civil Condition, married.

Children, One.

Age Youngest Child,

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Rockford, Ill. (Parent Illinois.)

Became a resident of State of Ill. in 1875

Physicians Committing, A. J. Franklin & J. E. Couper

Correspondents, Ann Miles (wife) Elmore Minn.

Minnesota
Rochester
A. L. Miles
Elmore
Minn
Faribault
Co
Dr J. A.
Jacobs

Handwriting of A. L. Miles
2/7/99

EXAMINATION ON ADMISSION BY DR. T

MENTAL CHARA

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

MEMORY, Past Events, Very poor

Recent Events, do. Special Subjects,

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

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
Voluble & incoherent.

HALLUCINATIONS,

ILLUSIONS,

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

ONSET, Gradual or Sudden,

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

Father, living, healthy.

Paternal Relatives,

Mother, living.

Maternal Relatives,

1 Brothers ~~and Sisters~~, living.
1 child 5 yrs. of age - has convulsions.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies syphilis - admits gonorrhoea - child 5 yrs of age - Wife had one miscarriage previously.

HABITS, Drinking and Smoking, has used tobacco.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

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

Personal and Medical History of Augustus L. Miles.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10 in. PRESENT WEIGHT, 147 lbs. USUAL WEIGHT, NUTRITION, fairly good

WOUNDS, Abnormalities and condition of Skin, Ears outstanding - left testicle varicocele, right undeveloped.

TONGUE, Coatings or Promptness of Movement,

PUPILS, Equality, Size, Response to Light, and Accommodation, right slightly larger - neither perfectly circular - Excessive response to light and accommodation

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 fibrillary tremors of tongue - slight of lips

PATELLAR REFLEX, 9-10 Equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
No murmurs - Sounds loud & clear

Apex Beat, ~~Regularity~~, 4th interspace
Slightly displaced to left.

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 the present Mental and 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 expansive delusions of wealth, great strength etc. Characteristic of paresis, with some motor signs, but the general impression given is rather that of a maniacal trouble added to a pre-existing feeblemindedness. The articulation is slightly drawling rather than slurred. See handwriting, rather more characteristic of paresis.

Personal and Medical History of Augustus L. Miles

Whole No. 5235

Residence, Elmore, Minn.

Date Admission, February 6th 1899.

Admitted by Dr. R. A. Bebb hour, 6th P.M.

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

Sex, male Age, 34 yrs.

Civil Condition, Married.

Children, One.

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Rockford, Ill. (Parent Illinois.)

Became a resident of State, C. in 1875

Physicians Committing, A. J. Franklin & J. E. Cooper

Correspondents, Ann Miles (wife) Elmore Minn.

No. of Year, 128

Insane Relatives, One aunt.

Cause Exciting, Unknown.

Cause Predisposing, Unknown.

Form, Paresis

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, about one week ago

Duration, About one week.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 34 yrs.

Time of Leaving, Apr. 26. 1899

Time in Hospital, 2 m. 20 d.

Result, Discharged Nov. 1. 1899 Improved

EXAMINATION ON ADMISSION BY DR. H. H. Herzog *Date of* Feb. 7 '99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Very poor

Recent Events, do. Special Subjects,

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

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.
Voluble & incoherent.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, living, healthy.

Paternal Relatives,

Mother, living.

Maternal Relatives,

Brothers ~~and Sisters~~, living.
1 child 5 yrs. of age - has convulsions.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Denies syphilis - admits gonorrhoea - child 5 yrs of age - Wife had one miscarriage previously.

HABITS, Drinking and Smoking, has used tobacco.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

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

Augustus L. Miles.

...ACTERISTICS.

...L WEIGHT, NUTRITION, fairly good

... testicle varicocele, right undeveloped.

...er - neither perfectly circular. Excessive resp...

HE...

COORD...

TREMORS,

PATELLAR R...

ARTICULATION...

FACIAL EXPRESS...

SENSIBILITY,

HEART, Murmurs, Strength,
No murmurs - Sounds lo...

Apex Beat, ~~Regularity~~, ...
Slightly displaced to left.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Good.

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 the present Mental and 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 expansive delusions of wealth, great strength etc. Characteristic of paresis, with some motor signs, but the general impression given is rather that of a maniacal trouble added to a pre-existing feebleminded ness. The articulation is slightly drawling rather than slurred. See handwriting, rather more characteristic of paresis.

Personal and Medical History of Augustus L. Miles.

1899

This patient was brought here by Sheriff's deputy Sandy McDonald in fair physical condition, with the following history:- No history of consanguinity, he thinks one aunt has been insane. no history of intemperance in patient nor in his parents: First symptoms of insanity manifested about one week ago by writing continually to supply houses for goods he did not need & without sense, neglecting his business. Disease appears increasing: Not variable: Derangement now manifested by being very uneasy, restless & nervous: No disposition shown to injure anyone nor to filthy nor destructive habits: Previous peculiarity nervous & easily angered: No severe disease nor injuries to head sustained: Has never been confined nor restrained in any way: No treatment pursued for relief of patient. On personal examination face flushed, pain in head, feverish, pulse 80, Very nervous, talks constantly about

Feb 6 imaginary business. On admission put upon B³E (G.H.U. Rpt. Complexion dark: hair & eyes brown: Skin in good condition. Scar on calf of left leg & one on little finger also thumb of right hand. One small testicle two teeth out upper jaw - one in right lower jaw decayed. Behavior good - Exam. by Kuebler & Howe.)

Summary by Dr Warrons:- Put to bed on Infirmary: much deluded: Says he is out the way to invest money in Chicago. Feb 11 Seems somewhat better: Does some reading: Continues to talk about going away & does not appreciate condition. Feb. 28 Well behaved; works on ward: Continues in his delusions. Wt. 156 Mch 6 Pulse 116. Mch. 13 Trans. to A'.

Apr. 26 Sent home. Well behaved - apparently in good mental & physical condition.

Discharged.

Personal and Medical History of

Personal and Medical History of Charles Evans. (Colored)

Whole No. 5236
Residence, St. Paul. Minn.
Date Admission, February 8th 1899.
Admitted by Dr. RM. Phelps hour, 6th PM.
How Sent, Ellr. Bazille J. of P. Ramsey Co.
Sex, male. Age, 48 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Cook.
Degree Education, Common school.
Profession, Religion, Methodist
Habits, Not intemperate.
Nativity, Kentucky (Parents also born there)
Resident of State 13 yrs. of Co. 10 yrs.
Physicians Committing, E.H. Whitcomb & G.E. Decker.
Correspondents,

No. of Year, 129
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, September 1898.
Duration, 4-5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 48 yrs.
Time of Leaving, Jan - 16 1900
Time in Hospital, ~~2 3 da~~ 11 mos - 8 Days.
Result, Died General Paresis.

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

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Voluble - slightly incoherent.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 Evans (Colored)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, light whitish coat plaw.
TONGUE, Coatings or Promptness of Movement, ~~Equal~~ - rigs normal.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - rigs normal - response to light + ac.
SIGHT, of left eye impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Arcus senilis - opacity of lens - left eye.
HEARING, Good.
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.
PATELLAR REFLEX, 6 Equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs - sounds good.
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 the present Mental and 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 a feminine tone of voice somewhat mincing ways. Talks volubly relating his experiences but stories are not probable. Delusions of persecution has only existed six months. not thought likely. Assault mentioned in newspapers as cause of his arrest seems to have been a quarrel between himself & his lover.

Personal and Medical History of Charles Evans.

1899

This patient was brought here by sheriffs deputy Hansen in fair physical condition, with the following history: No history of consanguinity nor intemperance in patient nor in parents: No information concerning heredity: First symptoms of insanity manifested in September 1898, by sexual perversion: Disease appears increasing: is variable, with irregular rational intervals, produced by stimulation: Derangement now manifested by sexual perversion - desire for unnatural intercourse with members of the same sex: Not disposed to injure anyone: Habits filthy & destructive: Manifested previous peculiarities of disposition: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination no further particulars learned. On admission put upon B3E (2nd Apt. Is a negro: hair black: eyes brown: skin in good condition: Right thumb sore: 2 small scars on forehead: 1 long scar on left arm. one on right shoulder: Boil on right leg: Is dirty: Varicose veins: Upper teeth false set: one out lower jaw: Behavior good: Exam. by E.W. Allen & J. Howe.)

Feb 8. (Summary by Dr. Wanous.) Patient has delusions regarding his blood: Appears rather effeminate: will answer questions quite rationally and readily. Feb. 9 Is more depressed: Tries to keep by himself & is frequently found crying. Can be interested in work & will assist when asked. Is inclined to think that he was sent here for some crime: Does not appreciate his mental condition. Feb. 15 Complains of headache & also nervousness. Isolates himself when not occupied. Mch. 6 Wt. 163. Pulse 84.

Apr. 13. Attempted to get away when out walking. When stopped attempted to strike nurse with case knife which he had concealed on his person. Patient St. Onge came to assistance of nurse and wound his arm around patients neck: Evans trans. to B1st Has to be kept in seclusion while rest are out walking:

Apr. xx When out with crowd behaves good. Apr. 28 Gave a knife to patient Axel Anderson, said he got it from another patient.

May x. Wt. 158. Pulse 68. June 5 Very maniacal & pugnacious attacking both nurses & patients: Is kept in seclusion

July x Extremely noisy & pugnacious: In seclusion most of time,

Aug. x Wt. 151. Pulse 80. Speech very incoherent: Talks to himself: Is quite troublesome & violent. Habits filthy. Is frequently destructive Aug. 26 Attacked nurse Berkins in struggle had rib fractured. Sept. 13 Had recovered from injury. Habits & disposition unchanged. Oct. 29 Had apoplectic attack: Right side affected

Nov. 11 Has recovered from attack. Dec 16 Had two convulsions. In stuporous condition. Did not recover completely from attack. Able to talk little

Personal and Medical History of

movements became incoordinate. Jan 16 1900 Died at 5 AM.

Died.

Personal and Medical History of Joseph Reid.

Whole No. 5237
Residence, St. Paul, Minn.
Date Admission, Feb. 15th 1899.
Admitted by R. M. Phelps hour, 5.45 P.M.
How Sent, Exo. Bazille Dep. Ramsey Co.
Sex, male Age, 28 yrs.
Civil Condition, Single
Children, none
Age Youngest Child,-
Occupation, Druggist.
Degree Education, Common school.
Profession, Religion, Catholic
Habits, Not intemperate.
Nativity, St. Paul, Minn. (Parents born in Germany)
Physicians Committing, G. Stamm + D. C. Jones.
Correspondents,

No. of Year, 130
Insane Relatives, None.
Cause Exciting, La Grippe
Cause Predisposing, Unknown.
Form, Acute Agitated Melancholia
Accompanying Bodily Disorder, La Grippe
Suicidal or not, Yes. Took poison.
Date of this Attack, Dec. 15. 98.
Duration, Two months
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving, July 29. 1899
Time in Hospital, 5 m. 14 da.
Result, Discharged Oct. 31. 1899
Recovered

EXAMINATION ON ADMISSION BY DR. H. Herzog Date of Feb. 23/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused. Fairly quick.
MEMORY, Past Events, Quite 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,
Depressed
DELUSIONS, Somewhat Systematized, Transitory, Special Subjects, of persecution
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 50 - Cancer of stomach.
Paternal Relatives,
Mother, living - some lung trouble
Maternal Relatives,
3 Brothers and 3 Sisters, Healthy - 3 died in infancy
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, light drinker
HEADACHES, VERTIGO, OR CONVULSIONS, has suffered from severe headaches relieved by glasses.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep poor for 2 mos. Appetite poor - bowels constipated.

Personal and Medical History of Joseph Reid

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, has bitten nails down close, slight left varicocele.
TONGUE, Coatings or Promptness of Movement, Clean - slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - Response to light + accom.
SIGHT, Slight impairment
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, fairly good Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight.
PATELLAR REFLEX, ♀ equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slightly hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
no murmurs noted. Sounds weak easily affected by change of position.
ARTERIES,
Circulation poor. Extremities cold
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,

CRANIAL MEASUREMENTS.

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

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

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

Give condensed statement of the present Mental and 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 melancholic - worries very much because of nocturnal + occasional diurnal emissions, thinks he has masturbated so much that he can never recover. Worries very much over an imaginary intercourse he had at age of 10 - Thinks the girl, her parents + the police are after him - Dreams of police, devils, fires, of falling from precipices etc. Took Rough on Rats Jan. 31 for fear of the police. Has always been quiet + reserved.

Personal and Medical History of Joseph Reid.

1899

This patient was brought here by George and A. Reid, in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in patient nor in his parents. First symptoms of insanity manifested Dec. 15'98 by Melancholia: Disease appears increasing: Is variable, with irregular rational intervals. Derangement now manifested by claiming to be sick in consequence of uraemia. Not disposed to injure anyone. Attempted suicide by taking poison: No disposition to filthy nor destructive habits. No previous peculiarities noted: Had La Grippe in December, 1898. No confinement nor restraint employed: Bromides & Iron given. On personal examination is depressed.

Feb. 15 On admission put upon Infirmary (Gen. Ward). Complexion light: hair light brown: eyes blue: Condition of skin good: Mole on left shoulder & one between shoulders. Small scar on right wrist: Is clean: Behavior good. Exam. by Ells Latty.

Feb 15 Summary by Dr Wanous. Appears very much depressed & has frequent spells of crying. Feb. 21 Visited by friends: seemed pleased to see them. Is well behaved. Feb. 23 General condition good. Feb 24 Trans. to B3. Patient appears to be suffering. Trans. to Infirmary. Temp. 103 P. 120. Put upon treatment. Improved. Feb 27 Somewhat more interested in surroundings: Is quiet & agreeable: Talks sensibly. Feb 28 Complains of sore-throat. Mch 3 Has discharge from throat: given gargle to keep it clean. Mch. 5 Given clothes. & allowed up on ward.

Mch 31. Remains up on ward. neat & tidy in appearance: Appearance: appetite good: bowels regular. Does no work. Apr. 16 Visited by brother-in-law. When refused to be allowed to go home told brother-in-law he had tried to commit suicide. Trans. to B3. Quiet & well-behaved on ward. July 6 Visited by brother

June 29. Went home.

Discharged.

Personal and Medical History of

Personal and Medical History of Mads Nelson.

Whole No. 5734

Residence, Blooming Prairie, Minn.

Date Admission, February 17th 1899.

Admitted by Dr A.B. Kilbourne hour, 7 PM

How Sent, Wm Eggleston Dep. Sheriff Steele Co.

Sex, male Age, 36 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Stone mason.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Denmark. (Parents also born there)

Physicians Committing, E.E. Bigelow & W.C. Eustis.

Correspondents,

No. of Year, 131

Insane Relatives, Says his Mother was insane

Cause Exciting, Unknown.

Cause Predisposing,

Form, Manic Melancholia

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, Feb. 15th 1899.

Duration, 2 days.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 25 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Kuyendall *Date of* Aug. 17 99

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.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal - exalted at times.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Can get no history

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Drinks & smokes

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Stone mason.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Mads Nelson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4. PRESENT WEIGHT, 158 lbs USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin,
Scotch 10 above 13 below.

TONGUE, Coatings or Promptness of Movement, White coat.

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

SIGHT, Normal

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

HEARING, normal.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

ARTERIES,
Normal.

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,

SLEEP, Present Amount and Character, Good. Digestion fair. Appetite good.

BOWELS, Present Condition, Regular

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

Patient in good physical condition but talks very irrationally

Personal and Medical History of Mads Nelson.

1899.

This patient was brought here by Sheriff's deputy M.A. McAndrews attended by Wm Leahy in fair physical condition, with the following history:-
No information concerning consanguinity: patient says Mother was insane.
First attack occurred in Jan. 1897. & lasted 16 months. Patient was here from to (See Vol. Fol. No.) First symptoms of present attack manifested Feb. 15 '99. began by singing loudly on the streets & making constant, uncommon, loud noises & flourishing his trowel. Disease appears stationary: Is variable: Derangement now manifested by religious ecstasy: Not disposed to injure anyone. No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head.
No confinement nor restraint employed: No treatment pursued:
On personal examination appears nervous & indifferent.
On admission put upon B3E (G.H.N. Rpt Complexion dark: hair dark brown: eyes blue: Skin in good condition: Small scar on right wrist: Is clean: Eyelids granulated: Three teeth in upper & two in lower jaw missing: Behavior good.) Summary by Dr. Wanous
Feb 17 Feb. 17 On admission hesitates in answering questions: Seems somewhat depressed: Rather peculiar in actions: seems religiously inclined: attitude devotional. Feb. 19 Threw himself on floor screaming loudly: appears much confused. On knees praying most of time Feb 21 Very restless during night: suffering from hysteria. Will not speak & frequently throws himself about
Apr 1 Trans. to B'. Apr. 2 Dressed during night & refused to return to bed.
May 2 Attempted to elope while out. Apr. 31 About same: Anxious to go home. Aug 1. Wt. 150# Pulse 90. Very little change during period: Is
Aug 31 restless & walks floor most of time: Is irrational & silly in conversation; mischievous, at times violent & destructive. Has numerous
Nov 30 delusions. Physical condition good. Nov 30. No change specially noticeable
1900 Jany 31 in any way. Jany 31. Patients condition shows no improvement: is a case of Chronic
Febr mania. Febr. Wt 133#. P76. June 13. Visited by friends. July 20. Vaccinated: result good.
July 31 But little change, during period: health very good. Is a case of chronic mania: very active: talkative, but irrational & incoherent: occasionally pugnacious. Is mischievous &
Aug 1 troublesome. Works some on ward. Aug 1. Wt 145#. Sept 12 - 15. Visited by friends. Nov 30. No
Nov 30 change noticeable. Jan 31/1901. Physical health good: Still in a condition of Chronic mania.
1901 Jan 31 Very cheerful & talkative; active: incoherent: works in dining and about ward: plays games
Feby 1 Is mischievous but rarely troublesome. Feby 1. Wt 140#. May 31. Seems improving in some respects.
July 31 Some general improvement noted in health & behavior. Is always very cheerful & elated in manner: Walks about hall talking to himself very irrationally. Works on ward & in ward dining-room.
Aug 1 Wt 162# Nov 1 Wt 196# Jany 31/02. Continues in about same mental condition: physical
1902 Jany 31 health has improved: works well on ward. Is constantly elated, talkative & very irrational: at times "cutting capers": mischievous: goes to amusements. —

Personal and Medical History of

Feb. 1/02 Wt. 169#. May 27/02 Visited by friend.
June 4/02 Transferred to I.W.E. Put in seclusion with Scarlet Fever. Patient not very ill - made rapid recovery. July 1/02 Went out on ward. July 17/02 Transferred to B'. Aug. 1/02 Wt. 162#. Aug. 5/02 Visited by lady friend.
1903 Jan 31 Aside from Scarlet fever has been in excellent health - Very good worker, when anything is asked of him. Rather exalted and talkative. Nearly always good natured. Habits very cleanly.

Personal and Medical History of Thomas D. O'Leary.

Whole No. 5239
Residence, ?
Date Admission, February 25th 1899.
Admitted by Dr. A. H. Herzog. hour, 10 30 AM.
How Sent, L. D. Washburn Supt. Mower Co.
Sex, male Age, 45 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Teamster.
Degree Education, None
Profession, Religion, Catholic.
Habits, Intemperance
Nativity, Ohio - (Father Ireland - Mother Penna.)
Became resident of State prior to 1880 of Co. in 1880
Physicians Committing, L. C. Daigneau & Asa. Allen.
Correspondents,

No. of Year, 132
Insane Relatives, None
Cause Exciting, Probably intemperance.
Cause Predisposing, —
Form, ~~Agitated Dementia~~ General Paresis
Accompanying Bodily Disorder, Not intemperate
Suicidal or not, Not.
Date of this Attack, Nov. 1898.
Duration, about 3 mos.
No. of Attack, 1st
No. of Admission, 2nd (Was inebriate)
Age First Attack, 45 yrs.
Time of Leaving, May 3 - 1902
Time in Hospital, 3 yrs 2 mos 13 dys
Result, Died: Paresis, since True

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

MENTAL CHARACTERISTICS.

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

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 Dulness, 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, Family history as he gives it is good.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, No
OCCUPATION, Healthy or not, farmer
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of Thomas D. O'Leary.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 PRESENT WEIGHT, 177 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Skin in a healthy condition. - Scar on calf of left leg.
TONGUE, Coatings or Promptness of Movement, slightly coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - small. responds to light.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, Legs, impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, Other Reflexes, not present.
ARTICULATION, Slurred, Hesitating, Slow, hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, N. fair
Apex Beat, N. Regularity, regular
about 90.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds normal - 24

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

CRANIAL MEASUREMENTS.

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

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

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

Rec Teeth present except 2 above & 2 below.
Patient is a man of 46 - not very well preserved. Memory not very good.
Is very unsteady & has the symptoms of General Paresis.

Personal and Medical History of Thomas D. O'Leary

1899.

This patient was brought here by Sheriff's deputy Parke Goodwin in poor physical condition, with the following history:- No consanguinity, no heredity. Patient is an inebriate*. First symptoms of attack manifested by acting slightly silly, in November 1898. Disease appears increasing: Not variable: Derangement now manifested on all subjects, but by a desire to light fires about house upon the floor or elsewhere- requires constant watching. Not disposed to injure anyone. No filthy nor destructive habits, except by fire as stated above: No previous peculiarities known except is an inebriate: No severe diseases nor injuries to head. *Was confined in this hospital as an inebriate, from Feb 24 '97 to May 25 '97 (Dev Vol. Fol. No.) No treatment pursued. On personal examination nothing especial noted: seems to be a light form of insanity but is steadily increasing in severity.

On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair dark brown eyes blue: Skin in good condition: 2 moles on back & one on shoulder 2 scars on calf of leg: four small scars over left eye: Is clean: 1 tooth out left side, upper jaw- & one on each side lower jaw: (Behavior good)

Summary by Dr Wanous.

Feb. 20 1900. Appears much confused: Talks some in a simple, foolish manner: Speech very incoherent. Has some temperature: Pulses- rather rapid: Habits dirty: Somewhat obstinate. Mch. 1 Trans. to B'. Kept in bay. Feb. 6 Refused breakfast: seemed rather weak & unsteady Apr. 6 Trans. to Infirmary. May 31 Continues irritable & pugnacious. Trans. to B'. July 2 Wt. 170.# Talks rationally & answers questions intelligently: General behavior good: Patient has improved. Aug 2 Wt 176. Pulse 80. Some general failure in mental & physical condition: Conversation usually quite rational but is demented. Works a little at times: Is irritable & has trouble with other patients at times. Sept. 6-9. In bed & unable to walk or help himself much: rapidly recovered. Nov. 2 Wt. 174 Pulse 80. Dec. 4 Habits & disposition unchanged: Today became suddenly semi-conscious, unable to talk or use his limbs. Dec. 8 Visited by brother:

Dec 31 1900 Recovered from attack: up on ward. Jan 31 '1900 Condition shows

Feb 2 gradual enfeeblement both mentally & physically. Febr. Wt 185#. Pulse 84.

May 7 Transferred to Annex: has been fairly well-behaved, but noisy and abusive if disturbed: gait very unsteady: Some impediment of speech: appearance paretic: quite tidy: does no work.

11 Transferred to T.W.: had a very severe "Epileptiform Seizure", and remained in a stupid,

23 confused state, for several days. May 23. Seems about as well as usual. Is up, on ward

Aug 1 Patient shows marked failure of memory: frequently restless through the night. Sept 11. Appears

Sep 11/13 better, mentally & physically: appetite improved. Sep 13. Has poor control of limbs - Sep 18. Is

18 up & dressed: transferred to A⁴: Oct 2. Transferred to T.W. Is failing mentally: very stupid:

Personal and Medical History of Thomas D. O'Leary

1900 Continued

Oct 2/16 confused & troublesome: will not keep clothed. Is also quite feeble, physically. Oct 16. Was

19 transferred to A⁴. Is somewhat improved, both mentally & physically - Oct 19. Transferred to T.W. - Is very confused: speaks but a few words intelligently: sleeps a great deal: is very dull. —

Dec 1 1901 Is improved physically: habits cleanly. Transferred to B'. Jany 31/1901. Is failing physically &

Jan 31 mentally: very unsteady: falls easily: requires assistance in dressing & undressing. Speaks very little.

Feby 1 Wt 189#. March 13. Fell on floor, bruising left eye. Mar 20. was kicked by David Dee, causing

Mar 20 slight cut on chin & upper lip. Mar 20. Physical condition poor: is awkward & unable to get about.

July 31 Transferred to T.W. July 31. Gradually growing more helpless & demented; does not speak, or notice anything: very unsteady on feet: habits filthy: eats & sleeps well: bowels regular.

Aug 1 Aug 1. Wt 189#. Sept 27. Visited by friends. Nov 1. Wt 180#. Dec 21. Had convulsion &

Dec 24 was put to bed. Dec 24. Up on ward: appears about as usual: Jany 22/01. Convulsion;

1900 Jan 22/31 put to bed. Jany 31/02. Still in bed: physical condition gradually failing: has also shown considerable mental failure, during period: rarely able to express himself intelligibly: very paretic. Mar. 1/12 Patient is gradually failing. very weak - unsteady on feet - habits filthy - very restless - pulling bedclothes to pieces. Apr. 1/12 Still failing - unable to stand - has bad bed sores - unable to talk - still very restless. May 2/12 Convulsion seizure, continuing all day - failing - May 3/12. Expired 3 A.M. General Paralysis.

Personal and Medical History of Nicolai N. Selland.

Whole No. 5240

Residence, Wilmington, Minn.

Date Admission, February 23' 1899.

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

How Sent, L. Budahl. J. of P. Houston Co.

Sex, Single Male. Age, 21 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Can read + write.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Minn. (Parents born in Norway) Born in Houston Co.

Physicians Committing, Wm. Truman + R. G. Ferguson

Correspondents, Gus. Selland Bee Minn (Brother.
Nels Selland (father.)

No. of Year, 133

Insane Relatives, No cousins on father's side.

Cause Exciting, Unknown

Cause Predisposing, Possibly hereditary.

Form, Acute Agitated Melancholia

Accompanying Bodily Disorder, None mentioned —

Suicidal or not, Not.

Date of this Attack, January '99.

Duration, about 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 21 yrs.

Time of Leaving, Mar. 4. 1899

Time in Hospital, 9 d.

Result, Died Exhaustion in Agitated melancholia

EXAMINATION ON ADMISSION BY DR. H H Herzog. *Date of* 2/24/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events,

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS, Very reticent.

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 head injury at age about 10. Brother says has been feeble-minded 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,

Personal and Medical History of Nicolai N. Selland.

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Vitiligo - White spots in hair. - Slight acne.

TONGUE, Coatings or Promptness of Movement, Heavy yellow coat - slow.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Imp Legs, Imp. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, 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 the present Mental and 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 last night had temp. of 101° + a fraction - had had nose bleed, Typhoid suspected. Was quiet, spoke very little + then after repeated questioning. This morning became very violent. Impossible to take temp. Was bruised slightly by being held by nurses. In restraint sheet. Examination impossible.

Personal and Medical History of Nicolai N. Selland

1899

This patient was brought here by Sheriffs deputy G.N. Blexrud attended by George Selland in poor physical condition, with the following history:- No history of consanguinity: Two cousins insane on fathers side: No intemperance in patient or his parents: Has always been nervous since nine years of age where he had an attack of inflammatory rheumatism. First symptoms of insanity manifested early in January, by destroying furniture: Disease appears increasing: Is not variable: Derangement now manifested on religious subjects. Not disposed to injure anyone: Filthy & destructive in habits: No severe diseases nor injuries to head: No confinement nor restraint employed. Has received some medical treatment. On personal examination has a stupid appearance, is melancholy: has patches of white hair on head & white spots over body.- Family physicians- Dr Stabo & also Dr Jenson, Spring Grove. On admission put upon Infirmary (G.H.N. Rpt. Complexion dark hair dark brown: eyes gray. Skin in good condition: White spots on skin & hair gray in spots on left side of head: Right ear has small cut & also one back of ear. Bottom of feet calloused- Second & third toe of both feet partly webbed: Teeth poor - 2 on upper jaw - 11 below. Behavior good Exam. by F.R. Spillane & C.C. Wilt & F.W. Knutson)

Feb. 23/99

Feb. 23 99 Summary by Dr Manous. Seems somewhat depressed: Frequently very noisy

Feb. 24 Convulsive twitching of limbs and hands while sleeping: Somewhat confused & timid: Had to be put in restraint. Feb. 25 Is somewhat better. Mch. 3 Very restless & destructive: Appears somewhat weak: refuses - nourishment. Mch 4 Seems to be failing rapidly: does not respond to treatment. Died at 10:15 AM Had a few small bruises due to protection sheet.

Died.

Personal and Medical History of

Personal and Medical History of Julius D. Braniard.

Whole No. 5241
Residence, St. Paul, Minn.
Date Admission, February 23' 1899.
Admitted by Dr. R.M. Phelps hour, 6th Bn.
How Sent, Ed. Bazille J. of P. Ramsey Co.
Sex, male Age, 55 yrs.
Civil Condition, married
Children, two.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Unknown.
Nativity, New York (Parents also born there,) Became resident of State Feb in 1899.
Physicians Committing, Louis A. Nelson + C.E. Riggs
Correspondents,

No. of Year, 134
Insane Relatives, Unknown.
Cause Exciting, Apoplectic stroke.
Cause Predisposing, — Previous attack + injury.
Form, Post Apoplectic Insanity
Accompanying Bodily Disorder, Apoplectic stroke.
Suicidal or not, Not.
Date of this Attack, Friday Feb. 16 '99.
Duration, One week.
No. of Attack, 2nd (16 yrs ago thought from loose - insane for 7 days)
No. of Admission, 1st
Age First Attack, 39 yrs.
Time of Leaving, Aug 26. 1899
Time in Hospital, 6 mo. 3d
Result, Discharged Feb. 6. 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 Dulness, 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 Julius D. Braniard

M Julius D. Braniard.

Copy of Order for Hearing Petition .....

..... *for appointment of*

Simpson S. Penley ..... *as guardian for*

J. D. Braniard. ..... *insane; served and*

service admitted March 25' 1899.

(Papers filed with commitment papers.)

...ACTERISTICS.

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

Personal and Medical History of J

Whole No. 5241

Residence, St. Paul, Minn.

Date Admission, February 23' 1899.

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

How Sent, E.W. Bazille J. of P. Ramsey Co.

Sex, male Age, 55 yrs.

Civil Condition, married

Children, Two.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Unknown.

Nativity, New York (Parents also born there.) Became resident of State & Co in 1889.

Physicians Committing, Louis A. Nelson & C.E. Riggs

Correspondents,

No. of Year,

Insane Relatives,

Cause Exciting, Apop

Cause Predisposing, — Previo

Form, Post Apoplex

Accompanying Bodily Disorder, Apoplex

Suicidal or not, Not.

Date of this Attack, Friday Feb. 16 '99.

Duration, One week.

No. of Attack, 2nd (16 yrs ago thrown from horse - insane for 2 days)

No. of Admission, 1st

Age First Attack, 39 yrs.

Time of Leaving, Aug 26. 1899

Time in Hospital, 6 m. 3d

Result, Discharged Feb. 6. 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 Dulness, 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 Julius D. 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,

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 the present Mental and 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 Julius D. Brainard.

1899

This patient was brought here by Sheriff's deputy Hanson, attended by J. Marpet, in paralyzed state, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor in patient himself. First symptoms of insanity manifested 16 years ago, patient was thrown a horse & was insane for two days. First symptoms of present attack manifested Friday, February 16'99 by mental exaltation & by breaking things: Disease appears increasing: Is variable: at times violent if crossed. Derangement now manifested by Grandiose delusions: Not disposed to injure anyone. Destructive in habits: No information concerning previous peculiarities: Received injury, as above stated, 16 yrs ago. Never confined nor restrained. Usual treatment for cerebral haemorrhage pursued. On personal examination - hemiplegia - impossible scheme.

Feb 23/99 On admission put upon Infirmary. (G.H.U. Rpt Complexion dark: hair gray, part bald, eyes hazel: Skin in good condition: Red places below both knees - Small scars on left foot, & above right knee. Bruise on left hip: both shins bruised, also right knee. Teeth very bad. 7 on upper jaw & 9 on lower. Left side paralyzed. Behavior good. Exam. by T.R. Spillane, C.L. Wilt & W.F. Knutson.)

Feb 23'99 Summary by Dr. Wanous. Patient well-behaved: has delusions regarding inventions but can be argued out of them. Feb. 28 Sits up in bed. Says he has invented a flying machine: Is anxious to go home & cries when refused. Mch. 2 Seems about same. Is suffering from paralytic stroke, probably due to haemorrhage. Mch. 6 Sat up all day: seemed quite talkative.

Mch 20-31. On massage. Given daily treatment. Apr. 7 Trans. to A4.

Apr. 8 Appears very much improved. Is able to be up: Massage discontinued: Instructed to take daily walks. May 1 Appears quite rational. Has no delusions. June 1 Put upon electrical treatments.

June 9 Given parole. Much improved both mentally & physically.

Aug 1 Mental condition good: receives electrical treatment for hemiplegia: has parole: does light work.

" Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Nels Swanson (or Wahlstrom)

Whole No. 5246
Residence, St. Paul, Minn.
Date Admission, February 24' 1899.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 62 yrs.
Civil Condition, Married
Children, 3.
Age Youngest Child, —
Occupation, Car-builder
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Unknown
Nativity, Sweden - (Parents also born there)
Became resident of Co 21 yrs ago
Physicians Committing, Fred'k Leavitt & Olof Sohlberg.
Correspondents,

No. of Year, 139
Insane Relatives, None
Cause Exciting, Worry, being without employment for last 3 yrs.
Cause Predisposing, Unknown
Form, Alcoholic Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4-5 mos. ago.
Duration, 4-5 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 62 yrs.
Time of Leaving, Feb. 16. 1900
Time in Hospital, 11 m. 23 d.
Result, Died - Paresis.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear - 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,
In regard to money -

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

HISTORICAL.
LENGTH INVASION, Several months.
ONSET, Gradual or Sudden, gradual -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Nothing learned -
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, Carbuilder
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Copy of Notice of hearing petition of Hanna Swanson for appointment of guardian for Nels Swanson served Jan 22 1900.
(Filed with commitment papers.)

Swanson (or Wahlstrom)

RISTICS.
EIGHT, NUTRITION, fairly good.
ome unsteadiness.
size normal -

COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Of hands & tongue.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds good, Size, N
Apex Beat, 5 Regularity, regular.

ARTERIES,
Rather thickened.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical -
Expansion good
B. sounds strong.

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 the present Mental and 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 fair physical condition: senile in appearance.
Has hallucinations & delusions of wealth &c. Not much information obtained on examination. Patient has symptoms of paresis.

Personal and Medical Hist[illegible]

Whole No. 5246

Residence, St. Paul, Minn.

Date Admission, February 24' 1899.

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

How Sent, E.W. Bazille J. of P. Ramsey Co.

Sex, male Age, 62 yrs.

Civil Condition, Married

Children, 3.

Age Youngest Child, —

Occupation, Car-builder

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Unknown

Nativity, Sweden - (Parents also born there)

Became resident of Co 21 yrs ago

Physicians Committing, Fred'k Leavitt & Olof Sohlberg.

Correspondents,

Cause Pred[illegible]

Form, [illegible]

Accompanying Bodily Disorder, [illegible]

Suicidal or not, Not.

Date of this Attack, 4-5 mos. ago.

Duration, 4-5 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 62 yrs.

Time of Leaving, Feb. 16. 1900

Time in Hospital, 11 m. 23 d.

Result, Died. Paresis.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear - 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,
In regard to money -

HALLUCINATIONS, yes.

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, several months.

ONSET, Gradual or Sudden, gradual -

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Nothing learned -

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, Carbuilder

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Nels Swanson (or Wahlstrom)

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION, fairly good.

WOUNDS, Abnormalities and condition of Skin, Skin healthy.

TONGUE, Coatings or Promptness of Movement, Quite clean - some unsteadiness.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Of hands & tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds good, Size, N

Apex Beat, 5 Regularity, regular.

ARTERIES,
Rather thickened.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical -
Expansion good
B. sounds strong.

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 the present Mental and 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 fair physical condition: senile in appearance.
Has hallucinations & delusions of wealth &c. Not much information obtained on examination. Patient has symptoms of paresis.

Personal and Medical History of Nels Swanson (or Wahlstrom)

1899

This patient was brought here by Sheriff's Deputy J.P. Hanson in fair physical condition, with the following history:- No history of consanguinity or heredity no knowledge concerning intemperance in patient nor parents: First symptoms of insanity manifested four or five months ago by hallucinations: Disease appears increasing: Is variable, with irregular, rational intervals: Derangement now manifested on subject of money - believes that he has sixteen thousand dollars coming to him: No filthy nor destructive habits manifested: Has slapped wife: retires without undressing: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment pursued: On personal examination appearance apathetic:

Feb 25/99 On admission put upon B3 E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin in dirty condition: Varicose veins in both legs: Small scar on middle finger of right hand + fore finger of left hand: right side of face swollen. Is dirty: Two teeth out upper jaw + 2 lower jaw. Small fatty bunch in right arm-pit - also one on left side on lower rib: Behavior good. Exam. E.W. Allen)

Feb 25/99 Summary by Dr. Wanous. Patient very deluded: Stubborn: Says he is on his way to Chicago. Asks continually to be allowed to continue his journey. Thinks he has many coming to him for being

Mar 6 locked up. Mch 6 Appears somewhat quieter. Continually asks to

Apl 6 be allowed to go away. Apr. 6 Wt. 186.# Pulse 90. July 1 Wt. 190.# Pulse

July 1 76. Continues in about same mental condition. Aug 1 Wt 184#. patient

Aug 1 quiet: well behaved: has habit of grinding teeth. Nov 30. Is failing both mentally + physically -

1900 Jany 8 Continues failing: poor memory: badly demented: has difficulty in walking. Transferred to T.W.

" 9 Given bath + put to bed. Jany 9 Legs + feet badly swollen, below knees: of an oedematous nature: patient

" 30 is quietly behaved: stupid + demented: Refused dinner + supper. Jany 30. Temperature, during period of illness, showed some elevations (98.6 99.2 101.2 (once)): appetite variable: quite often refused food + had to be fed: Sleep, at times, poor + disturbed; at other times, quite good. Swelling subsided somewhat, but he was still very unsteady in movements; appeared to be failing very much. Had twitching movements of body + limbs + seemed to have, also, some heart trouble. For part of time, had diarrhoea (bad)

" 31 and was extremely filthy: abdomen tender: became extremely nervous. Jany 31. Continues

Feb 1 to fail: has to be fed by nurses. Feb 1. Patient still has peculiar twitching of body + limbs:

" 14 very tender over abdomen + has severe diarrhoea + continues to fail. Feb 14. Visited by daughter.

" 15 Is gradually failing. Died at 1.45 Am (16th)

Died

Post-mortem marks. Arms, hands, breast badly scratched - (self inflicted): abrasion of skin 2½ inches long on right leg: blister on little finger of right hand: bed sores on back + spine.

Personal and Medical History of

Personal and Medical History of John C. Ferguson

Whole No. 5247
Residence, Trundahl, Minn.
Date Admission, February 25th 1899.
Admitted by Dr H H Herzog hour, 4 P.M.
How Sent, E.V. Farrington J of P. Fillmore Co.
Sex, male Age, 65 yrs.
Civil Condition, Widowed.
Children, Two
Age Youngest Child,
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Canada. (Parents born in Scotland)
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents, John Bain (nephew) Fremont. (Telegraph Frank Posy, Utica.)

No. of Year, 140
Insane Relatives, One sister insane. One brother committed suicide while insane
Cause Exciting, Unknown.
Cause Predisposing, Heredity & previous attack.
Form, Acute Religious Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened it. Propensity active.
Date of this Attack, About 8 mos. ago.
Duration, 8 mos.
No. of Attack, Several.
No. of Admission, 1st
Age First Attack, ? 65 yrs
Time of Leaving, June 10. 1899
Time in Hospital, 3 m. 16 d
Result, Discharged Dec. 27. 1899 Improved

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* Feb 25 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish
MEMORY, Past Events, Fairly good.
Recent Events, Slightly impaired Special Subjects, forgetful of names.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. correct.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects,
Own Mental State, Realizes condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Quite voluble & coherent in conversation
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Melancholy.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, brother suicided - sister insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid fever.
HABITS, Drinking and Smoking, has drank heavily, but nothing during past 6 yrs. except today.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep poor, appetite good.

Copy of petition for appointment of D. McConachie & John Bain as guardians for John C. Ferguson, received April 18' 1899.
5247.

... C. Ferguson.

...RISTICS.

...EIGHT, NUTRITION, impaired.
...use wrinkles on forehead
...rge size.
...htly contracted respond to light & accom.

COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, 9-8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, roughness 1st mitral sounds.
Apex Beat, Regularity,
Apex beat displaced toward & to left.
ARTERIES,
Very 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,

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 the present Mental and 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 melancholic - thinks trouble dates from one year back when son got married. Realizes condition, has no strength of mind, unable to concentrate his mind. Says he has often wished he were dead & threatened suicide but never really contemplated it.

Personal and Medical History of John C. Ferguson

Whole No. 5247
Residence, Trundahl, Minn.
Date Admission, February 25th 1899.
Admitted by Dr H H Herzog hour, 4 P.M.
How Sent, E.V. Farrington J of P. Fillmore Co.
Sex, male Age, 65 yrs.
Civil Condition, Widowed.
Children, Two
Age Youngest Child,
Occupation, Farmer.
Degree Education, Common school
Profession, Religion, Not a church member,
Habits, Not intemperate.
Nativity, Canada - (Parents born in Scotland)
Physicians Committing, J.H. Phillips & G.A. Love.
Correspondents, John Bain (nephew) Fremont. (Telegraph Frank Posz, Utica.)

No. of Year, 140
Insane Relatives, One sister insane. One brother committed
Cause Exciting, Unknown.
Cause Predisposing, Heredity & previous
Form, Acute Religious Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened it - Propensity active.
Date of this Attack, About 8 mos. ago.
Duration, 8 mos.
No. of Attack, Several.
No. of Admission, 1st
Age First Attack, ? 65 yr
Time of Leaving, June 10. 1899
Time in Hospital, 3 m. 16 d
Result, Discharged Dec. 27. 1899
Improved

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* Feb 25 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Slightly confused & sluggish
MEMORY, Past Events, Fairly good.
Recent Events, Slightly impaired Special Subjects, forgetful of names.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. correct.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects,
Own Mental State, Realizes condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Quite voluble & coherent in conversation
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, Melancholy.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, brother suicided - sister insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
typhoid fever.
HABITS, Drinking and Smoking, has drank heavily, but nothing during past 6 yrs. except today.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Sleep poor, appetite good.

Personal and Medical History of John C. Ferguson.

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, impaired
eyes sunken - transverse wrinkles on forehead
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Clean. prompt. large size.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. slightly contracted respond to light & accom.
SIGHT, impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Impaired
COORDINATION, Arms, fair Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue -
PATELLAR REFLEX, 9 - 8 equal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
toughness 1st mitral sounds.
Apex Beat, Regularity,
Apex beat displaced toward & to left.
ARTERIES,
Very 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,
Color and Appearance,

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

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

Give condensed statement of the present Mental and 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 melancholic - thinks trouble dates from one year back when son got married. Realizes condition, has no strength of mind, unable to concentrate his mind. Says he has often wished he were dead & threatened suicide but never really contemplated it.

Personal and Medical History of John C Ferguson.

1899

This patient was brought here by Sheriff's deputy W.A. Erickson attended by John Bain, in fair physical condition, with the following history:- No history of consanguinity, one brother committed suicide while insane, one sister insane; First symptoms of insanity occurred some time ago - has had several short attacks: First symptoms of present attack manifested - eight months ago by loss of sleep, melancholia, threats against his wife: Disease appears increasing: Is variable - is melancholic & despondent & has a tendency at times to commit suicide: Derangement now manifested by despondency: Not disposed to injure others: Has threatened but never attempted suicide: propensity active. No disposition to filthy or destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head sustained. No confinement nor restraint employed: Has been to several physicians On personal examination is very nervous & despondent.

On admission put upon B^s E. (G.H.N. Rpt Complexion light, hair dark gray: eyes blue, Skin in good condition; varicose veins on left leg & a number of small white spots on abdomen - small scar on left leg below knee: Is clean: Upper teeth false - 3 in lower jaw: Behavior good: Exam. Ew Allen.

Feb 25 99 Summary by Dr. Wanous. Seems very despondent & worries considerably about being away from home: Is much depressed & remains in bed all day. Feb. 28 Trans. to Infirmary. Put upon treatment.

Mch. 3. Patient is very much discouraged: Says he will not get well:

Mch. 6 Refused milk between meals. Given medicine. Mch. 11 Upon ward. Seems rather weak. Worries a great deal: bowels constipated. Appetite fair Mch. 13 Visited by friends Apr. 12 Visited by daughter wanted to go home Apr. 24 Visited by friends May 31 No change in condition: Seems well-behaved & good-natured. June 10 Visited by friends & sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of Charles G. Johnson.

Whole No. 5248

Residence, St. Paul, Minn.

Date Admission, February 25th 1899.

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

How Sent, Ed. Bazille J. of P. Ramsey Co.

Sex, male Age, 30 yrs.

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Christian.

Habits, Unknown.

Nativity, Norway (Parents also born there) Resident of state reco. for 12 yrs.

Physicians Committing, H.R. Wenrick & H.W. Darby

Correspondents,

No. of Year, 141.

Insane Relatives, Unknown.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not

Date of this Attack, Taken off streets by police Feb 24 '99.

Duration, ?

No. of Attack, ?

No. of Admission, ? / here.

Age First Attack, ?

Time of Leaving, May 10th, 1899

Time in Hospital, 2 mo. 15 d.

Result, Discharged Nov. 1. 1899. Improved

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull & 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,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Patient very stolid.

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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, good Appetite, good and Bowels, Quite regular.

Personal and Medical History of Charles G. Johnson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 5½ PRESENT WEIGHT, 155# USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Slight scar over R. hip. also two over Left Tibia. Skin in fair condition - quite extreme eruption over back & chest.

TONGUE, Coatings or Promptness of Movement, clean. and rather slow. unsteady.

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

SIGHT, good (?)

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

HEARING,

COORDINATION, Arms, Legs, good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.

PATELLAR REFLEX, Increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slow.

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
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,

3/27/99 EXAMINATION URINE, Quantity, Sp. g. 1032 Reaction, acid Color and Appearance, dark yellow - some sediment
Albumen, None. Sugar, None.
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION, Teeth. 16 uppers - in good condition - 14 lower do.

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, Quite regular

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

Physical condition seems good. Patient well-formed & muscular.
Patient very stolid countenance expressionless. Does not talk nor answer questions
Is stubborn.

Personal and Medical History of Charles G. Johnson.

1899

This patient was brought here by Sheriffs deputy Hansen, attended by P.D. McManus in fair physical condition, with the following history:- Patient was taken off streets by Police on February 24th 1899. Violently insane - Disease appears increasing. has been in jail for 48 hours - + term given sedatives - No information whatever obtained concerning him - beyond that given on preceding page. On personal examination barked like a dog. On Admission put upon 3:3:6 (Fifth Rpt. Complexion light, hair brown eyes blue: Condition of skin fair. Several red spots on left leg: mole on left shin: warts in groin on left side: scar 3 in. long on right side of throat: scars on right shoulder + right wrist - Slight eruption on shoulders. Is dirty. Upper teeth false: 3 in lower jaw missing: Varicose veins on left leg: scar on throat. says he did it with razor in attempt to commit suicide - Behavior good. Exam. by Ew. Allen.)

Feb 25 Summary by Dr. Manous. Appears very nervous, is quite intelligent, however + answers questions readily + rationally. General conduct good. Feb 27 Has hallucinations: says he saw snakes in his room during night: Continues fairly nervous but will do a little work on ward. Appears brighter today - was found singing

Mch 1 Complains of headache. Mch 3 Appears brighter. Condition improved.

Mch 4 Patient restless during night. Mch 19 Complained of sick headache + pain in limbs. + Pills. Temp. 103. Pulse 88. Resp. 25. Put upon treatment. Mch 20 Complained of severe pain in abdomen. Mch. 21 Ate light breakfast. Temp. 101. Pulse 82. Trans. to Infirmary. Put on

22 sedative treatment Mch 22 Continues to complain, groans. Gives

26/27 enema. Mch 26 Much improved. up on ward. Mch 27 Says he is somewhat dizzy when up, but wishes to remain up. —

Apl 30 Still continues to improve, but occasionally complains of feeling dizzy, + of headache -

May 10 Was allowed to leave today.

Discharged

Personal and Medical History of

Personal and Medical History of Arthur R. Furleigh or (Fralich)

Whole No. 5249
Residence, St. Paul, Minn.
Date Admission, Feb. 27. 99.
Admitted by Dr. R. M. Phelps hour, 6th P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 22 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farm laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, not intemperate.
Nativity, Maryland. (Father Maryland, Mother Penn.)
Physicians Committing, Became a resident of State 4 yrs. ago Dr. Co. 6 mos. ago. Talbot Jones – H.C. Johnson.
Correspondents,

No. of Year, 142
Insane Relatives, None.
Cause Exciting, Despondency owing to lack of employment.
Cause Predisposing, Unknown.
Form, Acute Stuporous Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 2 weeks ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
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,
Confused, & sluggish.
MEMORY, Past Events,
Recent Events, Poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State, None
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent as a rule - occasionally 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 Dulness, 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 get.
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 Arthur R. Furleigh

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 PRESENT WEIGHT, 141 USUAL WEIGHT, NUTRITION, Good,
WOUNDS, Abnormalities and condition of Skin, Skin healthy. Vaccination scar on left arm.
TONGUE, Coatings or Promptness of Movement,
Teeth - 2 gone above - one below.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - very large - respond to light & accom.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, Good Legs, So. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None
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,
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 good
BOWELS, Present Condition, Regular

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).
Is very stupid & does not seem to remember anything - Is occasionally stubborn & troublesome -

Personal and Medical History of Arthur R. Furleigh (or Frolich)

1899

This patient was brought here by Sheriffs deputy M. Hansen attended by J.P Handrake, in fair physical condition, with the following history: No history of Consanguinity, heredity or intemperance in parents or self: First symptoms of attack manifested about two weeks ago, by various delusions: Disease appears increasing: Is variable: Derangement now manifested by religious delusions: Not disposed to injure anyone: destroys clothing: Previous peculiarity - religious impressions: Received injury to head in childhood, as shown by scar, also received one three years ago: Has never been confined nor restrained, has received no treatment. On personal examination has appearance of melancholia; is depressed, cyanotic skin, scar to scalp + weak pulse: Has refused food for 48 hrs. On admission put upon B3 E/ Gt. N. Rpt. Complexion dark: eyes gray: hair dark brown: Skin in good condition: 13 moles on body: Vaccination mark on left arm: mark on left thigh, like a birth-mark, scar on 1st finger of left hand: Is dirty: Teeth good: Behaves well. Exam. by Knous Keyes (Home)

Feb 27 Summary by Dr. Warnock Patient somewhat depressed + inclined to be stubborn: will not answer questions, simply nods head.
Mch. 1 Somewhat more agitated + walks floor. Mch. 8 Continues troublesome. Mch. 11 Became very noisy + violent. Struck patient Hemmeyer over head. Mch. 14 Very restless + noisy during night.
Mch. 16 Refused nourishment. Mch. 19 Trans. to B'. Apr. 17 Attacked nurse Grady unexpectedly. & June 19. Attempted to elope. July 31 Appetite
Aug 31 good. Sleeps well. Untidy in habits Aug. Wt. 167# Pulse 72. Condition about stationary: appears somewhat demented. Will not talk: Is at times pugnacious: Habits quite tidy: is inactive. Physical condition good. Nov 30. Above notes, in general, hold
Nov 30 1900 good. Still at times, pugnacious + violent. Jany 31/1900. No noticeable change in his
Jany 31 condition. Health seems good. Febr. Wt 172#. Pulse. Mar 31, nothing special to report.
July 27/31 Vaccinated. July 31. But little change, during period: appears quite demented: never speaks, unless questions; then answers only "Yes or No": has a silly expression. Does nothing
Aug 1 occasionally becomes very excited + violent: Eats + sleeps well. Augs. Wt 176# - Nov 30. No
May 01 Jany 31 special change. Jany 31/1901. Very little change during period: Appears considerably demented: stands about, Staring vacantly: laughs to himself, but will not converse. Is very silly: is subject to violent outbreaks: looks a little inward: habits untidy.
Febry 13 Wt 157# Pulse 96. Febry 13. Pugnacious. May 1. Wt 152#. July 31. No noticeable change. -
July 31 rarely speaks; but looks at one in a silly manner, when addressed: Slovenly in habits. Has habit of punching head, with fist, or against wall: is occasionally violent: works none.
Aug 31 No change specially noticeable. Nov 2. Wt 146#. Dec 12. Transferred to D'. Jany 31/02. In-
1902 Jany 31 - creasing dementia: habits very filthy: clothes constantly disordered. Is very irritational and maniacal, in his manner + occasionally pugnacious.

Personal and Medical History of Arthur R. Furleigh.

Feb. 1/02 Wt. 143#. Aug 1/02 Transferred to B'. Has been violent.
1903 Jan 31. Has been growing more demented - does not talk - Habits more filthy & slovenly, - grows very maniacal at times - throwing himself on the floor and attacking every one who comes in reach. Health fairly good.

Personal and Medical History of Harry Hodgman.

Whole No. 5750
Residence, Dodge Center, Dodge Co. Minn.
Date Admission, February 29th 1899.
Admitted by Dr. A. F. Kilbourne hour, -
How Sent, F. J. Hunt J of Probate Dodge Co.
Sex, male. Age, 78 yrs.
Civil Condition, widowed.
Children, Six.
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Canada. (Parents also born there)
Physicians Committing, Drs. S. W. Ransom & J. A. Graves.
Correspondents, Arthur Littlefield, Dodge Center, Minn.

No. of Year, 143
Insane Relatives, None.
Cause Exciting, Apoplexy.
Cause Predisposing,
Form, Post Apoplectic Insanity
Accompanying Bodily Disorder, Apoplectic attack.
Suicidal or not, Not.
Date of this Attack, Dec. 28 '98.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 78 yrs.
Time of Leaving, Apr. 12. 1899
Time in Hospital, 1 mo. 12 d.
Result, Discharged Nov. 1. 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 Dulness, 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 Hodgman.

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 the present Mental and 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 Hodgman.

1899

This patient was brought here by Sheriff's ~~deputy~~ Joel Tucker, attended by Arthur Little-field, in poor physical condition, with the following history:— No history of consanguinity, heredity nor intemperance in parents nor in patient. First symptoms of attack manifested December 28 by apoplexy. Disease appears stationary: Is variable: Irregular rational intervals: Derangement now manifested by fear of personal injury: Thinks he is away from home: Not disposed to injure anyone: No previous peculiarities manifested. No severe diseases until apoplectic attack — no injuries to head: Has been in charge of an attendant: has been given cathartics, bromides & sodides, & alteratives, also cold applications to head. No further information on personal examination. On admission put upon Infirmary. (G.H.N. Rpt Complexion sandy: hair dark gray: eyes gray & inflamed: Skin rough: Little toe on left foot sore: mark on left thigh: Vaccination mark on left arm: wart on right side: Large hernia on right side: Is dirty: right side partly paralyzed: Teeth in bad condition; 6 out in upper & 3 out lower jaw: Behavior good: Exam by W. Kuntzow & Arthur Waite.)

Feb. 28 Summary by Dr. Wanous. Received on ward Temp. 101. Pulse 94 Resp. 24. Refuses to remain in bed. Stubborn & easily irritated. Has many delusions. Mch. 2 Very restless, continually asks to be allowed up. Seems rather dazed & does not appreciate surroundings. Mch. 3 Coughs a great deal. Sleeps through day.

Mch 4 Visited by friends. was allowed to get up for a short time. Mch 7 up on ward: Is very agreeable: Continues to ask to go home. Cough improved. Mch. 28 Trans. to A4. Apr. 3 Appetite good. Bowels regular. Patient in good mental & physical condition: Memory still impaired. Apr. 11 Taken home by son.

Discharged

Personal and Medical History of

Personal and Medical History of August Joseph Krock.

Whole No. 5251
Residence, Washington Co. Minn.
Date Admission, February 28th 1899.
Admitted by Robert M. Phelps hour, 6 45 P.M.
How Sent, Frank T. Wilson J. of P. Wash. Co.
Sex, male Age, 21 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Attended Episcopal Church.
Habits, Unknown.
Nativity, Canada — (Parents Germany)
Physicians Committing, H. Rhodes & F. G. Landeen.
Correspondents,

No. of Year, 144
Insane Relatives, Unknown
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Melancholia
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, 2
Time of Leaving, July 13. 1900
Time in Hospital, 1 yr. 4 mo. 13 d
Result, Discharged Aug. 8. 1900
Improved
Deported? OK fm

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* Oct. 24 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused & sluggish.
MEMORY, Past Events, Impaired
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull. correct.
REASONING POWER, Ordinary Subjects, Impaired.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Dull, memory poor, answers very slowly, seems preoccupied.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, says living & well.
Paternal Relatives, No history obtainable.
Mother, living & well
Maternal Relatives,
3 Brothers and 2 Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says he has had rheumatism.
HABITS, Drinking and Smoking, both to some extent.
HEADACHES, VERTIGO, OR CONVULSIONS, headaches
OCCUPATION, Healthy or not, Farm laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, imp. Appetite, fair and Bowels, fair

Personal and Medical History of August Joseph Krock.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 166# USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, Vaccination scar-left arm - Mole on left side - Tattoo - name & yr. of birth (1878) on left arm
Skin in good condition - some acne.
TONGUE, Coatings or Promptness of Movement, Clear - quite prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses good.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of tongue.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow.
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 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, quite good.
BOWELS, Present Condition, good.

Give condensed statement of the present Mental and 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 large heavy set, well-proportioned man. In good physical health.
Seems preoccupied - glances from one object to another - will not answer promptly when spoken to. memory seems poor & mind confused - Has delusions.
Says he has practiced masturbation for a number of years & worried about it some. A possible cause of his trouble.

Personal and Medical History of August Joseph Krock.

1899

This patient was brought here by Sheriffs Deputy Oscar Anderson in fair physical condition, with the following history: History of heredity, consanguinity + intemperance unknown: Date of attack not given: Derangement manifested by scraping hair from back of knees, cutting tails from cattle, carrying loaded ammo. Insanity now manifested by claiming that he might be one of Apostles - God directing + controlling him in all he does - Religious delusions. Has never injured anything but cattle: Habits unknown - Peculiarity previously shown by desire to roam around + by religious fancies + delusions: No information concerning diseases nor head injuries: Has never been confined nor restrained: No treatment pursued: On personal examination has religious delusions no further information than that stated above.

On admission put upon B^3 (Gen. Pat. Complexion + hair light: eyes blue Skin in good condition: Mole on breast + one on abdomen: Name tattooed on left fore arm. + date 1878 beneath. Lower rib on left side protrudes. Scar on left foot at base of great toe - one on left shin. Eruption on Shoulder: Is dirty: Teeth good: Behavior good: Exam. by C. O. Allen.

7 28 Summary by Dr Mawhorr. Patient quite deluded. Frequently wanders from subject in conversation. Mch. 3 Is well-behaved, does not speak unless addressed. Mch. 7 Complained of pain in back + head.
Mch. 6 Trans. to Infirmary. Temp 103. Pulse 60. R. 20. Seems quite restless: Face appears flushed Mch. 8 Coughs + expectorates a good deal: Has frequent attacks of epistaxis. Mch. 9 Is destructive of bed clothing
Mch 12 Seems somewhat better. Mch. 13 Complains of pain in left cheek.
Mch 18. Trans. to B^1. Mch 23 Stubborn, ugly + maniacal: destructive.
May 1 Continues incoherent + irrational. Will work some on ward.
July 31. Continues in about same condition. Avg. Wt. 184. Pulse 80.
Nov 30 Very little change during period. Patient somewhat irrational + incoherent: Quite stubborn in behavior: Has been pugnacious
1900 Habits untidy: Works on ward. Physical condition fair. ——
May 31 Patient has made some improvement: is less irrational in his conversation. Works some.
Nov Wt 196 lbs. Pgo. Mar 2. Has improved somewhat: is brighter mentally + talks more rationally.
May 5 Habits cleanly: works on ward. May 5. Transferred to B^2. June 1. Still improving some.
June 1/30 Talks quite rational; is working on lawn: June 30. Still making some improvement.
July 13 Condition about same, as above: Good worker, yet has but little ambition. Health good. Went home today.

Discharged

Personal and Medical History of

Personal and Medical History of Swan Monson

Whole No. 5252
Residence, Casa, Goodhue Co. Minn.
Date Admission, Mch. 2nd 1899
Admitted by R. M. Phelps hour, 6.45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male. Age, 63 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate, so far as known.
Nativity, Sweden – (Parents also born there.)
Became resident of State in 1857 of Co. in 1862
Physicians Committing, A. Anderson + A.W. Jones.
Correspondents,

No. of Year, 145
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing,
Form, Chronic Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 25 yrs. ago.
Duration, 25 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 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 Dulness, 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 Swan Monson

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 137# 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 the present Mental and 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 Swan Monson.

1899

This patient was brought here by Sheriff's deputy P.J. Lundquist in fair though feeble condition with the following history: No history of consanguinity, heredity nor intemperance in patient nor in parents known: First symptoms of insanity manifested twenty five years ago, imagined he saw devils & they persecuted him: Disease continuous since first symptoms noted: has been increasing for two months past: Is variable: Derangement now manifested by imagining that he sees devils & that they are after him & scheming to kill him: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities, severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination is restless, arguing continually with spirits, noisy in his expostulations with them. Pulse is rapid, is anaemic)

On admission put upon 3³ (G.H.N. Rpt. Complexion light: eyes blue: hair gray: Condition of skin good: Right wrist joint very large: Mole on back: Scar on left arm: Not very clean: Left arm crooked, has been broken: Teeth - 1 in upper jaw: Behavior good: Exam. by E.W. Allen & J. Howe.)

Mch. 2 Summary by Dr. Wanous. Will answer questions rationally: Has hallucinations of sight & hearing: Imagines he can see spirits & hear them talking about him: Prefers to remain in room by himself.

Mch. 4 Says spirits bring cold in & he is freezing. Mch. 6 Talks readily about his troubles. Frequently talks to imaginary persons scolding them for causing him trouble. Mch. 17 Visited by niece today.

Apr. 6 Wt. 124# Pulse 86. July 31. Continues in same condition.

Aug 3 Wt 124# " 112. Nov 30. Well behaved: remains in room, continually talking to "Spirits"

1900 Feb 6 about him Wt 129# P 78. Apl 30. Condition shows no special change. Still talks to the "Spirits" -

July 30/31 Aug 31 Jan 31 Mar 31 May 31 July 31 Jan 31 1902 Feb. 1/02 Wt. 126#. Mar. 27/02 Visited by niece. Apr. 30/02 To B². Aug. 29/02 Trans. to I.W.E. cause - Dysentery. Sept. 9/02 Sent back to B².

Jan 31 03 Patient is aging gradually - Lately emaciated. Lately has had some trouble with Diarrhoea. Harmless good natured old man, - stays in room most of the time - almost constantly talking & sputtering to spirits, which he sees about him, occasionally

Personal and Medical History of Swan Monson

growing very noisy - Is quite restless nights.

Personal and Medical History of Adam Doerschug.

Whole No. 5253

Residence, ?

Date Admission, March 8th 1899.

Admitted by Dr H.N. Herzog hour, 4:30 PM

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

Sex, male. Age, 49.

Civil Condition, married.

Children, two.

Age Youngest Child,

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Unknown.

Nativity, Germany (Parents also born there)
Became resident of State 36 years ago.

Physicians Committing, Arthur B. Adams. & C.J. Granger

Correspondents,

No. of Year, 146

Insane Relatives, One brother (Chas Doerschug)

Cause Exciting, —

Cause Predisposing, heredity.

Form, Chronic Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 or 3 years ago.

Duration, 2 or 3 years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 42 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 Dulness, 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 Adam Doerschug.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ 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. 1034 Reaction, slightly acid Color and Appearance, Yellow clear

Albumen, None. Sugar, None.

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 Adam Doerschug.

1899

This patient was brought here by Sheriff's deputy John Posy & Sheriff E.H. Vinl in fair physical condition, with the following history:- No history of consanguinity: heredity unknown: First symptoms of insanity manifested 7 years ago Disease appears increasing: is variable: Has rational intervals but is homicidal: No information concerning habits: One brother was confined here & at St. Peter: Has alway had a passionate temper. Head has been injured twice: Has never been confined nor restrained treatment unknown. On personal examination heart irritable, is very excitable: Has delusions regarding health. Will lie abed nearly all of time.

Mch 8/99 On admission put upon B³E (G.H. N. Rpt. Complexion dark: hair black: eyes blue: Condition of skin good: First finger right hand, off at first joint: Star & initials tattoo'd on right arm, star on right hand: Small scar on forehead over left eye: one, from bed-sore on right hip: small white spo on breast. Is clean: 2 teeth out, upper jaw. Calf of left leg shrunken & small: Behavior good: Exam. by. Ew. Allen.)

Mch 8/1900 Summary by Dr. Wanous. Has many delusions of persecution. Temp. 101- Pulse 116. Resp. 22. Put upon treatment. Mch. 10 Appears somewhat improved. Talks freely regarding his affairs: Seems quite reasonable

Mch 19. Continues in about same condition. Has expression of melmelancholy. Complains of being cold. Perspires freely at night which is worrying him very much.

Mch 22 & 27 Visited by son. Wt. 156# Pulse 74.* June 13 Trans. to A'. June 20 Visited

July 5/31 by son: July 5 by wife. July 31 Works on ward: Quite well-behaved. Complains of night sweats & of indigestion. Put upon treatment.

Aug 2 Wt 154#. P 68. Works on ward: goes out with crowd. Complains of pain in stomach: sweats, nights.

27 afraid of catching cold. Aug 27. Visited by son. Oct 14. Visited by wife. Dec 30. Complains

Dec 30 1900 of chills, on going out with crowd. "afraid he will sweat". Jany 8/1900. Visited by son.

Jany 31 Jany 31. Condition remains about the same: frequently complains of night sweats &c &c.

Apl 30 No change specially noticeable. Is much afraid of sweating and thus catching cold. Complains

July 20/31 as above. July 20. Vaccinated successfully. July 31. Complains of feeling weak & sweating

Aug 1 easily: bowels constipated: does light work on ward. Aug 1. Patient is very suspicious of

4 everyone & finds fault with everyone. Works on ward. (Is a hypochondriac). Aug 4. Was visited by son.

18 Went out camping. Patient continually complains of hyperidrosis. Nov 10. Transferred to T.W.

Nov 10 and put to bed: put on cold spinal douches; extra diet & regular exercise, with some improvement.

Dec 27 Treatment discontinued: Transferred to A'. Jany 31/1901 Is very troublesome: always

1901 Jany 31 exaggerating his condition. March 31. Is a hypochondriac. Continually asking

Mar 31 for medicine. Looks after plants on ward. July 31 - Says "he cannot work -

July 31 because he sweats & takes cold. Mental condition shows no change. Habits clean by.

Sep 15 Visited by son. Nov 30. No special change. Jany 31/02. Patient frequently complains

Personal and Medical History of Adam Doerschug.

1902

Jan 31 Contd of "sweating". Talks about it frequently: has taken some medicine, but thinks he is not sufficiently well-treated: health seems good. Feb. 1/02 Weight 156#. Mar. 27 Visited by son. July 1 Wt. 144#; Sept. 11 Has been out camping at Oronoco and was returned to go to his home nearby to work for his people. Patient has been extremely hypochondriacal, full of strange ideas as to his own weakness & sickness - "Sweating" - yet his general health is good.

Personal and Medical History of Joseph H. Hillen

Whole No. 5254

Residence, St. Paul, Minn

Date Admission, March 9th 1899.

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

How Sent, E.W. Bazille S. of P. Ramsey Co.

Sex, male Age, 25 yrs.

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, "Table waiter."

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, New Jersey (Parents born in Scotland) Became resident of State & Co. in 1889.

Physicians Committing, Fred Leavitt & A.W. Dunning.

Correspondents,

No. of Year, 147.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, Unknown.

Form, Recurrent Melancholia

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, 3 wks. ago.

Duration, 5 wks.

No. of Attack, Several.

No. of Admission, 2nd here

Age First Attack, 16 yrs.

Time of Leaving, Apr. 15. 1899

Time in Hospital, 1 mo. 6 d.

Result, Discharged Oct. 31. 1899 Recovered

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events,

Recent Events, Special Subjects,

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

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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, Gradual.

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

Father, living 54 yrs.

Paternal Relatives, Brother & sisters healthy.

Mother, living 54.

Maternal Relatives, Bro. & sisters healthy.

Brothers and Sisters, none.

No children

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had pneumonia at 14.

HABITS, Drinking and Smoking, Drank moderately - smokes & chews considerable

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches formerly

OCCUPATION, Healthy or not, Waiter in hotel

Detail Date, Duration, and Character of Previous Attack, if any, Was here about 9 yrs. ago for 5 or 6 months.

Sleep, Appetite, and Bowels, Sleep not good past few months Bowels constipated.

Personal and Medical History of Joseph H. Hillen

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 in. PRESENT WEIGHT, 145 lbs. USUAL WEIGHT, 140 NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, none good.

TONGUE, Coatings or Promptness of Movement, Slight coat.

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

SIGHT, Normal.

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

HEARING, Normal.

COORDINATION, Arms, Good Legs, Good. Grasp,

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

PATELLAR REFLEX, 5 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sounds good.

ARTERIES, healthy

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and 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 good physical condition - Dull, confused, hesitating in in speech. Has been very irregular as to sleep previous to admission. Says he was very "nervous" but realized his condition & surroundings perfectly.

Personal and Medical History of Joseph H. Hillen.

1899

This patient was brought here by Sheriff's deputy, Mr. Hanson, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor his parents. First attack occurred in 1890 & patient was in this hospital from 8/4/90 to 8/21/90 (for further particulars see Vol. 14 Fol. 127 No. 2467) Patient has had several attacks since there lasting from two weeks to three months. First symptoms of present attack manifested three weeks ago by sleeplessness & religious mania: Disease appears increasing: Is variable, with irregular rational intervals: Derangement now manifested on religious matters: wanders about both night & day: No filthy nor destructive habits noted: No previous peculiarities manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed Tonic & nutritive treatment pursued. On personal examination is stubborn about answering: No further facts ascertained.

3/9/99 On admission put upon B³E (G. H. N. Rpt. Complexion light: eyes blue: hair light brown: Skin in good condition: Vaccination marks on left arm: Eruption on chest & shoulders: Is clean: Teeth good: Behavior good. Exam. by Nurses Kiefer & Howe.)

Mch 9 (Summary by Dr. Wanoud. Temp. 100. Pulse 88. Resp. 20. Speech slow, incoherent & irrational. Mch 10 Remains quiet:- attention fixed: seems in deep study.

Mch 11 Somewhat stubborn when temperature was taken. Complains of constipation: given cathartics.

Mch 28 Quiet: well-behaved: quite rational: Dress neat & clean: Says he feels much better Apr. 6 Wt. 150# Apr 15 Went home.

Discharged.

Personal and Medical History of

Personal and Medical History of Charles Heinmeyer

Whole No. 5255

Residence, Forest Rice Co. Minn.

Date Admission, March 11 1899.

Admitted by H.H. Herzog hour, 6 45 P.M.

How Sent, James Hemper J of P. Rice Co.

Sex, male Age, 31 yrs.

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, Laborer.

Degree Education, Fair

Profession, Religion, Not a church member.

Habits, Not intemperate

Nativity, Germany Parents also born there.
Became resident of State in 1884 – of Co. in 1897.

Physicians Committing, T.T. Flesher & M.L. Maryland

Correspondents, Geo Dreman, Millersburg, Minn.

No. of Year, 148

Insane Relatives, Cousin – in old country.

Cause Exciting, No cause known

Cause Predisposing, Possibly heredity.

Form, Chronic Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, Has had several

No. of Admission, 1st here.

Age First Attack, 27 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, poor

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State,

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

Patient will not talk.

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 Heinmeyer

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 141 USUAL WEIGHT, NUTRITION, good

WOUNDS, Abnormalities and condition of Skin, none noted skin healthy

TONGUE, Coatings or Promptness of Movement,
Teeth two out above & one below

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – size slightly enlarged. response to light good.

SIGHT, good

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

HEARING, good

COORDINATION, Arms, fair Legs, do 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, strong Size, N.

Apex Beat, N. Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion good
B sounds – normal

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good

BOWELS, Present Condition, regular

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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

Patient very well-nourished – Talks almost none, is very stubborn; also shy when watched. Has a peculiar habit of retaining his urine until his bladder is full.

Personal and Medical History of Charles Heinmeyer

1899

This patient was brought here by Sheriff's deputy J.B. Thompson attended by W.N. Smith, in fair physical condition, with the following history:- No consanguinity known - one cousin about as he is - now well - She was confined in hospital about two years, in the old country: First attack of insanity manifested about four years ago - attacks of short duration at first - longer now: First symptoms of present attack manifested by thinking that someone was looking at him to take his strength away: Disease appears increasing: Does not talk. Derangement now manifested by saying that he has oil in his head, will have to work it out: Sometimes says it is fish. Is careless about his personal appearance, but neither filthy nor destructive: Patient very religious before accession of disease: No severe diseases nor head injuries sustained: Has never been confined nor restrained - no treatment pursued. On personal examination patient refuses to answer any questions.

3/11/99 On admission put upon B3 E (G.H.N. Rpt. Complexion light hair light: eyes blue: Skin dirty: Small red scar on right forearm: One tooth out - upper jaw: Behavior good: Exam - by E.W. Allen.)

Mch 11 '99 Summary by Dr. Wanous. Temp. 101. Pulse 102. Resp. 26. Is stubborn: has to be dressed & undressed: Speech incoherent. Imagines that he is distended with gas. Mch. 12 Attempted to get out: very restless through night. Is much disturbed. Mch. 14 Is untidy & uncleanly. Trans. to C'.

Mch 27 Received blow from patient behind ear. Mch 29 Again struck, on nose.

Mch 30 Refused breakfast & dinner. Frequently gets into trouble with other patients

May 1/13 Wt. 141# Pulse 72. Patient takes little nourishment. May 13 Ear painted with

July 30 collodion: somewhat swollen. Trans to B' on June 23. July 30 No change Voluntary retention of urine: will not talk or answer questions: Refused to

Aug 1 go out with other patients. Aug 1. 141# Pulse 78. No change or improvement during period: Is very stupid, stubborn & slouchy. Stands

-to- or sits in one place most of time. Has to be dressed & undressed.

Oct 31 will not talk. Tried to burn hand on heater. Scratches scalp

Dec 26 causing sores. Physical condition good. Dec 26 Transferred to TW.

1900 Jany 5 was kept in protection - Sheet, for a few nights. Jany 5/1900. Transferred to B.T. -

26 Again transferred to TW. Feby 2. Wt 143# P108. Feby 20. Transferred to B'. Is demented.

Feby 2/20 and seems melancholic: extremely stubborn: does not talk: kept in wristlets to prevent

24 scratching head. Feby 24. Transferred to T.W.: has deep wound in scalp, caused by digging it with fingers: also beats head against wall: was very restless, at night,

Mar 14 and slept poorly: was put and kept in protection Sheet, nights, until March 14. -

15 Taken out of protection Sheet: has become more quiet, resting and sleeping better.

27 General condition good: good appetite: bowels regular. Mar 27. Still scratches head, and

31 removes dressings: pries at teeth & succeeded in pulling out one. Mar 31. Transferred to B'.

Personal and Medical History of Charles Heinmeyer

1900

Apl 21 Transferred to TW: still digs scalp with fingers: tears bandages. May 6. Put in protection-

May 6/23 Sheet, to prevent his removing dressings. May 23. Taken out of Sheet & put in Muffs.

June 1/7 Still tries to injure himself by striking head against wall: June 7. Again put in

9 protective-Sheet to prevent injuring himself. June 9. Taken out of Sheet & put in Muffs.

23 Taken out of muffs. July 3. Transferred to B': head is about healed. July 20. Vaccinated:

July 3/20/25 result good. July 25. Transferred to annex. July 31. Has ceased the habit of trying

31 to injure himself: very demented: filthy: stubborn: has to be pushed about: Physical condition good

Aug 1 Wt 125#. Sept 10. Transferred to D'. Sept 13. To D'. Nov 30. Is becoming more demented:

Nov 30 Stubborn: has to be pushed about. Jany 31/1901. Physical condition quite good: rather

1901 Jany 31 more demented: very stubborn: usually crouching on the floor: has to be pushed about:

Feb 1 habits filthy: rolls in the dirt: will not speak. Feby 1. Wt 142#. P86. May 1. Wt 129#

July 31 No change: physical condition rather poor: is extremely inactive & stubborn: does not speak: crouches on floor, or in any out-of-the-way place: frequently digs at his scalp

Aug 1 so as to cause a deep wound: habits filthy. Aug 1. Wt 125#: Nov 1 - 135#. Jany 31/02. Health

1902 Jany 31 has been fairly good: no mental change. Is extremely stubborn & stupid: lying about on benches, & has to be pulled about by nurses. Feb. 1/02 Wt. 144#. Aug. 1/02 Wt. 155#

13 Jan 31 No incident of importance during year. Patient well nourished - extremely inactive - has to be pushed about from place to place. Does not speak. Habits very filthy

Personal and Medical History of Peter Omdahl.

Whole No. 5256
Residence, St. Paul, Minn.
Date Admission, March 13' 1899.
Admitted by R. M. Phelps M.D. hour, 8 P.M.
How Sent, Ell. Bazille J. of P. Ramsey Co.
Sex, male Age, 47
Civil Condition, married.
Children, 4
Age Youngest Child, —
Occupation, Sash & door-maker.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
Nativity, Norway. (Parents also born there.
Physicians Committing, H. Sneve & F. P. Canac-Marquis
Correspondents,

No. of Year, 149
Insane Relatives, None.
Cause Exciting, Financial losses.
Cause Predisposing, —
Form, Delusional Insanity
Accompanying Bodily Disorder, —
Suicidal or not, not.
Date of this Attack, 1 yr. ago.
Duration, 1 year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 47 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear & quick.
MEMORY, Past Events, good.
Recent Events, somewhat imp. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. correct.
REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State, poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks he is a devil, etc.

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 - old age.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters,
4 children - all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says he has had stomach trouble. otherwise always well.
HABITS, Drinking and Smoking, yes.
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
OCCUPATION, Healthy or not, mechanic
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Good

Copy of notice of hearing petition of Mrs. Anna Omdahl for appointment of Guardian for Peter Omdahl received July 24' 1899.

... Omdahl.

...RISTICS.

...EIGHT, NUTRITION, Quite good.
...tion
...t.
... normal. responses good.

Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, none
PATELLAR REFLEX, normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, quick - quite good
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, rather weak Size, n.
Apex Beat, 5 Regularity, regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion fair - v ins.
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, To Teeth.
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, good.
BOWELS, Present Condition, good

Give condensed statement of the present Mental and 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 apparently good physical condition. No gross lesions found. Says he is perfectly sound. Says he has spent much money for cocktails. Has delusions of a personal nature. — Says he is a devil. was not born like other people. Head misshapen, empty, etc. Mental grade good. is intelligent, memory good. Talks sensibly except when showing delusions. Says he has handled a great deal of money. Mild melancholia due to financial reverses probably.

Personal and Medical History of Peter Omdahl.

Whole No. 5256
Residence, St. Paul, Minn.
Date Admission, March 13' 1899.
Admitted by R. M. Phelps M.D. hour, 8th P.M.
How Sent, E.M. Bazille J. of P. Ramsey Co.
Sex, male Age, 47
Civil Condition, married.
Children, 4
Age Youngest Child, —
Occupation, Sash & door-maker.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not Intemperate.
Nativity, Norway. (Parents also born there.
Physicians Committing, H. Snivé & F.P. Canac-Marquis
Correspondents,

No. of Year, 149
Insane Relatives, None.
Cause Exciting, Financial loss
Cause Predisposing, —
Form, Delusional Insanity
Accompanying Bodily Disorder, —
Suicidal or not, not.
Date of this Attack, 1 yr. ago.
Duration, 1 year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 47 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quite clear & quick.
MEMORY, Past Events, good.
Recent Events, somewhat imp. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. correct.
REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State, poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks he is a devil, etc.

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 - old age.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters,
4 children - all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says he has had stomach trouble. otherwise always well.
HABITS, Drinking and Smoking, yes.
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
OCCUPATION, Healthy or not, mechanic
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Good

...al and Medical History of Peter Omdahl.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin, Skin in good condition
TONGUE, Coatings or Promptness of Movement, prompt. slight coat.
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, all good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, none
PATELLAR REFLEX, normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, quick - quite good
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, rather weak Size, n.
Apex Beat, 5 Regularity, regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion fair - v ins.
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, To teeth.
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, good.
BOWELS, Present Condition, good

Give condensed statement of the present Mental and 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 apparently good physical condition. No gross lesions found. Says he is perfectly sound. Says he has spent much money for cocktails. Has delusions of a personal nature. — Says he is a devil. was not born like other people. Lead wisshapen, empty, etc. Mental grade good is intelligent, memory good. Talks sensibly except when showing delusions. Says he has handled a great deal of money. Mild melancholia due to financial reverses probably.

Personal and Medical History of Peter Omdahl.

1899

This patient was brought here by Sheriff's deputy Hanson in fair physical condition with the following history: No history of heredity, consanguinity nor intemperance in patient nor in his parents. First symptoms of insanity manifested about one year ago by insomnia, restlessness, worry & morbid fears: Disease appears increasing, patient is quite rational most of time: Derangement now manifested by property losses, insomnia; believes he is under the influence of evil spirits; picks his head & is afraid of dying: No disposition to injure anyone, nor to filthy nor destructive habits: Before accession of disease was hypochondriacal & very religious: Has facial tic. No confinement nor restraint employed: No treatment given excepting hypnotics: On personal examination head covered with scars & abrasions from constant picking - Is distressed & preoccupied.+

3/13/99 On admission put upon Infirmary (GHN Rpt. Complexion light: hair light, quite bald: Eyes blue: Skin in good condition: 7 small red spots on shoulder & back & several small sores on top of head: Scar on left fore finger: Is clean: Teeth good: Behavior good: T 100° P 120 R. 26. Exam. by C.C. Mitt.)

3/13/99 (Summary by Dr. Wanous.) Patient has twitching of muscles of R. side of face: Refuses to remain in bed: Allowed up: Very restless walking up & down hall. Asks many questions: Mch 17 Scratches top of head causing many sores. Seems to be very much worried & troubled about his affairs: Remains in bed mornings Mch 26 Goes out walking with crowd. Has many delusions regarding himself: Thinks that he has died & is different from other men. Has illusions & & hallucinations. Believes he has visited the infernal regions. Worries much about family.

Apr 1. Wt. 155 Pulse 88. General physical condition good. Mentally is very much confused Apr 10 Trans. to B³. June 1. General condition about same

July 31. Continues nervous & restless: Says he is a devil & must stay here the

Aug 3/30 rest of his days. Aug 3. Wt 156# p 76. Aug 30. Is very nervous & restless: walks conti-

Nov 30 -nually: Scratches head. Illusive. Imagines himself the Devil. Nov 30. Restless: tells

1900 Jany 10 about visits from the Devil Jany 10. No change specially noticeable. Still holds his delusions.

Mar 31 Works with Carpenter - May 1 - Says "he sees visions". Transferred to A¹ June 30. Keeps

June 30 about the same, all the time: works regularly with Carpenter. Habits neat & clean: health good.

July 30/31 Vaccinated, unsuccessfully. July 31. No change noticeable. Still shows his delusions. -

Aug 31 Works steadily with carpenter - Sep 2. Went out Camping. (Returned the 11th) Sep 4. 164# -

Nov 1 Shows considerable improvement, since at work. Still believes, however, "that his body floats in the air"

1901 Jany 31 "but his mind is all right." Jany 31/1901. No change noticeable. Still works with carpenter.

Mar 31 Patient still works with carpenter. General condition better, but still delusional.

July 26/31 Sent out Camping, with several other patients: July 31. Still at Camp. Appreciates the change.

Personal and Medical History of Peter Omdahl

1901

Sept - Returned, after spending several weeks at Camp. Oct 8. Again went to Camp, for about

Oct 8/31 a week, to complete some work on buildings - Oct 31. Previous notes still hold good -

1902 Jan 31 Quite uniformly well-behaved: neat & clean in habits: no physical disorder, during period. Is very nervous. Aside from the nervous twitching of right side of face. Works a good deal at Carpenter work. Reads a great deal. Has parole -

03 Jan 31 Has been workings in the Carpenter Shop and buildings the whole year more or less. Reads a great deal. Of late sells tobacco and cigars - has expressed no delusion lately - is quiet and well behaved.

Personal and Medical History of Henry Finigan

Whole No. 5258
Residence, Smiths Mills, Minn.
Date Admission, March 15th 1899
Admitted by Dr. R. M. Phelps hour, 2 P.M.
How Sent, Geo. A. Wilson Jo Pr. Waseca Co.
Sex, male Age, 56 yrs.
Civil Condition, married.
Children, 9.
Age Youngest Child, -
Occupation, Farmer.
Degree Education, common school.
Profession, Religion, Not a church member,
Habits, Uses whiskey moderately + smokes freely.
Nativity, Germany (Parents also born there)
Became resident of State Dec 1856.
Physicians Committing, M. J. Taylor + D. S. Cummings
Correspondents,

No. of Year, 1st
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About one week ago.
Duration, About one week.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 50 yrs.
Time of Leaving, Apr. 3, 1899.
Time in Hospital, 4 ms. 19 d.
Result, Discharged Nov. 1, 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 Dulness, 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 Finigan

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ in PRESENT WEIGHT, 210½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

CRANIAL MEASUREMENTS.

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

EXAMINATION URINE, Quantity, Sp. g. 1028 Reaction, acid Color and Appearance, 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 the present Mental and 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 Henry Yerigan

1899

This patient was brought here by Sheriff's deputy Frank Collins attended by wife, in fair physical condition, with the following history:- No history of consanguinity & heredity. Patient uses whiskey & smokes freely: First attack occurred in 1892 & patient was confined in this hospital from Feb 21'92 to Mch 24'92 (for further particulars see Vol. 18 Fol. 322 No. 2946.) First symptoms of present attack manifested about a week ago, patient became possessed with the idea that he was rich & began making plans on a large scale for building etc. Disease appears increasing: Increasing: Is variable: Irregular rational intervals: Derangement now manifested by delusion that he is very rich: Not inclined to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: Has received hospital treatment as above stated but none for present attack. No further information obtained on personal examination. On admission put upon B³E. Complexion light; eyes blue; hair gray: Wart & mole on left shoulder; Varicose veins on left leg; Scars on first & second fingers of right hand: on right knee & on left instep. Hernia on right side: Teeth poor; 5 gone in upper jaw & 7 from lower: Behavior good: Exam. by E.W. Allen (GHU Rpt)

Mch 15 (Summary by Dr. Wanous) Patient appreciates condition & talks freely regarding himself: Is talkative & inclined to be easily excited. Became somewhat threatening & excited when he found he had been left here.

17 Feels much more contented. 18th Very confused today: Took knife & broke out of dining room. Mch. 20 Is maniacal, throws dishes & other articles about. Trans. to C: Mch 21 up all night: Very noisy. Mch. 22 In restraint. Mch. 25 Received blow on nose from another patient.

27 Is apparently much improved: Is well-behaved & quiet. Mch. 28 Visited by relatives Apr. 3 Visited by wife & taken home.

Discharged.

Personal and Medical History of

Personal and Medical History of Theodore Nickelson.

Whole No. 5261

Residence, Stillwater, Minn.

Date Admission, March 21st 1899.

Admitted by Dr R.M. Phelps. hour, 8th 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.

Nativity, Denmark.

Become resident & Physicians Committing, B.J. Merrill & E.S. Boleyn.

Correspondents,

No. of Year, 154

Insane Relatives, unknown.

Cause Exciting, "

Cause Predisposing, "

Form, Acute Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, about 5 days ago

Duration, about 5 days.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 28 yrs.

Time of Leaving, Nov. 24. 1899

Time in Hospital, 8 m. 3 d.

Result, Discharged Feb. 6. 1900 Recovered.

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 3/28/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Fair.

Recent Events, Special Subjects, Poor for two weeks past.

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Fairly alert now.

REASONING POWER, Ordinary Subjects, Fair now.

Special Subjects,

Own Mental State, Seems to recognize his state.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Normal now.

DELUSIONS, Systematized, Transitory, Special Subjects,

Had fear of injury

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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).

Drinks knowing of any.

Father, D. 3 yrs. ago Healthy.

Paternal Relatives,

Mother, L. healthy

Maternal Relatives,

5 Brothers and 0 Sisters, Healthy so far as known.

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

Typhoid fever 7 yrs. ago. Has been quite well.

HABITS, Drinking and Smoking, Drinks but was not this Winter

HEADACHES, VERTIGO, OR CONVULSIONS, Now.

OCCUPATION, Healthy or not, Worked in woods every Winter. Laboring in Summer.

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

Sleep, good Appetite, good and Bowels, usually good.

Personal and Medical History of Theodore Nickelson

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 163 lbs. USUAL WEIGHT, NUTRITION, Not much impaired.

WOUNDS, No Abnormalities and condition of Skin, ~~Not~~ Skin normal.

TONGUE, Coatings or Promptness of Movement, Fairly normal.

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

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, right eye gone.

HEARING, Good.

COORDINATION, Arms, Normal. Legs, Grasp,

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

PATELLAR REFLEX, 3-4 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient in fair physical state - young & has been healthy of late years except attack of Rheumatism. On account of this he left woods about Christmas & came to City Hospital. Thinks he did well then until about 18 - When he had sudden fear & jumped through window. Was mentally confused until after coming here since which time his mind has cleared up much. No cause is known - Previous mental grade not well known. Type a mild mental invasion half pubescent in form.

Personal and Medical History of Theodore Nickelson.

1899

This patient was brought here by Sheriff's deputy E.A. Wells attended by E.F. Anderson, in fair physical condition, with the following history:- No information obtained concerning consanguinity, heredity, intemperance nor severe diseases or injuries to head sustained. First symptoms of insanity manifested about March 16 '99 by insomnia & refusal to take food. Disease appears increasing: Not variable. No rational intervals. Derangement now manifested by hallucinations of hearing - hears brother & brother's wife talking to him: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No confinement nor restraint employed: No treatment pursued. On personal examination refuses to eat, does not sleep: has delusions: Physical condition fair. On admission put upon B³E (G.H.U. Rpt. Complexion light, hair light brown: eyes blue: Skin in good condition. Scratch on nose & one over right eye: Scar from burn on right forearm: Initials tattooed on left hand & several small spots on left forearm: Cut on middle finger of left hand: Is clean: Right eye out. Teeth good: Behavior good: Exam by Eco. Allen)

Mch 21 (Summary by Dr. Wanous) Patient quiet & well-behaved: helps on ward: Does not talk unless spoken to: Is inclined to sit around in a depressed condition when not working. Mch 28 Is improving: Has no delusion

Mch 10 Complains of rheumatism in arm & hand. Improved on treatment.

Apr. 16 Appears confused. Says things seem strange to him & is rather sus-

30 picious of those about him. Apr. 30 Wt. 168# Pulse 88. Had an acute attack in which he was very deluded. Said blood is running over everything & people are being killed about him: Quieted down when

July 1 talked to. Apr 1 Wt. 160# July 1 165# Patient seems quiet both mentally

Aug 1 & physically works: General condition good. Aug 1. Weight 166# Pulse 80.-

Nov 4/24 Is quiet: well-behaved: rational. Nov 4. Wt 177#. Works on ward. Nov 24. Taken out by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of George E. Judd.

Whole No. 5262

Residence, Wells, Rice Co. Minn.

Date Admission, March 22nd 1899.

Admitted by Dr. R. M. Phelps hour, 3 P.M.

How Sent, James Hunter J. of P. Rice Co. Minn.

Sex, male. Age, 34 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, -

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Minn. (Parents born in New York) Became resident of State Co. in 1866.

Physicians Committing, R. N. Jackson & D. M. Cool.

Correspondents,

No. of Year, 155.

Insane Relatives, Mother, Great grandfather & uncle.

Cause Exciting, Meningitis

Cause Predisposing, Heredity.

Form, Chronic Melancholia

Accompanying Bodily Disorder, Meningitis before 1st attack.

Suicidal or not, Not.

Date of this Attack, 3 days ago.

Duration, 3 days.

No. of Attack, 4th

No. of Admission, 4th

Age First Attack, 21 yrs.

Time of Leaving, 3/30/1901.

Time in Hospital, 2 yrs. 8 days.

Result, Died Phthisis Pulmonalis

EXAMINATION ON ADMISSION BY DR. H H Herzog *Date of* 3/23/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Slightly dull, at times illusive.

REASONING POWER, Ordinary Subjects,

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 Dulness, 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,
See case books.

Sleep, Appetite, and Bowels,

Personal and Medical History of George E. Judd.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ PRESENT WEIGHT, 130 USUAL WEIGHT, NUTRITION, Impaired.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Yellowish, whitish coat, slow.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - responds to light & accomodation

SIGHT,

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

HEARING,

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

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.

PATELLAR REFLEX, Not taken. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sounds all weak & anaemic

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Seem good - Examination imperfect.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

3/27/99 EXAMINATION URINE, Quantity, Sp. g. 1034 Reaction, Acid. Color and Appearance, 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 the present Mental and 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 confused & reticent - unable to arrive at real mental state. Has some urinary affection - suspected pyelitis.

Personal and Medical History of George E Judd.

1899

This patient was brought here by Sheriff's deputy J.B. Thompson attended by A.B. Judd in fair physical condition, with the following history:- Mother, great grandfather & uncle insane: This is fourth attack, also fourth admission here:- Was confined in this institution from to For further particulars see Vol. 7 Fol. 164 No 1244
" " " Vol. 11 Fol. 77 No. 1877
" Mch. 30 '91 " Dec. 29 1892 " Vol. 16 Fol. 33 No. 2647
First symptoms of present attack manifested 3 days ago, became restless, talkative & incoherent. Disease appears increasing: Not variable: Derangement now manifested by saying that he is full of electricity, poison - cyclones etc.
Not disposed to injure anyone - Neither filthy nor destructive in habits: Previous to accession of disease was irritable & contrary: Father used liquor freely:
Patient had meningitis before first attack: Has received hospital treatment as above stated. On personal examination talks incoherently, is nervous & restless. On admission put upon B3E/GH.URpt Complexion dark: hair dark brown: eyes blue: Skin in good condition: Deformity on left hip shaped like nipple: left ankle deformed: Is fairly clean: One tooth out lower jaw. T 103' P 103 R 30.
Behavior good. Exam. by E.W. Allen.)

Mch 22 (Summary by Dr. Wanous) Patient received on ward. Temp. 100 Pulse 96. Resp. 28. Seems rather weak, irritable & restless: is quite troublesome. Mch. 24 Complains of pain in abdomen: Out of bed several times thro night. Has some bladder trouble: somewhat disturbed at night. Apr. 6 Complains of bowels being constipated. Apr. 11 Dressed & up on ward. General condition good: Very talkative but irrational. Apr. 15 Trans. to B2.
Apr 16. Trans. to B1. Is destructive & has to be kept in bay. May 1 Wt. 129#
July 24/31 June 5. Vomited at breakfast. July 24. Eyes examined & treated. July 31 Is gaining in weight & both mental & physical condition show marked
Aug 2 improvement. (Dr Chapple) Aug 2 Wt. 136# General condition little changed:
31 Mental condition variable; Is at times very irrational, incoherent & noisy, at others talks quite sensibly & behavior quiet. Goes out with crowd. Physical health not good but no active disease discovered. Tubercular trouble suspected. Has complained of pain in chest.
Nov 30 Above notes, in general, hold good, at this date. Physical health poor: coughs a good deal.
1900 Jany 31 General condition still failing: Coughs & expectorates considerably: no change in mental condition.
Feby 1 Wt 130# P 78. June 1. Transferred to TW. Physical condition rather poor. Is thin: coughs, at
June 1 times: frequently vomits after meals. Is constipated. July 31. General condition still
July 31 failing somewhat: patient coughs & expectorates considerably: has slight fever: no change in mental condition: is very irrational: talks a good deal about his own mental condition,
Aug 4 in a very irrational manner. Aug 4. Wt 120#. Up, on ward. Coughs & expectorates: Emaciated.
Oct 2/30 Physical condition very poor. (Is tubercular). Oct 2. Transferred to B2. Oct 30. Condition gradually failing. Still coughs & expectorates: vomits quite frequently: is emaciated.

Personal and Medical History of George. E. Judd.

1900 Oct 30 Cont 2 very deluded: says "he has hog cholera", and has various other delusions. Dec 31. Patient
Dec 31 Continues to fail, quite rapidly. Still coughs & expectorates, a great deal: vomits, at times.-
1901 Jan 7 Transferred to TW, and put to bed: is becoming more feeble & failing rapidly: complains of pain
31 in chest, at times: is very talkative, foolish & childish. Jany 31. Still failing: has hectic fever:
Mar 30 takes a fair amount of nourishment: is restless: March 30. No special incidents; continued to fail rapidly and died at 1.00 P.M. today.

Postmortem by Dr. C. Apl 1/1901.

Body very emaciated: abdomen scaphoid: heart quite normal; slightly more fluid than usual in pericardial sac: extensive pleural adhesions over both lungs, which cannot be removed without tearing them into shreds:- Pleural surfaces covered with tubercular nodules of millet-seed size, of white cheesy appearance: parenchoma of lungs infiltrated throughout with tubercules, giving it a "shotty" feeling. Apex of left lung excavated. Abdomen: omentum devoid of fat, and shows some tubercles: numerous enlarged glands & tuberculous nodules in mesentery. Liver of normal size: some primary tubercles over peritoneal surface: Gallbladder contains a small amount of bile. Stomach and intestines normal, except appendix, which descends into pelvis & is bound down by adhesions.

Died

Personal and Medical History of Edward E. Anderson.

Whole No. 5264
Residence, St. Paul, Minn.
Date Admission, March 22' 1899.
Admitted by Dr. H. H. Herzog hour, 6th P.M.
How Sent, Ed. Bazille J. of P. Ramsey Co.
Sex, male Age, 37 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Clerk (office)
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Keokuk Iowa. (Parents born in America.)
Became resident of State & Co. 20 yrs. ago.
Physicians Committing, C. H. Whitcomb & Omarkl,
Correspondents,

No. of Year, 157
Insane Relatives, None.
Cause Exciting, Intemperance & debauchery.
Cause Predisposing, Previous attacks.
Form, Acute Mania
Accompanying Bodily Disorder, Had Sunstroke.
Suicidal or not, Not.
Date of this Attack, Jany 24' 99.
Duration, 2 mos.
No. of Attack, 2 or more before this.
No. of Admission, 1 here - At St. Peter & Hudson San.
Age First Attack, ?
Time of Leaving, July 3. 1899
Time in Hospital, 2 m. 22 d.
Result, Discharged Aug. 5. 1899
Recovered

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 3/23/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - quick.
MEMORY, Past Events, Unknown
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull. illusive
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted -
DELUSIONS, Not Systematized, Transitory, Special Subjects, on many subjects
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, 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 E. Anderson.

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Good -
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Slow - yellowish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated; response excessive
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Impaired Legs, Imp. Grasp,
TREMORS, Hands, Tongue, ~~Facial Muscles~~, General,
PATELLAR REFLEX, Not known. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Impossible to examine - Very restless
ARTERIES, 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 the present Mental and 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 delirious, profane, mind wandering, talks incessantly - no power of attention - From letters in his pocket it would seem that he had been in St. Peter State Hospital from Jan '99 to about a week ago. When he was taken by the B. O. O. E. to the sanatarium at Hudson Wis. Where he grew much worse. Intemperate

Personal and Medical History of Edward E. Anderson.

1899

This patient was brought here by Sheriff's deputy J.P. Flandrake attended by H. Hanson, in fair physical condition, with the following history:- No consanguinity nor heredity but excuse of disease given as intemperance & debauchery. First attack occurred some years ago. has been at St. Peter also at Hudson Sanatarium: First symptoms of present attack manifested Jany 24' 99. by mental aberration: Disease appears increasing Not variable: Is in a highly nervous condition with delusions. Is bitterly against religion & very profane & vulgar: abusive in his language. Is disposed to do injury to others. Is destructive of clothing: Had sunstroke: Has been confined since Jan. 27'99 at St. Peter & also Hudson. Sanatarium. On personal examination has appearance of busy & active delirium. On admission put upon Infirmary East (_____ Complexion light: hair brown: eyes blue: Several moles on body: Scar on left forearm and one on left ankle leaving a small hole: Bruise on both elbows: Slightly dirty: Fairly good, somewhat excited Exam. by Spillane & Ew Latty)

Mch 22. (Summary by Dr. Wallows) Patient is very restless, noisy & throws things about room Mch 23 Attempted to strike room-mate with chair put in protection sheet. Mch. 24 Taken out of sheet, much improved; is quieter.

Mch 26. Refused to have temp. taken. Frequently found sleeping through day. Is wakeful at night. Apr. 30 Patient remains more quiet: frequently refuses to go walking. Seems to have improved mentally.

June 8 Visited by friends. June 14 Trans. to A³. July 3 Sent home today on trial

Discharged.

Personal and Medical History of

Personal and Medical History of D. W. Gordon.

Whole No. 5765	No. of Year, 158
Residence, Blooming Prairie, Minn.	Insane Relatives, None.
Date Admission, March 22nd 1899.	Cause Exciting, dyspepsia, intemperance in past &
Admitted by Dr. R. M. Phelps hour, 6th P.M.	Cause Predisposing, religious melancholia
How Sent, W. A. Eggleston J. of P. Steele Co.	Form, Chronic Melancholia
Sex, male Age, 49 yrs.	Accompanying Bodily Disorder, Dyspepsia
Civil Condition, married.	Suicidal or not, Not.
Children, Seven	Date of this Attack, 2 yrs ago.
Age Youngest Child, –	Duration, 2 yrs.
Occupation, Farmer	No. of Attack, 1
Degree Education, High School.	No. of Admission, 1 here In McGill Hospital for medical treatment.
Profession, Religion, Wesley Methodist.	Age First Attack, 49 yrs
Habits, Intemperate.	Time of Leaving, June 13. 1899
Nativity, Canada. (Father New Hampshire Mother Conn.)	Time in Hospital, 2 m. 22 d.
Physicians Committing, A. A. Finch & B. M. J. Coulin	Result, Died. Tuberculosis
Correspondents, Mrs. D. W. Gordon, Wife. Blooming Prairie.	Pulmonalis

EXAMINATION ON ADMISSION BY DR. Herzog *Date of* 3/23/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Seems poor.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
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 Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 127½ USUAL WEIGHT, NUTRITION, impaired

WOUNDS, Abnormalities and condition of Skin, Skin dry & harsh.

TONGUE, Coatings or Promptness of Movement, Bright red - slow.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue

PATELLAR REFLEX, 7-8 equal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, feeble Size,

Apex Beat, Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Has consolidation of right apex - groans slightly on expiration - Examination difficult.

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and 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 confused & melancholic. Complains of pain in abdomen - resists examination - Is quite probably tubercular. Friends state that he had not been in asylum in Canada as stated in papers.

Personal and Medical History of D. N. Jordan.

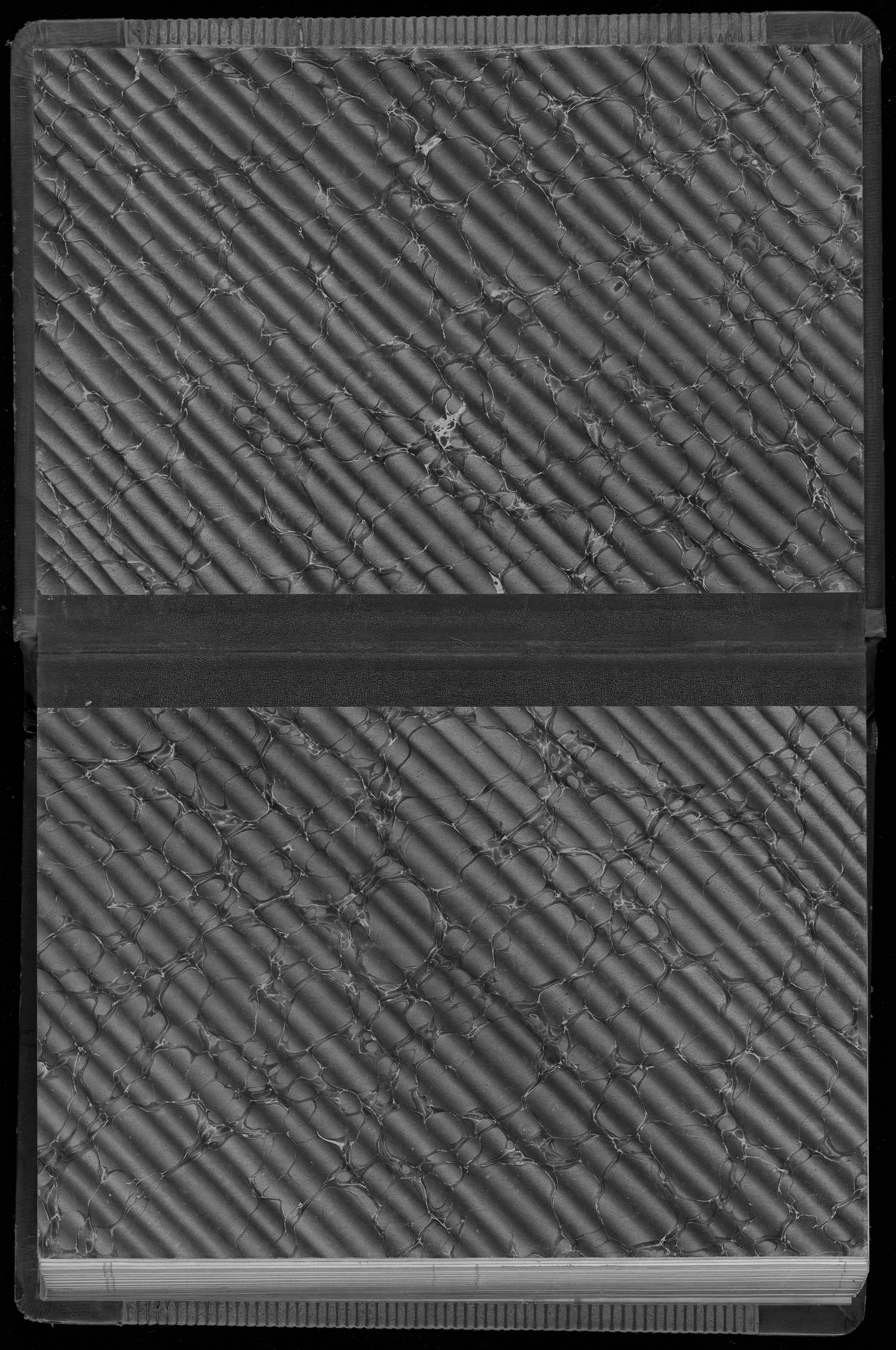
1894

This patient was brought here by Sheriffs deputy Wm. Leahy attended by James Larson, in somewhat feeble physical condition, with the following history: No consanguinity nor heredity known: Patient has been intemperate: First symptoms manifested 2 yrs ago became excessively nervous & foolish in actions: Was in Mobile hospital 5 yrs. ago for medical treatment: Disease appears increasing: Is variable: Derangement now manifested on subject of religion: Is disposed to injure others: Neither filthy nor destitute in habits: No nervous peculiarities noted: No severe diseases nor injuries to head sustained so far as known: No confinement nor restraint employed: Has received treatment for dyspepsia - no effect. On personal examination exhibits cystitis: some fever. On admission put upon B³ Gtts Rpt. Complexion light: eyes blue but inflamed: Hair gray, thin on top: Skin in fairly good condition: In fairly clean physical condition poor, much emaciated - Has teeth out lower jaw all but four out upper jaw - Behavior good. Exam. by Ew Allen.)

Mch 22 (Summary by Dr Warnock) Patient breathes heavily: respiration accelerated. Is coughing a great deal. Complains of stomach: urinates frequently, quantity small. Mch 24 Transf. to Infirmary: Is cross & irritable.

Mch 26 Seemed distressed: asked for physician. Face flushed. Mch 27-28 Had haemorrhages from lungs: frequently expectorated blood. Apr 2 Up for a few hours. Weak & quickly tired. Apr 4 Up most of day, restless & awake most of night. Apr 10 Put to bed. Very weak & unable to get about. Apr 25 Visited by wife. Apr. 27 Passed blood from bowels. Visited by wife for a week. May 28 - Began to pass blood in stools.

June 13 Had haemorrhage from lungs. Died at 7:15.

Condition of body - Small dark spot on back: Small portion of little R. finger cut off. - old scar - 1 tooth out upper jaw: 2 out lower. Old scar on chest.

Died.