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

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Version 3
August 20, 2018

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Respectfully,

Egbert Fidler & Chambers.

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Personal and Medical History of

Personal and Medical History of Bernhard Sackriter

Whole No. 5766
Residence, Rochester Tp. Olmsted Co. Minn
Date Admission, March 24th 1899.
Admitted by Dr. R. M. Phelps. hour, 3 45 P.M.
How Sent, J. A. Leonard J. of P. Olmsted Co.
Sex, male Age, 34
Civil Condition, Married
Children, One.
Age Youngest Child, –
Occupation, Farming
Degree Education, Common school.
Profession, Religion, German Lutheran
Habits, Sometimes drinks to excess.
Nativity, Wisconsin, (Parents born in Germany) Became resident of State of Co in 1897.
Physicians Committing, F. R. Mosse & C. T. Granger.
Correspondents, Jno Sackriter (Father) Lewiston, Minn.

No. of Year, 159
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Acute Melancholia
Accompanying Bodily Disorder, prostration & indigestion
Suicidal or not, Has attempted it. Possibly suicidal now.
Date of this Attack, 5 days ago.
Duration, 5 days
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 32 yrs.
Time of Leaving, Apr. 8. 1899
Time in Hospital, 15 d.
Result, Discharged Oct. 31. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. W.B. Brodrick *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, 6 wks.

ONSET, Gradual or Sudden, Gradual.

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

Father, 67. healthy

Paternal Relatives, "

Mother, 60 "

Maternal Relatives, "

11 Brothers and Sisters, living - good health.
1 child 2 yrs old.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None.

HABITS, Drinking and Smoking, Intemperate. Chews tobacco.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches considerable

OCCUPATION, Healthy or not, Farmer.

Detail Date, Duration, and Character of Previous Attack, if any, 1½ years ago had similar attack.

Sleep, Appetite, and Bowels, Not good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 3/4 PRESENT WEIGHT, 143½ lbs. USUAL WEIGHT, 155 NUTRITION, Fair

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Good.

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

SIGHT, Good

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, no.

HEARING, Good left ear - not good right ear.

COORDINATION, Arms, Normal - Legs, Normal - Standing on one foot not steady. Grasp,

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

PATELLAR REFLEX, 6 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sounds weak - size normal.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Symmetrical. 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,

3/31/99 EXAMINATION URINE, Quantity, ℥50 Sp. g. 1020 Reaction, acid Color and Appearance, Light yellow. Clear.

Albumen, None Sugar, None.

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, not 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).

Confused - wanders about ward trying doors & windows - Does not realize his condition or surroundings. Untidy in his habits.

Personal and Medical History of Bernhard Sackriter.

1899

This patient was brought here by Sheriff Vine, in fair physical condition with the following history:- No consanguinity nor heredity known:- Patient has at times drank to excess: First attack occurred one & a half years ago - lasted one week: First symptoms of present attack manifested about five days ago by delusions of persecution: Thought someone was after him: Wandered away from home & attempted to throw himself under train. Disease appears decreasing: Is variable - No rational intervals - Derangement now manifested by delusions. Not disposed to injure anyone: Suicide attempted, as above stated: No disposition shown to filthy or destructive habits: No previous peculiarities noted: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued -

On personal examination Pulse 108. Temp. 99½. Loss of memory: Has complained for six months of prostration & indigestion.)

On admission put up on B³E (G.H.n. Rpt. Complexion dark: hair & eyes brown: Skin fair condition: Moles on right cheek, large toe left foot, & 2 on abdomen: Varicose veins both legs - Scars on right side of head & on forefinger left hand. Is clean: Two teeth out, right side lower jaw: Behavior good: Exam by W.R. Spillane.)

Mch. 24 (Summary by Dr Wanous.) On admission temp. 100. Pulse 102. Rep. 24. Seems confused: slow in conversation & memory poor. Wanders about aimlessly. Mch. 27 Asked where he was. Mch 28 Visited by relatives

Mch. 29 Seems much improved. Talks readily & rationally: Given massage:

Apr. 2 Visited by family. Apr. 8 Continues well-behaved: Quiet, rational. General condition good. Taken home on trial.

Discharged.

Personal and Medical History of

Personal and Medical History of John Spapens (or Slapens)

Whole No. 5767
Residence, Janesville, Minn.
Date Admission, March 24' 1899.
Admitted by Dr. R. M. Phelps hour, 3 P.M.
How Sent, G. A. Wilson J. of P. Wasca Co.
Sex, male Age, 42 yrs.
Civil Condition, married
Children, 3.
Age Youngest Child, –
Occupation, Baker.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Holland. (Parents also born there.)
Became resident of State in 1894 of Co in 1897
Physicians Committing, J. P. Corry & J. B. Lewis M.D.
Correspondents, Johana Spapens.

No. of Year, 160
Insane Relatives, None.
Cause Exciting, Neurosis.
Cause Predisposing, Previous attack.
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Propensity action (never attempted.)
Date of this Attack, March 18' 1899.
Duration, 6 days.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 41 yrs.
Time of Leaving, May 28. 1899
Time in Hospital, 2 ms. 4 d.
Result, Discharged Nov. 1. 1899. Much Improved

EXAMINATION ON ADMISSION BY DR. W. B. Brodrick *Date of* Apr. 99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Fair

Special Subjects, Fair

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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 - 68

Paternal Relatives,

Mother, Died in childbed about 40

Maternal Relatives,

Brothers and Sisters, 2 dead 11 living
children - 4 dead under 1 yr. 3 living.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None

HABITS, Drinking and Smoking, never drank - smokes moderately

HEADACHES, VERTIGO, OR CONVULSIONS, None

OCCUPATION, Healthy or not, Baker

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

Sleep, Good Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 134 USUAL WEIGHT, 136 NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, 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, 6 Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Size normal - sounds weak. Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical

B. Sounds weak.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth 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 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 in fair physical condition. Talks rapidly in excited manner, giving account of slight domestic differences which he ascribes as cause of his being sent to hospital. Gives history of strong religious tendencies - & says his wife said he "prayed too much".

Personal and Medical History of John Spapens.

1899.

This patient was brought here by Sheriff's deputy M Ryan, attended by W. G. Laudert in fair physical condition, with the following history:- No consanguinity nor heredity known: First attack occurred 15 months ago - was short. First symptoms present attack manifested March 18th by ungovernable temper - threatening to kill wife: Disease appears stationary: Is variable, no rational intervals: Derangement now manifested by hating his daughter Filthy & destructive in habits, threatens to injure people: Previous peculiarity a neurotic temperment: No severe diseases nor injuries to head: No confinement nor restraint employed: Has received no treatment. On personal examination has made threats to kill & is very excitable: has disposition to imagine that his family do not care for him. On admission put upon B3 E (T.H.N. Rpt Complexion light: eyes blue: hair brown: Condition of skin good: Birthmark & mole on forehead: 2 moles on chest & one on neck: Scar on right shoulder: scar on left thumb & hand. Is dirty: 2 teeth out in upper & 2 in lower jaw: Behavior good. Exam. by F.R. Spillane)

Mch 24 (Summary by Dr Wanous) Patient quiet & well-behaved: Is quite rational: Temp. 100°. Pulse 114. Resp. 28. Mch 26 Does a little work on ward: Inclined to be easily excited: rather nervous & shifts about a great deal. Apr 30 Wt. 130# Pulse 96. Is very religious: reads Bible daily & refuses to work Sundays May 8 Trans. to A. May 27 Seems nervous: Is anxious to go home. General condition is improved

May 28 99 Eloped while out with crowd.

Discharged.

Personal and Medical History of

Personal and Medical History of Hiram W. Frego.

Whole No. 5274
Residence, Canton, Minn.
Date Admission, April 1' 1899.
Admitted by Dr. R. M. Phelps hour, 6th Bn.
How Sent, E.V. Farrington J of P. Fillmore Co.
Sex, male Age, 23 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a ch. member.
Habits, Intemperate.
Nativity, Minnesota - (Parents born in Canada)
Born in Fillmore Co. Minn.
Physicians Committing, T. A. Lowe + J.H. Phillips.
Correspondents,

No. of Year, 167
Insane Relatives, Father + brother both committed suicide after drinking to excess - Paternal uncle insane.
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Mch. 29. 99.
Duration, 2 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23 yrs.
Time of Leaving, May 1. 1899
Time in Hospital, 1 mo.
Result, Discharged Oct. 31. 1899
Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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. 10½ PRESENT WEIGHT, 150 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 Hiram W. Frego.

1899.

This patient was brought here by Sheriff's deputy Murray Frego, in fair physical condition with the following history: No consanguinity known. Father's brother insane. Father & brother committed suicide after drinking to excess. First symptoms of insanity manifested Ap March 29. Became very depressed & melancholic. Disease appears increasing: Not variable: On March 28th patient conveyed a woman to this hospital & since then has done nothing but rave about her. Had a knife & threatened to use it on those who were going to lock him up: No filthy nor destructive habits: Previous peculiarity a quick & violent temper: Patient has drank a good deal during past year. No severe disease nor injury to head: No confinement nor restraint employed. No treatment pursued. On personal examination has all appearance of acute mania.

4/1/99 On admission put upon B3E. (G.H.N. Rpt. Complexion dark: eyes blue: hair brown: Skin in good condition: Vaccination marks on arm: Bruise on right shin & one on right big toe: Is clean: (Teeth gone in right lower jaw: Behavior good: Exam. F.R. Spillane & Mr Kuebler.)

Apr 1. (Summary by Dr. Wanous.) Patient seems quite contented with environments & talks rationally. Condition due to worry over trouble with friends. Apr. 2 Visited by brother. Worries a good deal. Apr 16 Visited by friends

Apr 30 Wt. 153# Pulse 94. Is quiet & well-behaved. Works on ward. Is perhaps undeveloped & weak-minded. May 1.'99 Sent home on trial.

Discharged

Personal and Medical History of

Personal and Medical History of H Simon Mires.

Whole No. 5275	No. of Year, 168
Residence, Zumbrota, Minn.	Insane Relatives, Unknown.
Date Admission, April 3rd 1899.	Cause Exciting,
Admitted by Dr. R.M. Phelps. hour, 3 P.M.	Cause Predisposing,
How Sent, Axel Haller Jr. of P. Goodhue Co.	Form, Senile Dementia
Sex, male Age, 68 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, married.	Suicidal or not, Not.
Children, 3.	Date of this Attack, More than ten yrs. ago.
Age Youngest Child, –	Duration, Over 10 yrs.
Occupation, Retired farmer.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Methodist Episcopal.	Age First Attack, 55-60
Habits, Unknown.	Time of Leaving,
Nativity, Germany. (Parents also born there.)	Time in Hospital,
Became resident of state of Ill. about 1858 Physicians Committing, J. V. Anderson & B. Jacking.	Result,
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,

Copy of order for hearing petition to appoint A. W. Eddy as guardian for Simon Mires received Apr. 11 1899.

5275

43/13
5275

M Simon Mires

Copy of Order for Hearing Petition ~~of~~ and account of A. W. Eddy as Guardian ~~for appointment of~~ ~~as guardian~~ for Said Simon Mires insane; served and service ~~admitted~~ made on Dr. K. July 3rd/02

(Papers filed with commitment papers.)

Hearing on Monday 21st July 1902, at Probate Office Redwing Minn

...RISTICS.

...EIGHT, NUTRITION,

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

Other Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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,

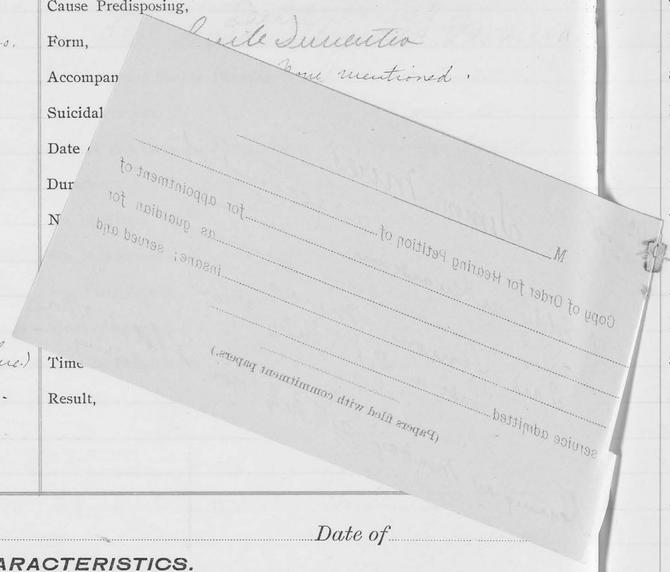
Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment).

Personal and Medical History of H Simon Mires

Whole No. 5275
Residence, Zumbrota, Minn.
Date Admission, April 3rd 1899.
Admitted by Dr. R.M. Phelps. hour, 3 P.M.
How Sent, Axel Haller Jr. of P. Goodhue Co.
Sex, male Age, 68 yrs.
Civil Condition, married.
Children, 3.
Age Youngest Child, –
Occupation, Retired farmer.
Degree Education, Common school.
Profession, Religion, Methodist Episcopal.
Habits, unknown.
Nativity, Germany. (Parents also born there.)
Became resident of State of Ill. About 1858
Physicians Committing, J. P. Anderson & B. Jacking.
Correspondents,

No. of Year, 168
Insane Relatives, unknown
Cause Exciting,
Cause Predisposing,
Form, Senile Dementia
Accompan[illegible] Now mentioned.
Suicidal
Date
Dur
N
Time
Result,

Copy of Order for Hearing Petition of ..... M
for appointment of
as guardian for
insane; served and
service admitted
(Papers filed with commitment papers.)



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,

[illegible]sonal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ 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 Simon Mires.

1899

This patient was brought here by Sheriff's deputy A. I. Cogswell in fair physical condition, with the following history:- No information obtained concerning heredity, consanguinity nor intemperance in parents nor in patient. First symptoms of insanity manifested more than ten years ago, by violent temper: Disease appears increasing: is variable: Derangement now manifested on subject of religion: No disposition shown to injure anyone: No filthy habits: destroys furniture & clothing when angered: Previous peculiarity a quarrelsome disposition. No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination is excitable, very talkative. On admission put upon B³E (G.H.N. Rpt. Complexion light: hair & eyes gray: Skin in good condition: Mole on cheek: small cluster of warts on right temple: Scar on right elbow: blister on back from mustard plaster which he was wearing: old ulcer scar on right leg above ankle: leg & right foot discolored: wears elastic stocking: Hernia on right side: Is clean: Is a hunchback: 2 teeth out in upper jaw & 1 in lower jaw: Behavior good. Exam. by E. W. Allen.)

Apr. 3 (Summary by Dr. Wanous.) Patient seems quite rational. Had trouble with his family
Apr 5 Continues quiet & very religious Apr. 6 remarked that his family sent him here to control his property. Apr. 11 Visited by son.
Apr 30 Works about ward. Talks intelligently: General condition seems
May 1/13 good. May 1 Wt. 140# Pulse 70. May 13 Limb swollen & inflamed.
June 20 Transferred to Infirmary ⊛ June 20 Visited by friends July 1 Goes
July 1/12 down town to church on Sundays. July 12 Trans. to A³.
Appears to be getting along well, though is inclined to be easily irritated (⊛. May 18/1899. Received on I.W. put to bed: right foot and ankle badly swollen: hot applications put on. May 23. Patient reads & writes a great deal. May 27. Complains of severe headache,
Aug 1 and dizziness. May 29. Leg and foot much improved. Does not pain him.) Aug 1. Patient is well-behaved: neat in appearance: has parole: works on ward: has delusions regarding his family;
Nov 30 getting his property: is quite religious: attends church regularly. Nov 30. General condition
Dec 8 remains about the same: helps with work on hall. Dec 8. Complains of rheumatic pains.
31 Dec 31. No special change. Feb 28. Above notes hold good. Reads his Bible a great deal.
1900 Feb 28 Physical health seems quite good: Complains some of rheumatism. Apl 30. Still works on
Apl 30 ward: Reads his Bible & prays, a great deal. July 31. Patient's condition continues the same,
July 31 from day to day. Still works industriously on the ward. Habits are clean and tidy —
Aug 31 Patient has parole: works diligently on ward. Oct 1. Leg is sore & swollen: was treated and improved —
Oct 31 Reads Bible most of the time. Nov 1. 151#. Nov 30. Patient's condition shows no special change.
1901 Jan 1/31 Patient's condition is due to senility. Still works on ward Jany 31. Health seems quite fair —
Feby 1/28 Wt 153#. Feby 28. Appears fairly rational: Easily excited: has parole: assists on ward. —
Mar 14 Patient remained in bed: Complained of cold in head. Refused breakfast, dinner & supper.
19/21 Transferred to I.W. and put to bed & on treatment. Mar 21. Is much improved: up & dressed.
Sep 31 Patient transferred to A³ East July 31. Is well behaved: works faithfully & industriously on

Personal and Medical History of Simon Mires

1901 (cont'd)
July 31 ward. Talks and argues a great deal on religious topics. Occasionally, his foot gives him
Aug 1 Considerable trouble & pain. Otherwise health is good. Aug 1. Wt 153#. Sept 16. Visited by daughters.
1902 Jany 31 Usually, well-behaved: works a good deal, on the ward; easily excitable: is, however, somewhat demented & childish in a good many things he does

Jan. 31/03. Patient has been practically the same during the whole year. Full of queer ideas and "Preaches". Is rather feeble-minded but of fair disposition. Is troubled some with Eczema upon one foot, which is the seat of an old injury.

Personal and Medical History of Richard Tiedemann.

Whole No. 5276
Residence, Zumbrota, Minn.
Date Admission, April 7th 1899.
Admitted by Dr. R. M. Phelps. hour, 6th P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 25 yrs.
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Common laborer.
Degree Education, Common school.
Profession, Religion, German Lutheran.
Habits, Not intemperate.
Nativity, Germany. (Parents also born there.)
Became resident of State of Co. in 1895.
Physicians Committing, N. L. McKinstry & Galen Allen.
Correspondents,

No. of Year, 169
Insane Relatives, None.
Cause Exciting, Epilepsy.
Cause Predisposing, Previous attack.
Form, Epileptic Insanity
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, Not.
Date of this Attack, April 1 1899.
Duration, 7 days.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 25 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
MEMORY, Past Events, Fairly good.
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
Disposition Changeable
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, about 9 months
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history of heredity or consanguinity obtained
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
First attack in July '98 - 2nd in Jan. '99 Each of 2-4 days duration
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 PRESENT WEIGHT, 159 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Scar on front of right arm, & several on back of head & neck
Nose slightly deviated to right. One tooth gone from upper & one from lower jaw.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Left larger than right
SIGHT, normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, normal.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Symmetrical & well developed.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
Digestion & appetite good
SLEEP, Present Amount and Character, 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 a German of very fine physique. Does not speak English. Very slow & of comprehension & of speech & mental possesses a very low order of intelligence. Has four to six convulsions per week.

Personal and Medical History of Richard Tiedemann.

1899

This patient was brought here by Sheriff's deputy P. J. Lundquist, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor his parents: First symptoms of insanity manifested in July 1898- second attack in Jan '99- duration two to four days: First symptoms of present attack manifested Apr. 1st by wandering away at night: Disease appears increasing: Is variable with rational intervals: Derangement now manifested by melancholia, sleeplessness, incoherent talk, wandering about at night: Not disposed to injure anyone: No disposition toward filthy nor destructive habits: No previous peculiarities manifested: Has epilepsy: No injury to head sustained: No confinement nor restraint employed= Has received treatment from local physician. On personal examination tongue coated: pulse 84. Face much flushed: Temp. 100°F.

On admission put upon B3E/G.H.N. Rpt. Complexion dark: hair dark brown: eyes blue: Skin in good condition: Vaccination marks on right arm: several warts on left hand: Scars over left eye & on right cheek. Iodicity: One tooth out lower jaw: Behavior good: Exam - by E.W. Allen)

Apr 7. (Summary by Dr. Wanous) Patient dull, stupid & will not talk: Temp. 100°F. Pulse 84. Resp. 20. Apr 13 Does some work about ward. Is rather foolish & silly in actions. Apr. 18 Had a severe convulsion Apr. 20 Had another severe convulsion.

Apr 30. Is inclined to be pugnacious & ugly toward other patients Has frequent convulsions. July 31. Continues about the same.

Aug 1 (Dr Chapple) Wt. 164. Pulse 80. Nov. 2 Wt. 169. Pulse 92. Very little change

Nov 2 during period: Has severe convulsions frequently. Usually quite

To good-natured & helps on ward but at times is inclined to be

1900 violent. Has received several wounds on scalp & face from

Jan 31 falls during convulsions. Physical condition excellent aside

Feby 1/6 from epilepsy. Feby 1. Wt 172#. P90. Feb 6. Struck head on door, during convulsion,

Mar 4 cutting scalp 1½ inches: Mar 4. Received scalp-wound during convulsion: patient always falls very heavily, and frequently bruises wounds already inflicted, causing

19 them to suppurate: also removes dressings: Mar 19. again cut scalp during convulsion:

Apl 17 required stitches. Apl 17. Cut deep gash in chin, by falling against bed-frame: wound

May 2/3 stitched. May 2. Fell during convulsion, cutting scalp: 3 stitches inserted. May 3. Visited

June 14 by brother. June 14. Again cut chin, during convulsion. July 5. Was transferred to T.W. =

July 5 very much confused & has poor control of muscles: has had several severe convulsions,

12/14 lately. July 12. Up on ward: has recovered from "spell", but is still very dull. July 14. Transferred

20/31 to B1. July 20. Vaccinated. July 31. Patient becoming rather more stupid and demented: otherwise no change: has frequent severe "Epileptic Seizures", during which he cuts & bruises himself about head: generally well-behaved, but in his "Confusion", is often troublesome & pugnacious. Is very stubborn. Aside from Epilepsy, physical condition excellent: habits tidy.

Personal and Medical History of Richard Tiedemann

Aug 1/8 163#. Aug 8. Has infection of left hand: same dressed: recovered promptly. Oct 1. Transferred to T.W.

Oct 1 has severe dysentery: T 104°. P 112: Is very weak & stupid: given cold sponges & starch enemas.

17 Bowel trouble relieved: has swelling of left knee: hot applications applied. Nov 20. Trouble of knee

Nov 20 gradually subsided: up, on ward, today. Transferred to B1 - Jany 31/1901. Physical condition good,

1901 Jan 31 Except that he has quite severe epileptic convulsions quite frequently; often falling heavily cutting gashes on head & face. Dementia increasing: very slow of comprehension: talks but little: at times,

Feby 1 becomes very restless, excited & noisy. Usually well-behaved and does some work. Feb 1. 165#. P75.

May 1 Wt 167#. July 10. Visited by brother. July 31. Patient continues to have severe convulsions: averages

July 31 a dozen or more, a month: usually falling upon face & bruising himself: is gradually becoming more stupid & demented: occasional "ugly spells": is quite tidy: speaks but

Aug 1 little & rarely volunteers conversation. Physical condition reasonably good. Aug 1. Wt 165#.

Sep 23 Is very stupid: unable to stand alone. Was transferred to T.W. & put to bed: has had severe

28 convulsions: given repeated cathartics. Sep 28. Up, on ward: condition as usual: Transferred

Nov 1 to B1. Nov 1. Wt 163#. Jany 31/02. Gradually growing more stupid & demented: rarely speaking:

1902 Jan 31 very slow to understand: has quite frequent & severe convulsions often cutting face or head, in fall: health otherwise good. Usually very quiet, but will fight on provocation.

Feb. 1/02 Wt. 167#. Aug. 1/02 171½#. Aug. 30/02 Trans. to Inf. Patient, following severe convulsions, became very stupid and helpless. Sept. 10/02 Transferred to B1. Dec. 29/02 Transferred to L.W.E. Patient very confused & Destructive. Jan. 12/03 Transferred to B1.

1903 Jan. 31. Physical health very good except for Epileptic convulsions which are very frequent & severe. Has been quite irritable & pugnacious; but is becoming more demented and intractible sits quietly all day, gazing blankly about, at times speaking a few words. Patient often falls during convulsions and has received several cuts about head & face in this way.

Personal and Medical History of Henry H. Brink

Whole No. 578, Brought him from State Prison Stillwater
Residence, St. Louis Co. Minnesota.
Date Admission, April 12th 1899.
Admitted by Dr. R. M. Phelps hour, 5 PM
How Sent, J. J. Wilson J. of P. Washington Co
Sex, male Age, 33 years. (Page 36)
Civil Condition, Single.
Children, —
Age Youngest Child, -
Occupation, Miner
Degree Education, Can read & write.
Profession, Religion, Lutheran.
Habits, Unknown.
Nativity, Finland.
Physicians Committing, M. L. Voight & J. K. Haines.
Correspondents,

No. of Year, 17
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, General emaciation & sluggish circulation.
Suicidal or not, Cut artery of wrist. attempts to remove bandage.
Date of this Attack, February 1899.
Duration, About 2 months.
No. of Attack, 1st
No. of Admission, 1st time (St Prison Hospital)
Age First Attack, 33 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. T. M. Phelps *Date of* 4/13/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear.
MEMORY, Past Events, Seems good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Rather dull.
REASONING POWER, Ordinary Subjects, Not very good.
Special Subjects, Poor
Own Mental State, Poor.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent in appearance. Slightly depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None discovered. Denies suicidal attempts 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, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Information not of much value but denies heredity.
Father, Dead.
Paternal Relatives,
Mother, Dead.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, No
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Says appetite is good. Eats poorly here

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 130½ USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar on hand & wrist. Skin pale -
TONGUE, Coatings or Promptness of Movement, Heavy coating in central line.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size.
SIGHT, Normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, Normal Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
No sounds distinct. Blowing 2nd pul. sound. Fairly strong. Dilated to left. Apex beat at nipple line or nearly so. Regular.
Apex Beat, Regularity,
ARTERIES,
Pulse 48 Weak
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Normal.

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

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 from State Prison. Quite dull - perhaps always so. Quite pale & whitish. Heart shows some dilatation, probably fairly compensated at present. Health otherwise not especially poor. Denies suicidal attempts. Answers fairly, but is dull in manner & rather dull in comprehending questions.

Personal and Medical History of Henry H. Brink.

1899

This patient was brought here by sheriff's deputy Dr Withrow from Stillwater State Prison* in fair physical condition, with the following history:- First symptoms of insanity manifested in February 1899. Disease appears increasing, is progressive: No information concerning consanguinity, heredity or intemperance: Derangement now manifested by extremely filthy habits, removal of clothing & hiding under bed: Not disposed to injure anyone but attempted suicide by cutting artery of wrist & attempts to remove bandage: No peculiarities previously manifested: Has been confined in cell at prison: No treatment received: On personal examination shows general emaciation & sluggish circulation. On admission put upon B³E (G.H.U. Rpt. Complexion light: hair light: eyes blue: Skin in good condition: Scars on back of right hand, on right forearm: on back of head, on right side of head & on left wrist - also cuff mark on left wrist: Hernia on left side: Is clean: Teeth sound: Behavior good: Exam. by E.W. Allen)

(*Note This man was sentenced to State Prison, Stillwater Sept. 27'97 for two years & seven months, for crime of assault in Second Degree. (Is eligible for discharge Oct. 2'99.)

Apr 12 (Summary by Dr. Wanous) Patient depressed & melancholy on admission appears frightened; found under bed during night. Apr. 13 Two wires twisted into a noose, found on person. Apr. 22 Seems quite dull & stupid now: Insists on lying on floor Apr. 23 Put to bed on floor because he presists in lying there Apr. 30 Appears dull & stupid.

July 31 Wt. 133# Pulse 100. No change mentally: Limbs swollen:

Aug 1 Examined for kidney trouble. Aug 1. Wt 130#. P 72. Nov 30. Talks a little: is rather

Nov 30 untidy: frequently attempts Elopement: must be fed. Jany 31/1900. Somewhat confused, at times

1900 Jany 31 Still tries to elope. May 1. Wt 151#. P 72. June 30. Seems more confused. July 20. Was

July 20/31 vaccinated successfully. July 31. Patient now seems brighter. Aug 31. Answers questions

Aug 31 intelligently: deluded, at times: habits neat & clean. Oct 31. Nothing special to report. -

Dec 1 160#. P 96. Physical condition good. Jany 4/1901. Complains of eyes being weak: otherwise physical

1901 Jany 31 condition good. Jany 31. No change to note. Feby 1. Wt 155#. P 88. Mar 31. Is quiet: indifferent:

Mar 31 works onward - May 25 Became pugnacious, excited & attacked nurse. Put on TW and

May 25 restrained for 10 hours. Quieted down &c. - July 31 Patient is quite well, physically,

Jul 31 but demented. Aug 1. Wt 155#. Nov 30. Nothing special to report. Jany 31/02. Behaves

1902 Jany 31 quietly: talks intelligently. Is rather reserved & indifferent. Physical condition good.

Personal and Medical History of

Personal and Medical History of Evan Folkstad.

Whole No. 5282

Residence, Hospital State Prison Stillwater, Minn.

Date Admission, April 12th 1899.

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

How Sent, J. T. Wilson D. of P. Washington Co.

Sex, male Age, 36 yrs.

Civil Condition, married.

Children, Six.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, Lutheran.

Habits, Intemperate.

Nativity, Minn. Parents born in Norway.

Physicians Committing, N. C. Dwight & D. H. Haines.

Correspondents,

No. of Year, 175

Insane Relatives, Unknown.

Cause Exciting,

Cause Predisposing,

Form, Chronic Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, During confinement

Duration, 6 mos. to 1 yrs.

No. of Attack, Unknown.

No. of Admission, First.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. R. M. Phelps Date of 7/13/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Will not talk much. Seems to know what is going on.

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).
Denies Heredity

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Occasional

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

Personal and Medical History of Evan Folkstad.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 PRESENT WEIGHT, 189 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Normal

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Normal. Legs, Grasp,

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

PATELLAR REFLEX, 8-9 Exaggerated, moderately 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 has a peculiar twist to face. Refuses to answer most questions. Answers a few briefly & sluggishly but about his behavior, his refusal to talk, to arrange for parole &c he will not talk, nor give reason for not talking, tho, he seems to know clearly that it is considered crazy not to do so.

Personal and Medical History of Evan Folkstadt.

1899

This patient was brought here from State prison*, Stillwater, Minn. by sheriff's deputy Dr. Withrow, in fair physical condition, with the following history:- No information concerning heredity or consanguinity. Patient has been intemperate (?) Nothing known concerning previous attacks of insanity: Present attack came on during prison confinement: Disease appears increasing - Patient is at present absolutely non-committal, will not talk: Refused parole. Has not shown any disposition to injure anyone since committal. No filthy nor destructive habits: No information given concerning previous peculiarities, severe diseases nor injuries to head. Has received no treatment. On personal examination will not talk. On admission put upon C'E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin in good condition: Scar on left ankle 1 on left arm: Scar or cuff mark on right wrist: Eruption on abdomen: Is clean: Teeth good: Behavior quiet. Exam. by E.W. Allen)

*Note Patient was sentenced to State Prison, Stillwater On October 9'97. for two years, on charge of assault in second degree. Is eligible for discharge May 16' 1899.

Apr 12. (Summary by Dr Wanous.) Patient quiet in room: Refused to talk except to answer occasional questions. Attempted to pick lock April 15th

Apr. 19. Refused to take bath: Given shower on B'. Apr. 21 Complained of Constipation: Refused medicine. Does no work: Is eccentric.

May 30 Physical condition improved. May 30: Visited by friends: Refused to

July 31 talk to them. June. 23 Trans. to B³. July. 31 No change in condition.

Aug 3 Wt 172#. P80. Sept 30 Is stubborn: exhibits peculiar ideas: will sit in one chair only: frequently

Sep 30 reports other patients to the nurse. Dec 31. No change is specially noticeable in his condition

1900 May 1 Wt 164#. Condition Continues the same. July 20. Was vaccinated, unsuccessfully. -

July 31 Above notes generally hold good. Aug 20. Is stubborn: seldom speaks. Aug 30. Visited by

Oct 31 daughter: would not talk to her: does no work. Oct 31. No noticeable change in condition -

1901 Jany 31 No apparent change in condition, from day to day. Feby 1. Wt 158# P96. May 15. To B².

July 29/31 Was visited by friend. July 31. No noticeable change in mental or physical condition: very quiet & well-behaved: rarely speaks, unless he wishes something: tidy in habits: works nun.

Augt 24 seems indifferent to everything: health good. Aug 24. Transferred to C'. (for violence) -

Sep 5 To B². Nov 12. No change in any way. Eloped today. Apr. 19/02. Patient received, having been returned from being out on trial July 7. Visited by father.

03 Jan. 31 Usually inactive, dull & quiet - Sometimes strikes other patients without provocation.

Personal and Medical History of

Personal and Medical History of George Loeffler

Whole No. 5286

Residence, St. Paul, Minnesota.

Date Admission, April 14th 1899.

Admitted by Dr. R. M. Phipps hour, 6th Pm.

How Sent, E. M. Bazille Dept. Ramsey Co.

Sex, male Age, 49 yrs.

Civil Condition, widower.

Children, 4.

Age Youngest Child, -

Occupation, Laborer.

Degree Education, 3 yrs. at Common school.

Profession, Religion, Catholic.

Habits, Not Intemperate

Nativity, Germany. Became resident of State 15 yrs ago of Co. 4 yrs. ago.

Physicians Committing, R. Archibald & A. Schwyzer.

Correspondents,

No. of Year, 179

Insane Relatives, Paternal aunt insane at intervals

Cause Exciting, Death of wife 4 yrs ago.

Cause Predisposing, Heredity

Form, Acute Hallucinosis

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 3 mos. ago.

Duration, 3 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 49 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, 5 ft 7 PRESENT WEIGHT, 144 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 George Loeffler

1899

This patient was brought here by Sheriff's deputy Gerlach, in fair physical condition with the following history: No information concerning consanguinity. Father's sister insane at intervals: First symptoms of insanity manifested 3 months ago by apprehension of danger with melancholia: Disease appears increasing: Is variable with rational intervals afternoons. Derangement now manifested by hearing voices & by fear of persecution: Not disposed to injure anyone: No disposition to filthy or destructive habits: No previous peculiarities manifested. Had typhoid fever 14 years ago: No injury to head sustained: No confinement nor restraint employed: No treatment pursued: On personal examination says that he hears a voice & is afraid of it. Feels best when alone; when he sees anyone thinks the "voice" comes from him & that he is the devil.

On admission put upon B3 E (Gen Rpt. Complexion dark: hair dark: eyes blue: Skin in good condition: varicose veins on right leg: left leg somewhat swollen above ankle: Scar on right knee & one on right side of face under eye. Bruise on right wrist: Two teeth out in upper jaw: 1 in lower jaw: Behavior good - Exam. E. M. Allen.

Apr 14. (Summary by Dr. Wanous) Patient has delusions & hallucinations of hearing
17 Is very talkative. Apr. 17 Very dull & does not realize where he is.
May 10 Is despondent & melancholy. May 10 Wt. 138# When out walking tries to get away from crowd. Is irrational & incoherent
July 31 Does no work. July 31 Condition continues the same. Watches for
Aug 3 opportunities to escape. Aug 3. Wt 139#. P80. Oct 31. Patient surly and inclined to be
Oct 31 pugnacious: will work when asked. Dec 19. Transferred to A. Jany 10/1900. Nothing to spe-
1900 Jany 10 -cially report in patient's condition. July 9. Wt 133# p. 72. July 20. vaccinated, successfully.
July 31 Condition continues about the same. Aug 30. Physical condition good: assists with ward-work.
Oct 31 Condition about the same. Dec 1. 133# P86 - Jany 2/1901. Patient very surly & cross: "wants
1901 Jany 31 to go home". Jany 31. no special change to report. Feby 1. Wt 140#. Mar 31. Does not
Mar 31 talk, except when spoken to: seems to be controlled by delusions. July 31. Patient's condition
Jul 31 does not change, in any respect. Aug 1. Wt 139#: Nov 1. To D. Has, up to this time,
Nov 1 been very inactive: refused to do any work: habits tidy. (Nov 1. Wt 137#) - Jany 31/02 - Since
1902 Jany 31 on this ward, has been at work, regularly, on farm: doing very well: seems somewhat brighter & more energetic: tidy & orderly in habits. Feb. 1/02 Wt. 134# Aug 1/02 Wt. 130. Dec. 6/02 Tooth extracted.

1903 Jan. 31 No special incident. Has worked regularly on farm - a quiet peaceable man. Is somewhat demented but shows considerable intelligence about his work. Rarely speaks unless spoken to. Habits tidy.

Personal and Medical History of

Personal and Medical History of Frederick H. Middleton.

Whole No. 5288
Residence, St. Paul, Minn.
Date Admission, April 19 1899.
Admitted by Dr. R. M. Phelps hour, 6th PM.
How Sent, Ex. Bazille Insp. Ramsey Co.
Sex, Male. Age, 36 yrs.
Civil Condition, Married.
Children, None.
Age Youngest Child, —
Occupation, Salesman.
Degree Education, High school.
Profession, Religion, Not a church member.
Habits, Not intemperate. (?)
Nativity, New York. (Parents also born there.) Became resident of Co. in 1885
Physicians Committing, Talbot Jones & H.R. Minnick.
Correspondents,

No. of Year, 181.
Insane Relatives, None.
Cause Exciting, Business reverses.
Cause Predisposing, Unknown.
Form, Acute Alcoholic Insanity
Accompanying Bodily Disorder,
Suicidal or not, Not.
Date of this Attack, 5 yrs. ago.
Duration, 5 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 31 yrs.
Time of Leaving, July 12. 1899
Time in Hospital, 2 mo. 23 d.
Result, Discharged May 5. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. R. M. Phelps *Date of* 4/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear now.
MEMORY, Past Events,
Recent Events, Says extremely poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

HALLUCINATIONS, Says has had - more now.
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).
Denies knowing any thing possibly unless mother.
Father, Died - Paralysis at 55.
Paternal Relatives,
Mother, Living Hysterical & nervous.
Maternal Relatives,
Brothers and Sisters, 0 -
No children -
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
5 yrs ago fell down Elevator shaft - on head & shoulders. for 5 days could not move right side. Scarlet fever at 8 Typhoid in 93.
HABITS, Drinks
HEADACHES, VERTIGO, OR CONVULSIONS, Dizzy at times only in these spells.
OCCUPATION, Healthy or not, Salesman.
Detail Date, Duration, and Character of Previous Attack, if any,
This spell - 8 mos - the worst - has had spells before - Loss of memory.
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, Fair
WOUNDS, Abnormalities and condition of Skin, Good condition
TONGUE, Coatings or Promptness of Movement, No coating
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal.
SIGHT, Good only for dizzy spells
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, ~~Arms~~, Poor. Cannot stand on ~~Legs~~ foot. Stands eyes shut poorly Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands - says at times has been extreme - Some coarse of tongue.
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 - possibly a little large.
ARTERIES,
Slightly hard -
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 seems quiet & melancholy. Says he was quite bad for a few days up to Monday. Says mind has been failing for several years. Gave up a good position 2 yrs. ago because began to doubt if getting orders right. Says memory of last four weeks almost gone. Remembers living in one place in Chicago & was found in Winona or LaCrosse, he is not sure which. Says at time of leaving had been on a big spree & was trying to stop. Says he has had several spells before. Says can't remember details of day before now - or not well. Patient incidentally remembers a good many things.

Personal and Medical History of Frederick H. Middleton.

1899.

This patient was brought here by Sheriff's deputy Hanson, in fair physical condition with the following history:- No history of consanguinity, heredity or intemperance in patient nor in parents: First symptoms of insanity manifested about 5 years ago by delusions with reference to business affairs. Disease appears increasing: Is variable: Derangement now manifested by delusions about business affairs — by eccentricities of conduct: No filthy nor destructive habits manifested excepting that during confinement in jail he tore a padded cell: No peculiarities previously manifested. No severer diseases noted but there is a doubtful history of an injury to head in childhood: Patient has been four days in County jail. Has received no treatment. No further facts learned on personal examination.

4/19/99 On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair gray: eyes blue: Skin fair: Bruise on left arm: Mole on back: Scar on head, about 3 in. long. scar on fourth finger right hand: Vaccination marks on left arm: Is clean. Teeth out upper jaw & one from lower jaw: Behavior good: Examined by E.W. Allen)

Apr 19. (Summary by Dr Wanous) Temp 100. Pulse 100. Resp. 24. Talks rationally; says memory is poor: cannot recollect past events. Complains of headaches & is constipated: Is troubled with insomnia Perhaps due to drink. Apr. 26 Is well behaved: speech rational appears improved but is still a little nervous: Does some work. June 1. Wt. 196 lb. Has been gaining - July 12 Sent home on trial. Very much improved

Discharged.

Personal and Medical History of

Personal and Medical History of Frederick Hall.

Whole No. 5290
Residence, Faribault, Minn.
Date Admission, April 24. 1899.
Admitted by Dr. R. M. Phelps hour, 3 P.M.
How Sent, James Hunter J. of P. Rice Co.
Sex, male. Age, 35 yrs.
Civil Condition, married
Children, one.
Age Youngest Child, —
Occupation, Laborer.
Degree Education, None.
Profession, Religion, 7th day Adventists.
Habits, No intemperate as far as known.
Nativity, Minnesota - Parents born in Michigan. Became resident of Co. Jan 1854
Physicians Committing, Seeley & P. A. Smith.
Correspondents,

No. of Year, 183
Insane Relatives, One cousin.
Cause Exciting, Epilepsy.
Cause Predisposing, Previous attack.
Form, Epileptic Insanity
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, Not.
Date of this Attack, Has had some trouble all Winter.
Duration, —
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 33 yrs
Time of Leaving, May 25. 1899
Time in Hospital, 1 mo. 1 d.
Result, Discharged Oct. 31. 1899 Recovered.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, 137½ 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 Hall.

1899.

This patient was brought here by sheriffs deputy J.B. Thompson attended by H. B. McElvaine in fair physical condition with the following history: No history of consanguinity. One cousin was insane: First attack of insanity occurred two years ago, lasting about one week: Patient has had some trouble all the past winter; disease appears increasing: Is variable: Derangement now manifested on subject of 7th Day Adventism: No disposition to injure anyone shown, nor to filthy nor destructive habits. No peculiarities previously shown: Has had epilepsy for years: Has been in confinement since Saturday last. Has received the usual epileptic remedies. On personal examination is restless, nervous, epileptic, incongruous language etc. On admission put upon Infirmary Ward. (Gen. Apt. Complexion dark: hair dark brown: eyes gray: Skin in good condition: Vaccination marks on left arm: Scar on left side of face about 2 in. long: Is clean: 5 teeth missing in upper jaw & 2 in lower. Behavior good: (Exam. by A. Dorr)

Apr. 24. (Summary by Dr. Watrous) Patient quiet. but irrational: Has hallucinations of sight. Apr. 26 Vars. t 73. Apr. 27 Asked to go home, seemed better. Worries about family: while footing with other patients received blow on stomach: no injury: Complains of dizzy spells, probably due to stomach irregularities. May 26 Sent home Much improved.

Discharged.

Personal and Medical History of

Personal and Medical History of Peter Carlson.

Whole No. 5293
Residence, Burnside Minn.
Date Admission, April 25 1899.
Admitted by Dr. RM Phelps hour, 6th Bn.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 51 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
Became resident of State & Co in 1854
Physicians Committing, B. Jacking & H.L. McKinstry
Correspondents,

No. of Year, 186
Insane Relatives, Brother insane (O.R. Charlson)
Cause Exciting, Unknown.
Cause Predisposing, Previous attack & probably heredity.
Form, Dementia, Terminal
Accompanying Bodily Disorder, None given.
Suicidal or not, Tried to hang himself 28 yrs. ago.
Date of this Attack, April 23 '99.
Duration, 2 days.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 36 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused - sluggish.
MEMORY, Past Events, not very good.
Recent Events, imp. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Sometimes correct. sometimes illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
Patient rather silly, weak-minded, confused, deluded -
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, 1 brother insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says always well.
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,
Sleep, Appetite, and Bowels, Says all good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 2 PRESENT WEIGHT, 169# USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, ~~Abnormalities~~ and condition of Skin, Considerable acne.
TONGUE, Coatings or Promptness of Movement, Clear - quite prompt
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. normal size. responses good.
SIGHT, Much impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Says good
COORDINATION, Arms, good. Legs, good. Grasp,
TREMORS, Hands, Tongue, ~~Facial Muscles, General~~, Slight.
PATELLAR REFLEX, decided Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, fairly normal.
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 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, 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 fairly well nourished. No abnormalities or gross lesions found - Physical condition quite good. Seems rather dull, confused & silly mentally - does not answer directly but is inclined to ramble. Has delusions of an indefinite nature. Says he came here to see his brother

Personal and Medical History of Peter Carlson.

1899

This patient was brought here by sheriffs deputy P. J. Lundquist in jail physical condition with the following history:- No history of consanguinity; One brother insane: No history of intemperance in patient or parents: First attack of insanity manifested 15 years ago of short duration: First symptoms of present attack manifested April 23' 1899 by violence to others: Disease appears increasing: is variable: Derangement now manifested on no particular subject: acts strangely. Not disposed to injure others: Has tried to hang himself 28 years ago: Filthy in habits: No information concerning previous confinement: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination physical condition normal: Mind not clear.
On admission put upon B[3] E. (Gift Rpt. Complexion dark: hair & eyes brown: Skin dirty: Scar on forefinger of left hand: Two small scars on left leg: Slight eruption on back & shoulders: Back teeth all gone: front ones sound: Exam. by E.W. Allen.

Apr 25 (Summary by Dr. Wilcox) Is deluded & depressed: visited having temperature taken. May 31 Patient quiet & well-behaved: rather incoherent in speech Trans. to B[2] July 31 No change in mental condition.

Aug. (Dr Chapple) Wt. 178[#] Pulse 82. Patient quiet & well behaved: incoherent & deluded. Nov. 1st Very little change: Works a little: conversation incoherent & deluded: appears quite demented: habits tidy: Physical condition excellent. Febr 1 Wt 182[#]. P72. May 3. Transferred to annex. July 25. vaccinated: Result good. July 31. General condition remains about same: is in very good physical health: always well-behaved: talks very little: appears quite demented: habits cleanly: Since at annex, has worked with blacksmith and in kitchen. Aug. 182[#]. Sep 10. Was transferred to D[3]. Oct 31. No special change to report in patients condition.

1900 No apparent change: quiet: tidy: rarely talks: rather silly in manner: works regularly in kitchen. Health very good. Febr 1 Wt 184[#]. March 1. Wt 183.[#] May 31. No change. No change noted: works regularly in kitchen. Health good. Aug 1 Wt 176[#]. Nov. 1 Wt 175½ No change in any way: has worked regularly in kitchen: health good. Dec. 1/02 Wt. 180.[#]

1901 Aug. 1/02 Wt. 176[#]. Has worked regularly about horse barn- has been in good health. No special incident during Period.

Personal and Medical History of

Personal and Medical History of Samuel Stoubs.

Whole No. 5294
Residence, Washington Co. Minn.
Date Admission, April 26' 1899.
Admitted by Dr. R.M. Phelps hour, 6 & 5 P.M.
How Sent, Frank D. Wilson Dep. Wash. Co.
Sex, male Age, 41 yrs.
Civil Condition, married
Children, 4.
Age Youngest Child, —
Occupation, Railroading -
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Ohio (Father N.J. Mother Kentucky)
Physicians Committing, H. Clark & E.B. Dudleigh.
Correspondents,

No. of Year, 187
Insane Relatives, None.
Cause Exciting, Intemperance & loss of employment.
Cause Predisposing, Unknown.
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3 months ago.
Duration, 3 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 41 yrs.
Time of Leaving, Jan. 5' 1901.
Time in Hospital, 1 yr. 8 mo. 10 da.
Result, Died. General Paresis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish & confused -
MEMORY, Past Events, Confused
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects, Lost -
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed -
DELUSIONS, Systematized, Transitory, Special Subjects,
None obtained.
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),
Syphilis - R. facial paralysis -
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, 185 USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Scar on left knee - Skin sluggish -
TONGUE, Coatings or Promptness of Movement, Clean - deviates to Right -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - No responses -
SIGHT, Defective.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, unsteady Legs, do - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, present of hands, tongue & face.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, N
Apex Beat, N Regularity, Regular
ARTERIES,
Compressible
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good
Sounds Vesicular -

CRANIAL MEASUREMENTS.

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth 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 found in a semi-stupor most of time - Incoherent & unreliable - Symptoms of General paresis probably following specific trouble.
Physically fairly well nourished - paresis of face & tongue - pupils dilated -
General appearance rather anaemic

Personal and Medical History of Samuel Stombo.

1899

This patient was brought here by Sheriffs deputy Oscar Anderson, attended by Frank O'Neil in fair physical condition with the following history: No history of consanguinity or heredity: Patient intemperate for Eight or ten years past. Better the last year. First symptoms of insanity manifested three months ago. Disease appears increasing: Is variable, with an occasional rational day. Derangement more manifested by delusions in regard to property, employment etc. No disposition shown to injure anyone. Habits filthy & destructive: No previous peculiarities noted. About two years ago received a severe blow on head. No confinement nor restraint employed: No treatment pursued. On personal examination exhibits every sign of cerebral softening.

4/26/99 On admission put upon B3 E. (5th Ward Rpt. Complexion dark: Hair light, part gray. Eyes blue: Skin in good condition. Star & U.S. tattooed on right fore-arm. Heart enclosing star & anchor with two stars beneath, on left forearm. Chin crooked - patient said he broke it in a fall. One large bruise on each foot. Is clean: Has only eleven teeth: Behavior good: Exam. by Ew. Allen.)

Apr 26 (Summary by Dr. Mowers.) Patient unsteady, speech defective & faltering. Has grandiose ideas. Apr 29 Attacked nurses, had to be put in room. Trans. to Infirmary. Would not remain in bed: filthy in habits. May 8 up on ward May 10 Seems very much demented. Wanders aimlessly about hall picking up anything he can find.

June 4. On returning from walk went into south bay to E. hall & broke window with fist cutting hand slightly. June 21 Trans. to B3. July 1 Wt. 130# Pulse 80. Is filthy: shows paretic symptoms.

July 21. Condition unchanged. Aug 3 Wt 180. Pulse 80. Is very untidy: speech impaired. Aug 3 unsteady: much demented: slouchy & filthy, at times. Oct 9. Visited by friends. Dec 31. No special change. Feb 15/1900. Patient is more stupid and more incoordinate. Apl 11. Transferred to 4th. Patient pulled screen off window: vomited on floor after dinner - May 1. Wt 193#. Is failing. July 1. Wt 179#. July 28. Transferred to F W. Aug 11. Patient restless, all night. Aug 29. Tears clothes & got up on ward. Is filthy; appetite fair. Sept 8. Received black eye (Cause unknown) - Sept 25. Put to bed: has to be fed by nurse. Oct 5. Patient cannot stand alone. Nov 1 165# - Nov 20 Is failing. Jany 4/1901. Shows rapid failure. Has 3 water blisters on left wrist - Jany 5. Failed rapidly & died at 9.40 Am.

— Died —

Personal and Medical History of

Personal and Medical History of Peter Knutson.

Whole No. 5295
Residence, Elmore, Minn.
Date Admission, April 29 1899.
Admitted by Dr. A.W. Phipps. hour, 10 am.
How Sent, J. F. Winship. Supt of P. Faribault Co.
Sex, male Age, 32 yrs.
Civil Condition, married.
Children, one.
Age Youngest Child, -
Occupation, Carpenter.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Norway (Parents also born there)
Came to America 1887 Settled in Iowa
Physicians Committing, S. R. Hunt & A. J. Franklin.
Correspondents, A. K. Anderson Elmore, Minn.

No. of Year, 188
Insane Relatives, One brother hung himself.
Cause Exciting, Worry over lack of work.
Cause Predisposing, Unknown.
Form, Dubious followed by dementia
Accompanying Bodily Disorder, Unknown.
Suicidal or not, Not.
Date of this Attack, Last fall.
Duration, About 6 months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 32 yrs.
Time of Leaving, November 14 - 1901
Time in Hospital, 2 yrs 6 mos 16 ds
Result, Died - Paresis

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused - sluggish.
MEMORY, Past Events, not good
Recent Events, So. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull - illusive.
REASONING POWER, Ordinary Subjects, Poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Seems confused & ~~has~~ ~~it~~ excitable & irritable has an agitated expression
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, 6ft 1/2 PRESENT WEIGHT, 165. USUAL WEIGHT, NUTRITION, Quite good.
WOUNDS, Abnormalities and condition of Skin, Skin in good condition.
TONGUE, Coatings or Promptness of Movement, Clean - slow
PUPILS, Equality, Size, Response to Light, and Accommodation, unequal - normal - response good.
SIGHT, fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Impaired
COORDINATION, Arms, Impaired Legs, Impaired Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of tongue.
PATELLAR REFLEX, Diminished Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Good Size,
Apex Beat, 5 Regularity, Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds feeble.

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character,
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). So tall and not strongly built. Head - face aquiline features. Physical condition quite good. Mentally is confused & talkative. Has a very agitated expression. Has little control of himself. Mental grade not very bright. Probably General paresis.

Personal and Medical History of Peter Knutson

1899

This patient was brought here by Sheriff's deputy F.E. Bussell, in fair physical health with the following history:- No history of consanguinity nor intemperance in patient nor parents: One brother hung himself: First symptoms of insanity manifested last Fall when patient lost his memory & became very talkative: Disease appears increasing: No rational intervals: Derangement now manifested by a complete loss of memory, leaves his personal effects around & forgets where they are: Is very talkative: Not disposed to injure anyone: No filthy nor destructive habits: Has always been nervous & easily excited, not very bright & very talkative. No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination is talkative, incoherent, easily excited etc. On admission put upon B³E (G.H.N. Rpt. Complexion light: hair light brown: eyes blue: Skin in good condition: Scar on left leg above knee: & two on right leg above knee. Small bruise on back of neck: Is clean: Legs below knees look scaly & rather scrofulous. Tooth missing from each side of upper jaw, & from right lower jaw.)

Apr 29 (Summary by Dr Wallons.) Received on ward: Stubborn: refused bath: much confused memory poor. May 2 Still much confused: Asks to go home. May 20 Appears worse: Is filthy. June 1 Had retention of urine, catheterized. June 9. Trans. to B¹. Condition is growing worse: he is becoming very demented, untidy, dull: Does no work. Aug. 2 Wt. 172# Pulse 84. Sept. 7 Gangrenous wound on second toe, left foot. Caused by shoe. Toe amputated under anaesthetic. Oct 30 Wound healed. Not much improvement during period. Mental condition poor: Is nervous, confused & irrational. Inclined to be quarrelsome & pugnacious: Habits untidy. Physical condition fairly good. Jan 31. No change noticeable. Is in constant state of confusion. Wt 190# P90. Mar 31. Visited by brother. July 20. Vaccinated. July 31. But little change apparent: general physical condition fairly good. Patient has incontinence of urine, and is also very filthy, requiring bath daily. Seems to be in a constant state of confusion: talks in a loud rambling manner, mostly unintelligible: at times, very noisy: attempts to read the papers but is merely a jumble of words: does not seem to understand when he reads: Is very stubborn, complaining & pugnacious frequently: Works some on ward: has good appetite: is frequently restless at night. Aug 1. 180#. Nov 1. 168#. Nov 30. Above notes still hold good. Jany 31/1901 – Physical health failing gradually. Is troubled with incontinence of urine: little change mentally: restless, extremely talkative: irrational: has delusions of persecution: speech hardly intelligible: works some on ward: inclined to get into trouble with other patients. Feby 1. Wt 170#. P110. Apl 25. Transferred to T.W. had to be catheterized – Is up, on ward. Apl 29. Transferred to B¹. May 1. Wt 162#. June 27. Visited by mother. – Was struck by J.W. Walker, receiving slight gash on scalp. July 31. Patient gradually

Apr 29 / May 2 / 20 / June 1/9 / Aug 2 / Sep 7 / Oct 30 / 1900 / Jan 31 / Feb 2 / July 31 / Aug 1 / 1901 / Jany 31 / Feby 1 / Apl 25/29 / Apl 29/31

Personal and Medical History of Peter Knutson

1901 Cont'd

July 31 declining, mentally & physically: is very restless, noisy, talkative: quite unintelligible. Always has a very disturbed manner. Physical condition poor: has incontinence of urine:- very excitable & frequently gets into trouble with other patients. Aug 1 Wt 155#. Sep 5. Failing physically. Transferred to T.W.: Sep 22. Up, on ward: physically improved. Oct 01 To B¹:- To T.W. and put to bed: has "sinking spells". Oct 12. Continues to fail: has bad bed sores. Still failing: has to be fed by nurse: requires repeated cathartics. Nov 13. Obstipation: given repeated cathartics, without effect. Nov 14. Patient continued to fail & Died at 5. Am.

Aug 1 / Sept 5/22 / Oct 5/12 / 24 / Nov 13/14

Died

Personal and Medical History of Joseph Lorentz

Whole No. 5296
Residence, Winona Co, Minn.
Date Admission, May 3' 1899.
Admitted by Dr. R. A. Bebb. hour, 3 Pm.
How Sent, H. L. Buck J. of P. Winona Co.
Sex, male Age, 24 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer. (?)
Degree Education, Reads & writes.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Minnesota (Parents born in Germany)
Physicians Committing, Edw. D. Keyes & G. J. Twerdy.
Correspondents, Anthony Lorentz (father) 519 W. Mark St. Winona Minn.

No. of Year, 189.
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Stuperous Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, one week.
No. of Attack, 3rd. (12 & 5 yrs ago)
No. of Admission, 1 here (at St. Peter 5 years ago)
Age First Attack, About 12 yrs old
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - rather sluggish.
MEMORY, Past Events, Fair.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert. Correct.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects,
Own Mental State,
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).
Uncle insane.
Father, living - well.
Paternal Relatives,
Mother, died - consumption.
Maternal Relatives,
Brothers and Sisters, 2 well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
measles - struck on head.
HABITS, Drinking and Smoking, uses tobacco
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
OCCUPATION, Healthy or not, Collector, book keeper etc.
Detail Date, Duration, and Character of Previous Attack, if any,
Was at St. Peter once.
Sleep, good Appetite, fair and Bowels, not regular.

Personal and Medical History of

5296/43/53 M Joseph Lorentz —
Copy of Order for Hearing Petition of Anton Lorentz on 23d Aug 1901 at Court house, Winona for appointment of as guardian for Joseph Lorentz insane; served and service admitted filed Aug 6/1901 per E.Z.W.
(Papers filed with commitment papers.)

...CTERISTICS.
...UAL WEIGHT, NUTRITION, fair
condition
fairly prompt.
size normal. responses good.

Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, Slightly increased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Quite strong
Apex Beat, 5 Regularity, regular.

ARTERIES,
0

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Symmetrical
Expansion poor 1½ in
B sounds feeble

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fair
BOWELS, Present Condition, not 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 - but sluggish - rather slight of build. Not very high mental grade. has an imbecile expression. Worries about his "sins" & has delusions about religion talks in a slow hesitating pious way, & rolls his eyes upward.
Melancholia of a wild type. possibly due to masturbation & worry over other matters

Personal and Medical History of

Whole No. 5296
Residence, Winona Co, Minn.
Date Admission, May 3' 1899.
Admitted by Dr. R. A. Bebb. hour, 3 Pm.
How Sent, H. L. Buck J. of P. Winona Co.
Sex, male Age, 24 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer. (?)
Degree Education, Reads & writes.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Minnesota (Parents born in Germany)
Physicians Committing, Edw. D. Keyes & G. J. Tweedy.
Correspondents, Anthony Lorentz (father) 519 W. Mark St. Winona Minn.

No. of
Insane Relative
Cause Exciting, un
Cause Predisposing,
Form, Acute Stupor
Accompanying Bodily Disorder, None me
Suicidal or not, Not.
Date of this Attack, One week ago.
Duration, one week.
No. of Attack, 3rd. (12 & 5 yrs ago)
No. of Admission, 1 here (at St. Peter 5 years ago)
Age First Attack, About 12 yrs old
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - rather sluggish.
MEMORY, Past Events, Fair.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite alert. Correct.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects,
Own Mental State,
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).
Uncle insane.
Father, living - well.
Paternal Relatives,
Mother, died - consumption.
Maternal Relatives,
Brothers and Sisters, 2 well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
measles - struck on head.
HABITS, Drinking and Smoking, uses tobacco
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
OCCUPATION, Healthy or not, Collector, book keeper etc.
Detail Date, Duration, and Character of Previous Attack, if any,
Was at St. Peter once.
Sleep, good Appetite, fair and Bowels, not regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 3/4 PRESENT WEIGHT, 122# USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, Skin in good condition
TONGUE, Coatings or Promptness of Movement, Slight coat. fairly prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses good.
SIGHT, Quite good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands. & tongue.
PATELLAR REFLEX, Slightly increased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, Size, Quite strong
Apex Beat, 5 Regularity, regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Symmetrical
Expansion poor 1½ in
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, fair
BOWELS, Present Condition, not 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 - but sluggish - rather slight of build. Not very high mental grade. has an imbecile expression. Worries about his "sins" & has delusions about religion. Talks in a slow hesitating pious way. & rolls his eyes upward. Melancholia of a wild type. possibly due to masturbation & worry over other matters

Personal and Medical History of Joseph Lorentz.

1899.

This patient was brought here by sheriff's Asst. Fuhrmann in fair physical health, with the following history: No history of consanguinity, heredity nor intemperance in patient nor his parents: This is third attack of insanity: First occurred about 12 years ago & lasted about two weeks: The second about 5 yrs ago & lasted 5 month - patient was at St. Peter during this attack: First symptoms of present attack manifested about one week ago by general mental unbalance. Disease appears same as during former attacks: Derangement now manifested on subject of religion: Talks irrationally & is inclined to wander: Not disposed to injure anyone: No filthy nor destructive habits: Peculiarity previously noticed, was inclined to be religious: Patient received injury to head twelve years ago: Has received only treatment at St. Peter hospital, mentioned above: In personal examination, goes into religious ecstacies &, sings hymns & makes strange motions: Pulse 120 Has a blank, insane countenance.

5/3/99 On admission put upon Infirmary Ward East (G.H.N. Rpt. Complexion dark: hair brown; eyes gray: Skin in good condition: Small black spot on left hip & a number on right forearm: Large scar on left hip. & small scar on big toe of right foot. also one on left foot: So clean. Teeth not in good condition: 10 in upper & 12 in lower jaw: Behavior Good: Exam. by Nurse Blakeslee.)

May 3 (Summary by Dr Wanous). Patient deluded: May 3. Somewhat stubborn when asked to do anything. May 4 Refused breakfast. May 7 Frequently yells at top of voice as though calling for help. May 10 More depressed. Taken out with crowd each day. May 11 Trans. to B3. May 15 Complained of pain in stomach. Is religiously agitated.

June 1 Wt. 124#. July 31 Condition continues the same. Aug 3 (Dr Chapple) Wt. 119#

Aug 3 to Oct 31 Pulse 80. No change or improvement: Is quiet, well-behaved - very irrational: Has delusions of a religious nature: Habits tidy. Will not work.

1900 Jan 31 Jan 31/1900. Condition has remained about the same, during this period. -

Feb 1 Wt 122#. P76. May 7. Transferred to Annex. July 20. Vaccinated; result good. July 31. But

July 31 little change, during period. Since May 10, has worked regularly in dairy, and exercise seems to have improved health physically: answered questions on ordinary subjects, fairly well, but is demented: is irrational on other subjects: Spends much time in the attitude of prayer & has various delusions of a religious nature: Habits cleanly: a very inoffensive patient.

Aug 1 Wt 109#. Sep 10. Transferred to D3. Nov 30. Above notes hold good. Jany 31/1901. Physical health

1901 Jany 31 fairly good: works at barn, in the Dairy: habits quite cleanly: very well-behaved: answers

Feby 1 questions, but usually is very irrational & silly in actions. Feby 1. Wt 118½ lbs. Pulse 62.

Mar 29 Taken home, by brother in law. April 9. Returned to D3: May 1. Wt 122 lbs. July 31. No

July 31 apparent change. Became violent & could not get along, at home: has worked regularly at barn or on farm: is quite cleanly: manner very silly: Physical health good.

Personal and Medical History of Joseph Lorentz

1901

Aug 1 Wt 124#. Nov 1. Wt 137#. Jany 31/02. No change noticeable, mentally or physically:

1902 Jany 31 works regularly in Dairy. Feb. 1/02 Wt. 135# Aug. 1/02 Wt. 139#

Jan 31 Has worked regularly on farm during year. Very quiet & peaceable - converses quite rationally - but in a very timid, feeble way; Habits tidy.

Personal and Medical History of Peter L. Berg.

Whole No. 5298
Residence, Pelican. Minn.
Date Admission, May 3. 1899.
Admitted by Dr. P.M. Phelps hour, 6th P.M.
How Sent, Axel Hauer J. of P. Goodhue Co.
Sex, male Age, 30 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Carpenter.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Norway (Came to Minn. as a Parents also born there)
Physicians Committing, M. Thoresen & M. Thrane.
Correspondents,

No. for Year, 191
Insane Relatives, None.
Cause Exciting, Religious & business worry.
Cause Predisposing, Unknown.
Form, Acute Religious Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes. (Cut his neck)
Date of this Attack, About 6 wks. ago.
Duration, About 6 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 30 yrs.
Time of Leaving, Oct. 15. 1899
Time in Hospital, 5 m. 12 d
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

PHYSICAL CHARACTERISTICS.

HEIGHT 5 ft 7 3/4 PRESENT WEIGHT, 150 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 Peter L. Berg.

1899

This patient was brought here by Sheriff P. J. Lundquist, in fair physical condition with the following history:- No history of consanguinity, heredity, nor intemperance in patient nor his parents: First symptoms of insanity manifested about six weeks ago: Disease appears increasing: Is not variable: Derangement now manifested by worrying about religious matters + his carpenter work. Not disposed to injure anyone: Attempted suicide by cutting his neck: No filthy nor destructive habits: Previous peculiarities - a melancholy disposition, reticent habits, predominant religious impressions: No severe diseases nor injuries to head: No confinement nor restraint employed: Has received treatment of wound on neck - + mild sedatives: On personal examination Sits still in chair, talks very

5/3/99 little, cries + worries. On admission put upon B³ East (G.H.N. Rpt Complexion light: hair light brown: eyes blue: Skin in good condition: Initials tattooed on left hand: scars on neck, right eye, forehead, on right side of head + depression in skull at back of head. Is clean: Pimples on back + shoulders: 8 #teeth missing from upper jaw + five from lower jaw: Behavior good: Exam. by E. W. Allen)

May 3 (Summary by Dr Wanous) Patient seems melancholy + depressed: Attempted suicide while out. May 5 Said he worried about his business affairs Talks very little. May 8 Assisted with work on ward,

May 10. Wound on neck redressed. May 16 Appeared somewhat better worked on ward: talked readily: shows a mild weakness.

July 1/31 Wt. 164# July 31. Continues to be somewhat melancholy.

Aug 3/31 Wt. 164# P76. Aug 31. Patient quiet + well-behaved: is somewhat melancholy + was found crying

Oct 10/15 in his room Oct 10. visited by relative. Oct 15. visited by brother + taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Patrick V. Dwyer.

Whole No. 5299
Residence, St. Paul, Minn.
Date Admission, May 3. 1899.
Admitted by Dr. R. M. Phelps hour, 6 P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 42 yrs.
Civil Condition, married
Children, two.
Age Youngest Child, –
Occupation, Plumbing Business.
Degree Education, High school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, New York. (Parents born in Ireland)
Became resident in 1883.
Physicians Committing, J.B. Brimhall & A. Sweeney.
Correspondents,

No. of Year, 192.
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, three or four months ago.
Duration, 3-4 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42 yrs.
Time of Leaving, Dec. 16. 1900
Time in Hospital, 7 m. 13 d
Result, Discharged July 9. 1900 Improved.

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, good.
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, died of apoplexy.
Paternal Relatives, No history of insanity.
Mother, died of cancer.
Maternal Relatives, No history of insanity.
8 Brothers and Sisters, 1 brother has epilepsy & one paralysis
2 children – well & healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), No sickness.

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Nervous headache

OCCUPATION, Healthy or not, Plumber.

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, Good

WOUNDS, Abnormalities and condition of Skin, well nourished

TONGUE, Coatings or Promptness of Movement, slight coating – responds readily –

PUPILS, Equality, Size, Response to Light, and Accommodation, equal – size normal responses normal.

SIGHT, good.

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

HEARING, Good

COORDINATION, Arms, normal Legs, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, hands & tongue slight

PATELLAR REFLEX, slightly exaggerated Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, n Size, n.
Apex Beat, n Regularity, regular

ARTERIES,
full & compressible.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good.
B sounds clear.

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, 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). Appears confused & irrational on all subjects. Is quite depressed at times but has times when he is very much excited. Physically is well nourished & eats & sleeps well. Has a peculiar expression of the eye which would lead one to think that he has delusions tho none have been manifested.

Personal and Medical History of Patrick V. Dwyer.

1899

This patient was brought here by sheriffs deputy H. Hanson, in fair physical condition with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents. First attack of insanity manifested three or four months ago by exhilaration & enthusiasm over trifling matters. Disease is not variable: No rational intervals: Derangement now manifested on inventions, possession of wealth & general prosperity amid discouraging circumstances. Not disposed to injure anyone: No filthy nor destructive habits noted: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination talks constantly of inventions, perpetual motion & absurd schemes for doing queer things. General exhilaration.

5/3/99 On admission put upon Infirmary Ward (G.H.N. Cpt. Complexion light: eyes blue: hair gray: Skin in good condition: Vaccination marks on left arm: Slight bruise and scratch on left arm: Is clean: Teeth good: Behavior good: Is somewhat excited: Exam. by T.R. Spillane.)

May 3/99. (Summary by Dr. Wanous) Patient restless night & day. Incoherent: Worried about money matters. May 9 Threatening & restless: Continues destructive Very deluded: Continually asks for wife & friends & to be allowed to go home. May 17 Requires continual watching: has to be kept in bay. Visited by brother: Quite talkative & had crying spell during conversation. Memory poor on most subjects. June 9 Complained of tooth ache June 13 Attempted to open window June 14 Trans. to B3.

June 19. Visited by wife. Anxious to go home. Attempted to go down

July 1 down town. July 1 Very sensitive & tears come to eyes often.

31 Speech slow & faltering July 31. Wt. 166 lb No change specially noticeable —

Aug 3/31 Wt 174 lb. P 84. Aug 31. Quiet & well-behaved and fairly intelligent: worries much about Com-

Nov 30 -mitment. Nov 30. Writes letters for patients. Dec 4. Speech more incoordinate & hesitating:

Dec 15 Taken home by wife.

Discharged

Personal and Medical History of

Personal and Medical History of Miles M. Sheldon.

Whole No. 5301
Residence, Wells, Minn.
Date Admission, May 9' 1899.
Admitted by Dr. R. M. Phelps hour, 6 10 am
How Sent, J. F. Winship & of P. Faribault Co.
Sex, male Age, 74 yrs.
Civil Condition, married
Children, 3.
Age Youngest Child, —
Occupation, Farmer + Brick-layer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, New York. (Parents also born there) Became resident of Minn. prior to 1869
Physicians Committing, A. J. Franklin + J. C. Cooper
Correspondents, W. R. Hoskins, Wells, Minn. (Telegraph W. R. Hoskins)
Mrs. Miles M. Sheldon, Wells, Minn. (wife)
Francis Sheldon (son) " " (5 mi. out)

No. of Year, 19th
Insane Relatives, None.
Cause Exciting, "Softening of the brain"
Cause Predisposing,
Form, Senile Dementia
Accompanying Bodily Disorder, is weak + feeble.
Suicidal or not, Not.
Date of this Attack, About two months ago.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 74 yrs.
Time of Leaving, May 14. 1899
Time in Hospital, 5 d.
Result, Died Feb 14 in Senile Dementia.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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 Miles M. Sheldon.

1899

This patient was brought here by Sheriff's deputy L.C. Taylor attended by W.R. Haskins in a feeble condition, with the following history:- No information concerning consanguinity: No heredity nor intemperance known: First symptoms of insanity manifested about two months ago: Disease appears increasing Is variable, but there are no rational intervals: Derangement manifested on no particular subject: Is restless, constantly moving about, cannot sleep talks incoherently: Is disposed to injure others: Neither filthy nor destructive in habits: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: Has been cared for by constant attendants night and day for seven weeks: No particular treatment pursued: On personal examination appears weak & feeble; is restless, talks constantly.

5/9/99 On admission put upon Infirmary Ward (G.H.U. Rpt. Complexion dark: hair gray eyes brown: Skin in good condition: Feet & legs swollen: fingers deformed & scarred: Old scars on left leg & on rt. foot. Bruise on left elbow & small bruise on left leg also one on right leg, & a number under left arm & one on right knee. No teeth in upper jaw: 4 in lower jaw badly decayed: Is ugly & cross: very weak.

Received on Ward: very restless & agitated & restless: also pugnacious: striking at nurses: noisy: put

10 in protection-sheet: refused dinner. T. 101^{6} May 10. Taken out of protective sheet 9^{15}: he has abrasion of skin on right hip-bone: slight abrasion on left hip: running down onto thigh: Joint of right hip, black

11/12 and blue: (caused from struggling in P-sheet). May 11. Very restless, today: May 12. Extra restless, all

14 day: takes but little nourishment. May 14. Had "sinking-spell" this am. Failing rapidly

Summary. Was received on ward in a very weak & enfeebled condition: During each night was restless; sleeping very poorly; frequently not sleeping at all: was dirty: required frequent change of bed: was given nutritive enemas, almost every night: also small quantities of milk. Failed rapidly, ever since admission: 4^{30} Breathing became very labored: and he Died at 5^{05} am (15th) —

Died

Personal and Medical History of

Personal and Medical History of Thomas Tunis

Whole No. 5307
Residence, St. Paul, Minn.
Date Admission, May 11th 1899.
Admitted by Dr. P.M. Phelps hour, 6th P.M.
How Sent, E.W. Bazille & of R. Ramsey Co.
Sex, male Age, 58
Civil Condition, married
Children, 5
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common school
Profession, Religion, Catholic.
Habits, Not Intemperate.
Nativity, Austria - Parents also born there. Became resident of State 40. 29 yrs. ago.
Physicians Committing, A.W. Miller & A. Macdonald.
Correspondents, Frank Tunis 431 Jefferson Ave. St. Paul, Minn.

No. of Year, 200
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, not.
Date of this Attack, 2 wks. ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 58 yrs.
Time of Leaving, June 18. 1899.
Time in Hospital, 1 m. 7 d.
Result, Discharged Dec. 29. 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 5 PRESENT WEIGHT, 156 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 Thomas Tuma.

1899

This patient was brought here by sheriff's deputy Hanson attended by Frank Tuma in fair physical condition, with the following history: No history of consanguinity, heredity, nor intemperance in patient nor his parents. First symptoms of insanity manifested about three weeks ago by delusions. Disease appears increasing: Is variable - with irregular rational intervals Derangement now manifested on subject of religion. Not disposed to injure anyone: No filthy nor destructive habits. Previously manifested religious impressions: Had Typhoid fever 15 years ago: Has been in County jail for past 24 hours: Has received no treatment. On personal examination is apparently in good health. On admission put upon B & E (Gt. N. Rpt. Complexion dark: hair black: eyes brown: Skin in good condition: Brown spot on back said it was caused by a plaster: 2 vaccination marks on left arm has a large bunch on left shoulder: several moles on back: Rear on palm of left hand: Bruises on left hand. Not very clean: Two teeth out of upper jaw & 2 out of lower. Behavior good: Exam. by Kuebler -)

5/11/99

5/11/1900 (Summary by Dr. Wanous.) Patient peculiar in actions; irrational: incoherent in speech: Stands in an attitude of prayer. Memory & appetite poor. May 22 Visited by friends. May 24 Quiet & well-behaved: Not much change in general condition

June 1 Wt. 151# Pulse 104. June 6-7 Visited by son. June 10 More restless walks floor continually. Talks to himself. June 17 Taken home.

Discharged.

Personal and Medical History of

Personal and Medical History of Andrew Benson

Whole No. 5308

Residence, Fountain, Minn.

Date Admission, May 11th 1899.

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

How Sent, Ed. Farrington & Jos. Fillmore Co.

Sex, male. Age, 48 yrs.

Civil Condition, married.

Children, Five.

Age Youngest Child, —

Occupation, Butcher.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Has been a hard drinker for years.

Nativity, Norway (Parents also born there.)
Resident of Co. for 28 yrs.

Physicians Committing, R. Phelps & G. A. Love.

Correspondents, Mrs. Andrew Benson, Fountain.

No. of Year, 201

Insane Relatives, None.

Cause Exciting, Drink.

Cause Predisposing, Unknown. Insanity

Form, Alcoholic Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About one year ago.

Duration, About one year.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 47 yrs.

Time of Leaving, Aug. 11. 1899

Time in Hospital, 3 mo.

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, 5ft 11½ PRESENT WEIGHT, 197½ 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 Benson

1899

This patient was brought here by sheriff H.A. Slexrud attended by Matt Strum in fair physical condition with the following history: No history of consanguinity, nor heredity. Patient has been a hard drinker for years: Derangement first manifested about one year ago, by loss of memory, & delusions that friends and family are all against him, have taken his money etc: Disease appears increasing: Is variable with irregular rational & intervals: At times appears all right, but not as he was before the disease came on: Is now very despondent & thinks friends are all against him & that his family rob him. Not disposed to injure anyone: No destructive nor filthy habits: No previous peculiarities noted: Had sunstroke when a boy: No confinement nor restraint employed: Has had several physicians but with no good result. On personal examination is very melancholic & depressed. On admission put upon

5/11/99 B³E (G.H.N. Rpt. Complexion light: Hair & eyes brown: Skin in good condition: Little finger on right hand crooked: Small sore on right knee: Slight eruption on back: Is dirty: One tooth out upper jaw & a few decayed. Behavior good: Is lame with rheumatism.)

May 11 (Summary by Dr. Wanous). Patient on admission talked quite readily & rationally. put to bed. Depressed & melancholy. Said he had had inflammatory rheumatism & had been confined to bed seven months. Went out with crowd but could not walk. May 14 Reads some & converses with other patients. June 1 Patient quiet & well-behaved. Has gained physically but mentally shows no change

July 31 No change. Aug 3. Wt 190# P. 80. Is well-behaved: rational: works on ward. Aug 10. Patient

Aug 3/10 taken home by relatives.

Discharged

Personal and Medical History of

Personal and Medical History of Henry Schmale

Whole No. 5309

Residence, St. Paul, Minn.

Date Admission, May 15 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, 57 yrs.

Civil Condition, married.

Children, 7.

Age Youngest Child, —

Occupation, Carpenter.

Degree Education, Common school.

Profession, Religion, Methodist.

Habits, Not intemperate.

Nativity, Germany (Parents also born there.)

Physicians Committing, Became resident of State of Co. 18 yrs ago. W. Archibald & H. R. Minnick, M.D.

Correspondents,

No. of Year, 202.

Insane Relatives, None.

Cause Exciting, Anxiety over loss of property & hardships throughout life.

Cause Predisposing, — —

Form, Senile Dementia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 6 or 7 months ago.

Duration, 6-7 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 57 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,
Very sluggish.

MEMORY, Past Events,

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull, slow - answers questions - very poorly or not at all

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).
Can elicit no definite history.

Father,

Paternal Relatives,

Mother, dead

Maternal Relatives,

Brothers and Sisters, in this country.
7 children all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
says none.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Carpenter.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 148½ USUAL WEIGHT, NUTRITION, Quite good.

WOUNDS, Abnormalities and condition of Skin, 2 scars on L. elbow & one on L. knee - scar on R. leg - varicose veins of legs
Skin healthy condition

TONGUE, Coatings or Promptness of Movement, Clean - slow.

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

SIGHT, Impaired

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

HEARING, Apparently quite good.

COORDINATION, Arms, fair Legs, good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, fair

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, quite good Size,

Apex Beat, 5 Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest 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 quite good physical condition: sleeps well: Is plump & well nourished: No lesions of vital organs apparent. Mentally is very dull and indifferent. Slow in actions - will talk very little; usually shakes head. Seems considerably demented.
A chronic case - probably senile dementia

Personal and Medical History of Henry Schmale.

1899

This patient was brought here by Sheriff's deputy Hansen, in fair physical condition with the following history: No heredity nor consanguinity known: First symptoms of insanity manifested 6 or 7 months ago by dementia. Disease appears increasing: Not variable: Derangement now manifested by taking no interest in affairs & wandering aimlessly about: Not disposed to injure anyone: No filthy nor destructive habits: No peculiarities previously shown: Suffered from otitis media seven years ago. Has not been in confinement or restraint: No treatment received. On personal examination expression vacant, indifferent to his surroundings. On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair & eyes dark brown: Skin in good condition: Black & blue spot on right leg just above knee: Scar on first finger of right hand & second finger is deformed. Third finger of left hand scarred. Bruises on both legs above ankle & on elbows. A few teeth in front lower jaw, the rest broken off. Behavior good.)

May 16. (Summary by Dr Wanous) Patient confused: Wanders about in a dazed manner: Trys doors & wants to get out: Continues the same from day to day. June 1 Wt. 162# Pulse 80. July 4 Visited by relatives.

July 31. Physical condition good. Patient appears confused.

Aug 1 Wt. 182# Pulse 72. Sept 28 Visited by friends Oct. 3 Tried to elope.

Oct 16. Visited by friend Nov 28 Visited by friend. Shows some increasing dementia. Behavior for the most part very good. Is very dull & confused - wanders about. Habits cleanly: does nothing. Physical condition good except for inflamed eyes which have been treated.

1900 Feby 1/16 Feb 1. Wt 182# P80. Feb 16. Visited by friend. -

July 3/20 Visited by wife. July 20. Vaccinated: result good. July 31. There has been some slight

31 increase of dementia, during period: very seldom speaks, but understands what is said to him: wanders about the wards aimlessly: habits very untidy and filthy. Does no work. Tries to escape, frequently. Good appetite and sleeps soundly. -

Aug 1 171½ lbs Sep 10. Transferred to D. Sep 13. Transferred to D. Oct 30. Is dull & demented -

1901 Jany 31 Physical Condition fair: is becoming more demented. Is very dull: does not appear to understand what is wanted of him: stubborn: habits very filthy: does nothing -

Feby 2 Inclined to wander away from crowd. Feby 2. Wt 167# P88. Apl 15. Transferred to T.W.

Apl 15/24 Is stupid and weak: has severe inflammation of mouth & unable to eat. Apl 24. Up,

May 3 onward. Transferred to D. May 3. Physical Condition very poor. Transferred to T.W.

27 Is very weak & will not eat: constipated, & given salts. May 27. Given repeated does of

June 6 salts: no effect: fecal impaction removed mechanically. June 6. Tripped on rug, causing

July 6 cut over left eye: still very weak, dull & has to be fed. July 6. Visited by wife -

Is up, onward: not much improved: Eats well. Is filthy & troublesome, at times.

31 Condition the same. Is very much demented. Aug 22. Transferred to D.

Personal and Medical History of Henry Schmale

1901 cont'd

Aug 22 Is improved somewhat physically. Nov 1 Wt 157# - Jany 31/02. Mentally, the same -

1902 Jany 31 Is very demented & filthy - Feb. 1/02 Wt. 150# May 2 Visited by wife. June 6 Received scalp wound, cause not known - unimportant; July 2 Transferred to I.W.E. Patient is very dull, falls easily and is easily injured in a crowd of patients.

1903 Jan 31. Patient is gradually growing more demented and helpless; does not seem to understand what is said to him; Is quite indifferent to all his surroundings; habits filthy.

Personal and Medical History of Charles L. Wright

Whole No. 5310
Residence, Plainview, Minn.
Date Admission, May 15' 1899.
Admitted by Dr. A. Z. Kilbourne hour, 3 PM.
How Sent, M. Kennedy J. of P. Wabasha.
Sex, male Age, 51 yrs.
Civil Condition, married.
Children, Two
Age Youngest Child, 19 yrs.
Occupation, Mason.
Degree Education, common school.
Profession, Religion, Not a church member.
Habits, Very intemperate.
Nativity, Vermont. (Father Mass. Mother Vt.)
Became resident of State Feb. 30 yrs ago.
Physicians Committing, M. D. Wastc
Correspondents, Wife Plainview, Minn

No. of Year, 203
Insane Relatives, None.
Cause Exciting, Intemperance.
Cause Predisposing, Unknown.
Form, Dipsomania
Accompanying Bodily Disorder, Nervous prostration.
Suicidal or not, Not
Date of this Attack, 1 yr. ago.
Duration, About one year.
No. of Attack, 2nd
No. of Admission, 2nd
Age First Attack, 40 yrs
Time of Leaving, June 3. 1899
Time in Hospital, 19 d.
Result, Discharged Dec. 27. 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, 5 ft. 9 3/4 PRESENT WEIGHT, 143 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 Charles F. Wright.

1899

This patient was brought here by Sheriff's deputy G. G. Dickenson in fair physical condition, with the following history: No consanguinity nor heredity known: Patient an habitual drunkard. First attack of insanity occurred in 1892 & patient was in this hospital from Apr 4 '91 to May 11 '91 (for further particulars see Vol. 16 Fol. 53 No. 2652) First symptoms of present attack manifested about one year ago: by threats, violent temper & abuse of wife: Disease appears increasing: Is variable: Derangement now manifested on all subjects: Is disposed to injure others: Habits filthy & destructive: No severe diseases nor injuries to head sustained: Has not been confined since leaving Rochester hospital & has received no treatment: On personal examination patient is laboring under nervous prostration. On admission put upon B³E (GHU Rpt Complexion light: Hair grayish brown: eyes brown: Skin in good condition. Varicose veins on left leg: Scar on left side of neck & two small scars over left eye. Is clean: One tooth missing from left side of lower jaw: Behavior good: Exam by F. R. Spillane.

May 15. (Summary by Dr. Wanous) Patient is rather excited: Very talkative Has some bladder trouble causing frequent micturition May 31 Continues well & quiet. Works on ward. Talks readily & intelligently. Is nervous: Condition probably due to alcoholism:

June 3 Sent home.

Discharged.

Personal and Medical History of

Personal and Medical History of Daniel Kelly.

Whole No. 5311
Residence, St. Paul, Minn.
Date Admission, May 19th 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, 38 yrs.
Civil Condition, married
Children, 4.
Age Youngest Child, –
Occupation, Factory shoemaker.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Intemperate.
Nativity, Minn. (Father Ireland, Mother U.S.)
Physicians Committing, A.B. Ancker + Haldor Sneve
Correspondents,

No. of Year, 204
Insane Relatives, Maternal uncle.
Cause Exciting, Syphilis.
Cause Predisposing,
Form, Syphilitic Insanity
Accompanying Bodily Disorder, Syphilis.
Suicidal or not, Not
Date of this Attack, One month ago.
Duration, About one month.
No. of Attack, 1st
No. of Admission, 1st here. (Has been in City & Co. hospital)
Age First Attack, 38 yrs.
Time of Leaving, Nov. 23. 1900
Time in Hospital, 1 yr. 6 m. 4d
Result, Died Syphilitic Brain Disease.

EXAMINATION ON ADMISSION BY DR. E.Z. Warren *Date of* 5/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, normal
Recent Events, normal Special Subjects,

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

REASONING POWER, Ordinary Subjects, normal.
Special Subjects, sees demons.
Own Mental State, Appreciates condition.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Systematized. sees demons.

HALLUCINATIONS, Visual and auditory varied as to

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, 5 mos.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
uncle
Father, healthy
Paternal Relatives,
Mother, healthy
Maternal Relatives, Maternal uncle temporarily insane. Due to trauma
Brothers and Sisters, all well. 4 children, well.

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

HABITS, Drinking and Smoking, Excessive
Constant headaches for years. Also vertigo.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, healthy.

Detail Date, Duration, and Character of Previous Attack, if any,
No.

Sleep, Appetite, and Bowels, patient cannot sleep. Appetite good. bowels regular.

Miss Frances H. Kelly
(Mrs Eliza Kelly Fargo - mother)
Fargo N. Dak.
Daughter.
To be notified in case of Daniel Kelly's death. (also notify wife in St Paul)

RISTICS.

EIGHT, NUTRITION, Fairly good.
oulders + hip
to left, some tremors.
Size R.N.L. Dilated. Response to light slight.

foot.
Legs, standing eyes shut, uncertain. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands. Tongue deviates to left.

PATELLAR REFLEX, Absent. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
No murmurs. Sounds normal.

ARTERIES,
Normal.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry 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 contracted syphilis nine years ago. His sight has been failing for past 4 years. His disturbance probably due to the specific trouble. Would judge his mental condition about the average.

Personal and Medical History of

Whole No. 5311

Residence, St. Paul, Minn.

Date Admission, May 19th 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, 38 yrs.

Civil Condition, married

Children, 4.

Age Youngest Child, –

Occupation, Factory shoemaker.

Degree Education, Common school.

Profession, Religion, Roman Catholic.

Habits, Intemperate.

Nativity, Minn. (Father Ireland, Mother U.S.)

Physicians Committing, A.B. Ancker & Haldor Sneve

Correspondents,

No.

Insane Rel.

Cause Exciting,

Cause Predisposing,

Form, Syphilis

Accompanying Bodily Disorder, Syph.

Suicidal or not, Not

Date of this Attack, One month ago.

Duration, About one month.

No. of Attack, 1st

No. of Admission, 1st here. (Has been in City & Co. hospital)

Age First Attack, 38 yrs.

Time of Leaving, Nov. 23. 1900

Time in Hospital, 1 yr. 6 m. 4d.

Result, Died Syphilitic Brain Disease.

EXAMINATION ON ADMISSION BY DR. Ez. Warons *Date of* 5/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, normal

Recent Events, normal Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Correct.

REASONING POWER, Ordinary Subjects, normal.

Special Subjects, sees demons.

Own Mental State, Appreciates condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted in morning.

DELUSIONS, Systematized, Transitory, Special Subjects,

Systematized. sees demons.

HALLUCINATIONS, Visual and auditory varied as to

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, 5 mos.

ONSET, Gradual or Sudden, Gradual.

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

uncle

Father, healthy

Paternal Relatives,

Mother, healthy

Maternal Relatives, Maternal uncle temporarily insane. Due to trauma

Brothers and Sisters, All well. 4 children, well.

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

Specific trouble.

HABITS, Drinking and Smoking, Excessive

Constant headaches for years. Also vertigo.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, healthy.

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

No.

Sleep, Appetite, and Bowels, Patient cannot sleep. Appetite good. bowels regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 PRESENT WEIGHT, 146½ USUAL WEIGHT, NUTRITION, Fairly good.

WOUNDS, Abnormalities and condition of Skin, Slight eruption on shoulders & hips

TONGUE, Coatings or Promptness of Movement, Slight coat. deviates to left, some tremors.

PUPILS, Equality, Size, Response to Light, and Accommodation, unequal. Size R.N.L. Dilated. Response to light slight.

SIGHT, Impaired - cannot see out of right eye.

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

HEARING, Good.

COORDINATION, Arms, Finger to nose - good. Legs, cannot stand on foot. Standing eyes shut, uncertain. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands - Tongue deviates to left.

PATELLAR REFLEX, Absent. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

No murmurs - Sounds normal.

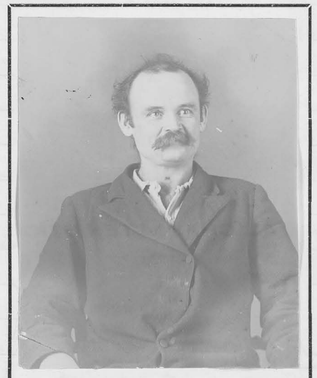
ARTERIES,

Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetry 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 contracted syphilis nine years ago. His sight has been failing for past 4 years. His disturbance probably due to the specific trouble. Would judge his mental condition about the average.

Personal and Medical History of Daniel Kelly.

1899

This patient was brought here by Sheriff's deputy Hansen, in fair physical condition with the following history:- No history of consanguinity: Maternal uncle had traumatic insanity for which he was treated at St. Peter: First symptoms of insanity manifested about a month ago, saw visions, talked to dead people, chased them, is troubled with insomnia: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by insomnia, restlessness, excitement, hallucinations of sight, delusions of persecution, religious excitement: Not disposed to injure anyone: No filthy nor destructive habits: Has done no work for sixteen months but has brooded over condition of his eyes: Has drank considerable: Has had syphilis eight years: Received injury to head when a boy: Patient has been at City & Co. Hospital two weeks: Treatment pursued, rest in bed, Hymtics and anti-specifics - On personal examination is restless & preoccupied, shows religious excitement: Talked about seeing demons. On admission put upon B³E/G.H.U. Rpt. Complexion sandy: Hair dark brown: Eyes gray: Skin in fair condition: Scars on forehead, on top of head, on left thumb & on 3rd finger of right hand: Ulcer on calf of left leg: Slight eruption on shoulders: Is fairly clean: 5 teeth missing from upper jaw & 2 from lower jaw: Behavior good.)

5/19/1900 (Summary by Dr. Wanous.) Patient is somewhat accelerated: Very talkative complains of eyesight: Says he sees demons. May 20 Had a violent hysterical spell on arising in morning: jumped & screamed at top of voice May 21. Staggers about: Is incoherent in speech: sees things in air.
May 21 Unsteady in gait, is religious: asks to see priest. May 23 Very stubborn: troublesome & restless: Violent when out with crowd: had to be held by nurses. May 31 Remains more quiet & seems anxious to go home. Sight is failing. June 1 Wt. 147#. Pulse 80. June 26 Visited by friends
June 28 Hysterical nearly all day. Laughing & crying by spells & very noisy.
30 Very maniacal during night. July 2 Attempted suicide by tying shirt-
July 2 sleeves around neck. Also attempted to gouge eyes out with fingers: Refused supper. Had to be restrained in muff. Believes he is to undergo
11 some terrible torture. July 11. Quieter & is apparently growing more demented. Has trouble locating sounds as when spoken to he often turns attention in
23/24 opposite direction. July 23 Trans. to B³. July 24 Again hysterical: Talks to imaginary
Aug 3 persons. Aug 3 Wt 164#. P 84. Patient is quick-tempered, pugnacious, strikes other patients.
30 Visited by wife: Sight poor: goes out for exercise. Sep 30. Sight failing. Oct 31. Seldom goes out:
Oct 31 Sight continues to fail. Dec 5. Ugly & pugnacious, through night: strikes other patients: was
Dec 5/23 maniacal most of the time. Dec 23. In trouble with patient Jones; received several blows on
Jany 6 1900 face & cut over left eye. Jany 6/1900. Continues pugnacious: Transferred to F.W. put to bed,
14 in protection sheet. Is very maniacal; very ugly & stubborn. Jany 14/1900 Left knee much inflamed:

Personal and Medical History of Daniel Kelly

1900

Jany 14/15 Inflammatory area opened & drained. Jany 15 Bowels are loose. Jany 17. Hands also infected: opened
17/23/26 and dressed. Jany 23. Visited by wife. Jany 26. Leg bandaged & cast put on, to prevent patient from
29/31 removing bandages. Jany 29. Leg re-dressed. Jany 31. Removed bandages: was put in muff (physical restraint). On first going to F.W. patient was kept in "bay". The knee was infected from abrasion -
Mar 1 Wt 148#: Is on Iodide treatment. Apl 1. Patient dressed: medicine continued. June 11. Patient
June 11 was visited by wife. July 17. Vaccinated. Patient (July 31) seldom speaks: is demented: says
July 31 "he can see nothing" - Aug 1. 169#. Sept 1. 149#. Physical condition failing: rather unsteady
Sept 1 on feet: otherwise, the same. Oct 1. Is about the same. Complains of not feeling well: appetite poor.
Oct 29 Has refused food, for some time, & has been fed with tube: put to bed, today. Struggled violently
31 when being fed. "Thinks he is going to be killed" - Given nutritive enemas. Oct 31. Physical Condition still failing: is very restless & delusional: Eats fairly well, still, but is weaker.
Nov 2/3 Restless at night, sleeping very poorly. Nov 3. acted "faint" during night: hardly
7 able to breathe: physician called: Nov 7. Extremely restless: had special nurse, all
10 night: has been given hypo-strychnia, at frequent intervals, each night. Nov 10. Filthy
11 Is failing quite rapidly. Nov 11. Restless all night: became greatly excited and
14 extremely noisy, for a time. Nov 14. Seemed somewhat unconscious, during a part
16 of the night. Nov 16. apparently in an unconscious condition, most of the night.
21 Is failing quite rapidly. Nov 21. Has been resting & sleeping better, the past few
22 nights. Nov 22. Commenced failing very rapidly at 2³⁰ Am: breathing very labored.
23 Continued to fail & Died at 4¹⁵ Am

Died

Personal and Medical History of Oswald Kerawo.

Whole No. 5313

Residence, West St. Paul, Dakota Co., Minn.

Date Admission, May 23rd 1899.

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

How Sent, Thos. P. Moran J. of P. Dakota Co.

Sex, male Age, 27 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Paper hanger.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Germany (Parents also born there.

Physicians Committing, J. C. Fitch & H. Van Beeck, M.D.

Correspondents, Mother - Minnie Kerawo c/o John Kerey. West St. Paul, Minn.

No. of Year, 206.

Insane Relatives, None. Sister.

Cause Exciting, Unknown.

Cause Predisposing, Unknown.

Form, Chronic Melancholia

Accompanying Bodily Disorder, Occasional weak spells.

Suicidal or not, Not.

Date of this Attack, 2 years ago.

Duration, 2 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 25 yrs.

Time of Leaving, September 1st 1902

Time in Hospital, 3 yrs 3 mos 9 ds

Result, Died: Tuberculosis pulmonalis 1 year

EXAMINATION ON ADMISSION BY DR. E. J. Manous *Date of* 5/24/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, not very clear.

Recent Events, sluggish. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Impaired.

Special Subjects, unable to answer ordinary questions.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, No 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, 2 yrs.

ONSET, Gradual or Sudden, began to be melancholy & depressed.

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

Denies history of insanity

Father, died 67. lung trouble.

Paternal Relatives, —

Mother, Living & well.

Maternal Relatives, —

Brothers and Sisters, 1 sister, was temporarily insane

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None

HABITS, Drinking and Smoking, smokes moderately - Does not drink

HEADACHES, VERTIGO, OR CONVULSIONS, Gets dizzy.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any, Complaints of dizzy spells. especially at night - began 4 mos. ago.

Sleep, Good Appetite, Good and Bowels, Normal.

Personal and Medical History of Oswald Kerawo.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10 in. PRESENT WEIGHT, 145 lb USUAL WEIGHT, NUTRITION, About normal.

WOUNDS, Abnormalities and condition of Skin, not any.

TONGUE, Coatings or Promptness of Movement, moist & good color, sluggish in protruding.

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

SIGHT, Normal

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

HEARING, Normal.

COORDINATION, Arms, Normal Legs, normal. Sways - standing on one foot & standing eyes shut.

TREMORS, Hands, Tongue, Facial Muscles, General, fairly normal.

PATELLAR REFLEX, Sluggish Other Reflexes, Slow to respond.

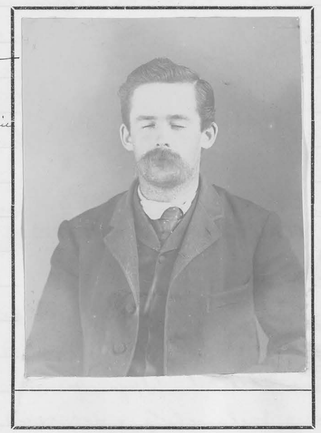
ARTICULATION, Slurred, Hesitating, Slow, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Somewhat impaired

HEART, No Murmurs, Strength, Sounds, ~~Size~~ Clear & strong. Size slightly enlarged.

Apex Beat, Regularity, Apex beat displaced down to axillary line. Is regular.



ARTERIES, Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.

Expansion good.

B. sounds normal.

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, 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 emaciated and somewhat anaemic. Observed nothing in particular. Was very quiet when examined. His condition would indicate rather a melancholic state at present. Though he has spells of excitement when very uncontrollable.

Personal and Medical History of Oswald Kerans.

1899

This patient was brought here by sheriff's deputy Mr. Miland attended by C. A. Nesbit in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested about two years ago became melancholy & very much depressed: Disease appears increasing: Is variable with irregular rational intervals: Derangement now manifested by loss of memory destruction of furniture & occasional fits of anger: Not disposed to injure anyone: Habits filthy & destructive: Mother states that he was always very quiet: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination, very slow cerebration, unable to answer ordinary questions: States he has frequent weak spells which follow nocturnal pollution. On admission put upon B³ E. (G.H.U. Rpt. Complexion dark: hair black: eyes brown: Skin in good condition: Vaccination marks on left arm: Slight eruption on shoulders: Is clean: Two teeth missing from upper jaw & one from left side lower jaw; on on right lower jaw badly decayed T.99° P100 R20,

May 23 (Summary by Dr Wanous.) Patient answers questions readily but in a jerky manner: Complains of dizzy spells. May 24 Walks floor a good deal: seldom speaks: Appears quite nervous: June 1 Says he cannot eat: that he will die because he is failing rapidly. Frequently talks about his condition

Jun 30. Has begun to take some interest in surroundings & amusements

July 31. Is quiet & well behaved. Aug 3. Wt 138#. P92. Aug 31. Is well-behaved: seldom

Sep 30 speaks: does no work. Sep 30. Is more cheerful: plays games. Dec 30. Is about the same.

1900 Mar 16 Transferred to A¹. Apl 3. Patient very melancholy & depressed. May 24. Attempted elopement.

July 6/30/31 Wt 136#. July 20. Vaccinated successfully. July 31. Condition shows no special change.

Aug 31 Patient quiet: sits about ward. Sep 30. no special change - Nov 30. Is about the same -

Dec 9 Is very much excited: goes about ward, making peculiar gestures & talking to himself. —

12 Eats very little: still excited. Transferred to TW & put to bed. Jany 4/1901. Is improved and

1901 Jany 8 given clothes. Transferred to B³. Jany 8. Put on electrical treatment. Jany 31. Shows

31 some incoordination of extremities. Feby 1. Wt 132#. P84. Mar 31. Seems stupid: sits

Mar 31 around: head drooping: is failing physically. May 14. Transferred to T.W & put to bed.

July 16/31 Transferred to A¹. July 31 No improvement noticed in general condition of patient.

Aug 1 Wt 126#. Oct 1. Wt 118. Seems to be failing: has been quiet & stupid: Nov 1. To T.W. -

Dec 1 Patient has lain in bed, all of past month: quiet: dull: Temp: slightly elevated: some-

1902 Jany 1 times as high as 101°. Jany 1/02. Lies steadily in bed: Temp: in condition as before: does

31 not try to be active in any way: Jany 31. No change in condition, though temperature averages slightly higher. May 1/02 Wt. 108#. Has been in bed constantly with symptoms of tuberculosis. July 1/02 Wt. 104#. Has been up & about, but is very stupid & slowly failing. Aug. 18/02 Put to bed.

Personal and Medical History of Oswald Kerans.

Has been growing emaciated; but disease has been very inactive and sluggish. Aug. 24/02 Patient in bed; has failed. rise of temperature sometimes as high as 103°. Sept. 1/02 Patient died at 1.50 A.M. His temperature has been up to 104° & he failed quite rapidly toward the last.

Personal and Medical History of Charles K. Nelson. (Kittle Kittleson)

Whole No. 5314
Residence, Bloomfield, Minn.
Date Admission, May 24th 1899.
Admitted by Dr. P.M. Phillips. hour, 3 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age, 60
Civil Condition, Married
Children, five.
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Norway. (Parents also born there.
Has been a resident of Fillmore Co. for 25 yrs.
Physicians Committing, T.A. Love and P.H. Phillips.
Correspondents, Mrs C.K. Nelson, Spring Valley, Minn.

No. of Year, 207
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Senile melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Yes. (attempted by hanging & by throwing himself from window)
Date of this Attack, About one year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 59 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. E.Z. Wanous *Date of* May 25 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events, Cannot remember.
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,
Very restless & excited.
DELUSIONS, Systematized, Transitory, Special Subjects,
Imagines someone is taking his property & killing family.
HALLUCINATIONS, Hears voices.
ILLUSIONS, absent.
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, One year
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died several years ago.
Paternal Relatives, No history of insanity.
Mother, died of old age.
Maternal Relatives, No history of insanity
Brothers and Sisters, 2 sisters living - sister's son in Asylum
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had dysentery.
HABITS, Drinking and Smoking, Smokes moderately - does not drink.
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Has been troubled with insomnia appetite fair - bowels irregular.

Personal and Medical History of

Copy of Notice of hearing petition for appointment of Ch. Nels. G. Nelson as guardian for Charles K. Nelson - served upon said patient. July 26th 1899.
D.

RISTICS.

EIGHT, NUTRITION,
ndition
d - responds promptly.

nding eyes shut, Grasp,

Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal.
HEART, No Murmurs, Strength, Sounds, Size,
Sounds strong & slow. Size normal
Apex Beat, Regularity,
Apex beat normal - Irregular
ARTERIES, Very full & not compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry normal.
Expansion good.
Breath 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, Complains of not sleeping.
BOWELS, Present Condition, loose.

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 somewhat emaciated & very restless. Seems to be very much worried about his affairs & talks a great deal. His present condition is probably due to the continual worry regarding his family & property.

Personal and Medical History of Charle[illegible]

Whole No. 5314
Residence, Bloomfield, Minn.
Date Admission, May 24th 1899.
Admitted by Dr. R.M. Phelps. hour, 3 P.M.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age, 60
Civil Condition, Married
Children, five.
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Norway. (Parents also born there.
Has been a resident of Fillmore Co. for 25 yrs.
Physicians Committing, T.A. Love and P.H. Phillips.
Correspondents, Mrs C.K. Nelson, Spring Valley, Minn.

No. of Year, 20[illegible]
Insane Relatives, [illegible]
Cause Exciting, Unkn[illegible]
Cause Predisposing, "
Form, Senile Me[illegible]
Accompanying Bodily Disorder, None Me[illegible]
Suicidal or not, Yes. (attempted by hanging + [illegible]
Date of this Attack, About one year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 59 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. E.Z. Wanous *Date of* May 25 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Cannot remember.
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,
Very restless + excited.
DELUSIONS, Systematized, Transitory, Special Subjects,
Imagines someone is taking his property + killing family.
HALLUCINATIONS, Hears voices.
ILLUSIONS, absent.
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, One year
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died several years ago.
Paternal Relatives, No history of insanity.
Mother, died of old age.
Maternal Relatives, No history of insanity
Brothers and Sisters, 2 sisters living - sister's son in Asylum
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had dysentery.
HABITS, Drinking and Smoking, Smokes moderately - does not drink.
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Has been troubled with insomnia appetite fair - bowels irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

[illegible]IGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
[illegible]OUNDS, Abnormalities and condition of Skin, Skin in normal condition
TONGUE, Coatings or Promptness of Movement, dry + slightly coated - responds promptly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal. Legs, Sways some-standing eyes shut, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Considerable tremor.
PATELLAR REFLEX, present, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal.
HEART, No Murmurs, Strength, Sounds, Size,
Sounds strong + slow. Size normal
Apex Beat, Regularity,
Apex beat normal - Irregular
ARTERIES, Very full + not compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry normal.
Expansion good.
Breath 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, Complains of not sleeping.
BOWELS, Present Condition, loose.

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 somewhat emaciated + very restless. Seems to be very much worried about his affairs + talks a great deal. His present condition is probably due to the continual worry regarding his family + property.

Personal and Medical History of Charles K. Nelson.

1899.

This patient was brought here by Nels. G. Nelson as sheriff's deputy, attended by Mrs. Nelson, wife in a somewhat aged condition, with the following history:- No consanguinity, heredity nor intemperance in parents nor in patient: First symptoms of insanity manifested about a year ago, by delusion that someone was trying to take away his property: Disease appears increasing: Is not variable: Derangement now manifested by thinking that he is going to lose all his property, that his family are all going to die + that he will be left alone: Not disposed to injure anyone: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: Has had several physicians prescribe but with no good results: On personal examination patients sits very quiet: will not talk much, but talks freely of the delusions that affect him. On admission put upon Infirmary ward (GHN. Rpt. Complexion dark: hair dark brown, eyes blue, Skin in poor condition: Wart on right side of face: skin off knuckles of right hand: Hip deformed: Varicose veins on left leg: Slight scratch in front of left ear: Long red mark on right fore-arm. Is clean: 3 teeth missing in upper jaw: the rest in fair condition. Behavior good: Is quite feeble)

May 24 (Summary by Dr. Wanous) Is quiet. Is inclined to complain a good deal: groans most of time: Complains of pain in hip. Inclined to be somewhat stubborn Does not want to take medicine. June 7 Appetite fair: bowels regular. General condition improved: Talks to himself June 16 Visited by son.

June 23 Trans. to A4. July 19 Visited by wife. July 31 No change. Sept 2. Visited by relatives.

Oct 2/27 Wt 129#. Works on hall: must be led to meals + put to bed. Oct 27. Visited by wife and taken home.

Nov 3 1900 Returned to ward. Apl 30/1900. Patient feeble: has difficulty in walking: is much depressed. June 4. Was

July 1/31 visited by son. July 1 Wt 143# July 21. Vaccinated successfully. July 31. Still much depressed.

Aug 1 Is in poor physical condition: visited by his wife. Sep 17. Taken with diarrhoea: pain in

Sep 17/19 abdomen. T 102 P. 86 R 22. Refused breakfast + dinner: Transferred to T.W. Sep 19. Is improved.

Nov 1 1901 Up + about. Transferred back to A4. Nov 1. 145# P 72. Has delusions of persecution -

Jany 25 "Thinks he will be burned up, when he leaves the ward" - Jany 25/1901. Visited by friend.

31 No special change. Feby 1. Wt 145#. P 88. Feb 25. Visited by relative. Apl 6. Visited by son -

Jul 31 1902 Patient is still melancholy + depressed: physically, feeble. Augt 1. Wt 146#. Jany 31/02 Is

Jan 31 1903 rather quiet + dull: physical health good. (was visited by son in December). -

" 31 No change during the period: quiet - Usually well behaved - Easily excited - Has been once or twice violent.

Personal and Medical History of

Personal and Medical History of Richard Dolan.

Whole No. 5315
Residence, Stillwater, Minn.
Date Admission, May 24th 1899
Admitted by Dr. P. M. Phelps hour, 6th PM.
How Sent, T. T. Wilson Sheriff, Washington Co.
Sex, male Age, 90
Civil Condition, married.
Children, 11 -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Ireland - (Parents also born there)
Physicians Committing, F. C. Clark & J. H. Haines.
Correspondents,

No. of Year, 208
Insane Relatives, None.
Cause Exciting, Senility -
Cause Predisposing, —
Form, Senile dementia.
Accompanying Bodily Disorder, Insomnia.
Suicidal or not, Not.
Date of this Attack, 2 yrs. ago.
Duration, 2 years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 88 yrs.
Time of Leaving, Jan. 12 1901
Time in Hospital, 1 yr. 7 mo. 19 da.
Result, Died Senile Dementia.

EXAMINATION ON ADMISSION BY DR. Warren. Date of May 25 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very confused.
MEMORY, Past Events, Cannot remember.
Recent Events, forgets from surroundings Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Very dull.
REASONING POWER, Ordinary Subjects, poor.
Special Subjects, Cannot reason.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects,
None.
HALLUCINATIONS, None
ILLUSIONS, None.
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 yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died 11 yrs. ago of Consumption.
Paternal Relatives, No history of insanity.
Mother, Says she is still living.
Maternal Relatives, No history of insanity.
Brothers and Sisters, 5 boys & 4 girls.
Children Mill
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Remembers none.
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Onset began 2 yrs. ago & has constantly increased.
Sleep, Appetite, and Bowels, Wanders about at night, is troubled with insomnia. Appetite fair.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Received a blow on forehead 15 yrs. ago - has left a scar. Skin dry & yellowish
TONGUE, Coatings or Promptness of Movement, Slight coat. sluggish to response.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal.
SIGHT, Good - does not see distinctly
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Very deaf.
COORDINATION, Arms, about normal Legs, drags - Cannot stand on ~~Grasp~~ feet. Standing eyes shut - Considerable sway
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, About normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds normal - beat regular.
ARTERIES,
Sclerotic.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest quite symmetrical. Expansion good.

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, disturbed.
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 quiet; has no power to reason: is very deaf & cannot answer intelligently. He has been a hard drinker & in all probability trouble is due to old age. While examining him he continually rubs & slaps his hands saying "They are numb" which is probably due to impaired circulation.

Personal and Medical History of Michael Dolan.

1899

This patient was brought here by Ignatius Fazenden as sheriff's deputy, attended by Mrs Margaret Thompson, with the following history: No consanguinity nor heredity known: First symptoms of insanity manifested two years ago by destruction to clothing & furniture. Disease appears increasing: Is a typical case of senile dementia Habits filthy & destructive. Has always been quick tempered & very profane: & has always used liquor to excess. 13 years ago received severe blow on forehead: No confinement nor restraint employed: No treatment pursued:
On personal examination. patients wanders about at night. troubled with insomnia: attempts to set fire to clothing & furniture, is lewd with children & animals.
On admission put upon Infirmary East. (GHN. Rpt. Complexion light: hair gray: eyes blue: Skin in fair condition: Second toe of right foot crosses over big toe: Large burnions on both feet, legs both slightly swollen below knees: Small dark spot on back of left forefinger: Scar 1 inch long on top of head: scar 1¼ in. long on forehead: Small scar on inside of right leg. Eruption all over body: Has a hernia: Is dirty: Back crooked: 8 teeth out of lower jaw, 5 out of upper. In very poor condition: Very stubborn: Exam. by C. C. Wilt & Blakeslee.)

May 24 (Summary by Dr. Wanous) Memory very poor: Is depressed, irritable & stubborn:
29 Does not realize where he is. May 31 Quiet & well-behaved: quite feeble:
July 1 Complains of being cold all the time. July 1 Appears somewhat
" 31 weaker altho not much change in general condition. —
Aug 1 Wt 150#. Patient up on ward: quiet: appetite fair: is very deaf. Sep 19. Transferred to A4. —
1900 Jany 18/31 Feet & ankles badly swollen: patient is growing feeble. Jany 31. Had trouble with patient
Feby 1 Boardman & received discoloration of the eye. Feby 1. Patient is feeble & unable to walk alone:
" 13 Swelling of feet continues. Feb 13. Transferred to I.W. Mar 22. Given clothes: up on ward.
May 1 Is still very feeble. May 1. Wt 138#. Patient is obstinate. July 31. No special change to note.
Jul 31 Still very feeble. Aug 1. Patient in bed: badly demented: needs considerable attention —
Oct 31 Patient is failing — Nov 1. 131½ lbs. Dec 1. 118#. Shows gradual physical failure. —
1901 Jany 1/12 111# — Jany 12. Continued to fail and died at 12^10 P.M.

— Died —

Personal and Medical History of

Personal and Medical History of Nels J. Nelson #1

Whole No. 5316

Residence, Racine, Minn.

Date Admission, May 25th 1899.

Admitted by A. F. Stricker M.D., hour, 10 Am.

How Sent, A. L. Washburn Dep't. Mower Co.

Sex, Male Age, 36 yrs.

Civil Condition, Married.

Children, 4

Age Youngest Child, -

Occupation, Farmer.

Degree Education, None.

Profession, Religion, Lutheran.

Habits, Has been quite intemperate.

Nativity, Minnesota (Parents born in Norway)

Physicians Committing, C. F. Washburn + A. F. Pierson.

Correspondents, Mrs. Nels J. Nelson Lark. Iowa.

No. of Year, 209.

Insane Relatives, Unknown.

Cause Exciting, Supposed to be caused by stopping drinking

Cause Predisposing, Previous attack.

Form, Alcoholic Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, About May 15th

Duration, Ten days

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 33 yrs.

Time of Leaving, November 2 - 1902

Time in Hospital, Previous 3 yrs 5 Mo. 8 Ds

Result, Died - Tuberculosis pulmonalis (Last illness 6 mos)

EXAMINATION ON ADMISSION BY DR. Warren *Date of* May 25/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Cannot remember.
Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, Cannot reason
Special Subjects, "
Own Mental State, "

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Has neighbors will injure him.

HALLUCINATIONS, None

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, Two years.

ONSET, Gradual or Sudden, Gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Dead.
Paternal Relatives, No history of insanity
Mother, Dead.
Maternal Relatives, No history of insanity
Brothers and Sisters, 4 all well.

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

HABITS, Drinking and Smoking, Drank to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, None

OCCUPATION, Healthy or not, Out door work.

Detail Date, Duration, and Character of Previous Attack, if any,
Was in hospital Aug 96 to Jan. 97.

Sleep, Appetite, and Bowels, Has been troubled with insomnia - appetite poor - bowels irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 in PRESENT WEIGHT, 191 lbs. USUAL WEIGHT, NUTRITION,

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

TONGUE, Coatings or Promptness of Movement, large + covered with heavy coating.

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

SIGHT, Can see clearly

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

HEARING, Not very acute.

COORDINATION, Arms, Legs, Standing eyes shut. Very unsteady. 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).

Patient appears very melancholic, cannot make him observe things, is indifferent to his surroundings. His ideas seem to be set on some particular thing + a question must be put several times before he answers it, + then is very circumstant. His condition is likely due to his excessive alcoholic indulgence, which has caused with his trouble + puts a very state.

Personal and Medical History of Nels. J. Nelson #1

1897

This patient was brought here by Sheriff's deputy N. Nicholson attended by Drs Carmichael. in fair physical condition, with the following history: First attack of insanity occurred in 1896 + patient was in this hospital from Aug 18'96 to Jan 8'97 (Rec Nels Nelson Vol. 33 Fol. 378 No. 4495) First symptoms of present attack manifested about May 15th Concealed a club in bed + threatened to use same: Disease appears stationary: Is not variable: Derangement now manifested by fear of injury from neighbors: Mind dwells on land deals: Is disposed to injure others: Breaks windows + doors: No peculiarities previously shown: No severe diseases nor injuries to head. No confinement, restraint nor treatment employed during this attack. On personal examination answers incoherently + only occasionally; appears very despondent.
On admission put upon B3E/Gen. Rpt. Complexion dark: hair black: eyes gray: Skin in good condition: Eyes bloodshot. Mole on back: Vaccination marks on both arms: Scar on thumb of left hand: Warts on left hand + palm of right hand. Several small bruises on right hand: one on forehead + one on nose. + one on right eye. Is clean: 4 teeth out upper jaw + 2 out of lower: Behavior good: Exam. by Fred Knebler.)

May 25 (Summary by Dr. Warnock) Patient remains quiet + well behaved. Does no work. Appetite good: bowels regular: Is inclined to sit in one place:
July 3 Trans to B7. July 31 No change in condition.
Aug 1. Wt. 171. Pulse 84. Patient very quiet. Does not talk unless addressed. Untidy in dress: inactive. Physical condition apparently good.
Oct 31 Changes little from day to day. Oct 31. Condition shows no special change.-
1900 Jan 31 Patients condition remains about stationary: Has poor memory. Quite tidy + well-behaved.
Feby 1 Wt 168#. P80. July 17. Vaccinated: result negative. July 31. Has been very quiet: seldom speaks,
July 31 unless addressed: answers questions slowly and briefly: seems to have a very poor memory: Habits quite tidy: works in main kitchen: appetite good: bowels regular: sleeps well.
Aug 31 Quiet + well-behaved: neat + clean in habits: Condition remains about the same-
Nov 1 160#. Jany 31/1901. Very little change: Works in kitchen + is quiet and rarely speaks.-
1901 Jany 31 Answers to questions very unreliable. Is neat in habits: always well-behaved.-
Feby 1 Wt 168#. May 31. Condition shows but little change. July 31. Very little change to be
July 31 noted. Keeps in quite good physical health. Never takes any interest in anything.
Aug Quiet + well-behaved: habits tidy: Works "extra" in Kitchen. Aug. Weight 156#
Nov 1 Wt 161#. Jany 31/02. Apparently no change: in fairly good health: well-behaved:
1902 Jany 31 works some inward. Takes care of room: assists in Kitchen: Very rarely speaks. May 1/02 Wt. 151#. Dull, listless, quiet-Coughs some. July 1/02 Wt. 142#. Is recognized as consumptive; but condition is very inactive and quiet. Shows rise of temperature; occasionally coughs.
Aug. 1/02 Wt. 147#. Sept. 1/02 Wt. 143#. Sept. 18/02 Put to bed on D. W. Has been growing weak. Sept. 24/02 Temperature about 100° but he is

Personal and Medical History of Nels. J. Nelson #1

failing. Oct 1/02 Still failing. Temperature remains 100° or a little more. Nov. 1/02 Wt. 111#. Patient's temperature ranged over 101; but he has failed steadily. Nov 2/02 Died at 8 A.M.

Personal and Medical History of Alfred Wolf

Whole No. 5319
Residence, Town of Leon, Goodhue Co. Minn.
Date Admission, May 26th 1899.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, Male Age, 27 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farm Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Goodhue Co. Minn. (Father Pa. Mother Sweden)
Physicians Committing, Th. Thoresen & J. V. Anderson
Correspondents,

No. of Year, 212
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing, Unknown.
Form, Imbecile, followed by Dementia
Accompanying Bodily Disorder, None mentions.
Suicidal or not, Not.
Date of this Attack, About April 1st 1899.
Duration, Almost two months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings
OK JM

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* May 29 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very sluggish - Will not respond.
MEMORY, Past Events, Not very clear.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull & unconcerned.
REASONING POWER, Ordinary Subjects, Will not talk.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Says he sees his father & mother but they will not converse with him - Delusions on religious subjects
HALLUCINATIONS, None
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 of heart disease
Paternal Relatives, Remembers nothing
Mother, dead - trouble not known
Maternal Relatives, remembers nothing
2 Brothers and 3 Sisters, All well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had gonorrhoea & syphilis.
HABITS, Drinking and Smoking, drinks & smokes to excess - has been intoxicated several times.
HEADACHES, VERTIGO, OR CONVULSIONS, none.
OCCUPATION, Healthy or not, Has been without work.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Troubled with insomnia - says he never sleeps. bowels constipated.

Copy of order for hearing petition to appoint Aron Wolf as guardian for Alfred Wolf received. Aug 29 1899.

5319

RISTICS.

WEIGHT, NUTRITION, Skin of yellowish & shiny

ear eyes.

Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue
PATELLAR REFLEX, Slightly exaggerated Other Reflexes, present.
ARTICULATION, Slurred, Hesitating, Slow, Very slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Normal Size, Normal
Apex Beat, Normal Regularity, quite regular

ARTERIES,
Easily compressed

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, Insomnia.
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 seems very dull - stupid. Will ~~not~~ only answer certain questions - Often does not heed when spoken to & it is impossible to get any history from him. Says he had specific trouble but does not remember when. Appears to be well developed.

Personal and Medical History of Alfred Wo[illegible]

Whole No. 5319
Residence, Town of Leon, Goodhue Co, Minn.
Date Admission, May 26th 1899.
Admitted by Dr. R.M. Phelps hour, 6.45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, Male Age, 27 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farm Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Goodhue Co, Minn. (Father Pa. Mother Sweden)
Physicians Committing, Th. Thoresen & J.V. Anderson
Correspondents,

No. of Year, 212
Insane Relatives, Unknown
Cause Exciting, Unknown
Cause Predisposing, Unknown.
Form, Imbecile, follows [illegible]
Accompanying Bodily Disorder, None men[illegible]
Suicidal or not, Not.
Date of this Attack, About April 1st 1899.
Duration, Almost two months.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Apr. 26. 1900
Time in Hospital,
Result, Transferred to Hastings
OK [illegible]

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* May 29 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very sluggish - Will not respond.
MEMORY, Past Events, Not very clear.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull & unconcerned.
REASONING POWER, Ordinary Subjects, Will not talk.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Says he sees his father & mother but they will not converse with him - Delusions on religious subjects
HALLUCINATIONS, None
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 of heart disease
Paternal Relatives, remembers nothing
Mother, dead - trouble not known
Maternal Relatives, remembers nothing
2 Brothers and 3 Sisters, All well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had gonorrhoea & syphilis.
Drinks & smokes to excess - has been intoxicated several times.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, none.
OCCUPATION, Healthy or not, Has been without work.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Troubled with insomnia - says he never sleeps. bowels constipated.

[illegible]sonal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1/4 in. PRESENT WEIGHT, 173# USUAL WEIGHT, NUTRITION, Skin of yellowish & shiny
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement, Grayish coating
PUPILS, Equality, Size, Response to Light, and Accommodation, normal -
SIGHT, Cannot see print without holding it near eyes.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Impaired
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue
PATELLAR REFLEX, Slightly exaggerated Other Reflexes, present.
ARTICULATION, Slurred, Hesitating, Slow, very slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Normal
Apex Beat, Normal Regularity, quite regular

ARTERIES,
Easily compressed
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, Insomnia.
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 seems very dull - stupid. Will ~~not~~ only answer certain questions - Often does not heed when spoken to & it is impossible to get any history from him. Says he had specific trouble but does not remember when. Appears to be well developed.

Personal and Medical History of Alfred Wolf.

1899

This patient was brought here by sheriff's deputy Aaron Wolf attended by John Holm in fair physical condition, with the following history: No consanguinity nor heredity known: First symptoms of insanity manifested About April 1st by incoherent talk especially on religious subjects: Disease appears increasing Is variable Derangement now manifested by delusions in regard to his religion: Thinks he cannot be saved: Has shown a disposition to injure others: No filthy habits, but has destroyed furniture: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: Nothing known concerning treatment. On personal examination is dull, excitable, restless; will not converse: Is continually getting up to wander about; sometimes commences to dance: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment

5/26/99 pursued: On admission put upon B³E (G.H.U. Rpt. Complexion dark: eyes brown: hair black: Discoloration or birthmark on abdomen: Scar on left upper arm: Bruise on upper right arm: Is quite clean but blotches on back & shoulders: Two teeth missing from left lower jaw: Behavior good: Exam. by E.W. Allen)

May 26 (Summary by Dr. Manous.) Patient restless during night. Locked in room

" 28 answers questions rationally but hesitatingly. May 28 Restless & con-

" 30 fused: Wanders about aimlessly May 30 Continues confused:

July 1/31 filthy in habits: Walks floor. July 1 Wt. 177#. July 31. Does not

Aug 3 talk: does no work: no change in condition. Aug 3. Wt 187#. P92

" 31 Well-behaved: rather demented. Sep 5. Visited by brother: would take no notice of him. —

Sep 5 did not know him; Nov 7. Transferred to T.W. Temp. 101. P96. Suffering from sore-throat.

Nov 7/13/15 Nov 13. Recovered. Nov 15. Transferred to B³. Nov 30. No special change to report. —

1900 Apl 6/26 Wt 191# P104. April 26. Transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Deloren A. Hurd.

Whole No. 5320
Residence, Rochester, Minn.
Date Admission, May 27th 1899.
Admitted by Dr R.M. Phelps hour, 2.30 P.M.
How Sent, J.A. Leonard J of P. Olmsted 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, Minn. (Father Vermont, Mother N.Y.)
Physicians Committing, W.A. Allen & C. T. Granger
Correspondents,

No. of Year, 213.
Insane Relatives, Father's brother insane
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Pubescent Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 7 years ago.
Duration, 7 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wanous. *Date of* June - 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Somewhat sluggish.
MEMORY, Past Events, Confused.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
REASONING POWER, Ordinary Subjects, Not very good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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 insanity or tubercular trouble.
Father, Died - Cause not known,
Paternal Relatives, No history of insanity.
Mother, living - well.
Maternal Relatives, No history of insanity.
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Thinks he has had specific trouble
HABITS, Drinking and Smoking, Does not indulge to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo at times
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Is troubled through night; appetite fair: Bowels somewhat irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 160# USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin very clammy & sluggish.
TONGUE, Coatings or Promptness of Movement, Heavy coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size dilated. Responses normal.
SIGHT, pretty good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, freeze to nose - Acts without hesitation Legs, Standing on one foot - some unsteadiness Grasp, Eyes shut. quite firm
TREMORS, Hands, Tongue, Facial Muscles, General, Hands somewhat unsteady. Slight of tongue.
PATELLAR REFLEX, Exaggerated Other Reflexes, somewhat exaggerated.
ARTICULATION, Slurred, Hesitating, Slow, Rather slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
size & apex beat normal - somewhat irritated through night.
ARTERIES,
Easily compressible & not very full.
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,
Color and Appearance,

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, disturbed through night.
BOWELS, Present Condition, Irregular

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 unstable: Has certain delusions or at least fears - He is having some genito-urinary trouble over which he has been worrying - He fears he has had specific trouble & now has a "continuous wasting". He is well built but in rather an anaemic condition due probably to masturbation.

Personal and Medical History of Deloren A. Hurd.

1899

This patient was brought here by Sheriff Kine, in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in parents nor patient: First symptoms of insanity manifested seven years ago, by erratic actions & foolish conversation: Disease appears increasing: Is not variable: Derangement now manifested by delusions in regard to his health: Follows women on the streets & offers obscene remarks: Is disposed to injure others: No filthy nor destructive habits: Peculiarities of disposition previously shown: No severe diseases nor injuries to head sustained: Was in State Reform school about three years No treatment received. On personal examination laughs foolishly & gives meaningless answers to questions. On admission put upon B³E (G.H.N. Rpt. Complexion dark: hair dary, eyes gray: Tip of forefinger on right hand gone. Tattoo on left forearm: Heart & initials & A.H. Scar on left cheek 3 in. long: one on calf of left leg: one on head 1 in long: Is dirty: 1 tooth missing from right upper jaw: Behavior good. Exam. by E.W. Allen.)

May 27 (Summary by Dr. Wanous) Talked continually about his condition: Thought was sick & had been taking patent medicine. May 28 Restless through night

29 Says sufferings have caused depression of the skull. Talks in a confused way about condition using patent medicine language & that of advertising physicians. June 2 Visited by mother. June 8 Taken out by painters to work. June 9 Eloped while at work: returned same day.

July 1/31 Wt. 155# Pulse 80. July 31 Continues talkative & deluded: Not much

Aug 3 improvement in condition. Aug 3 Wt. 161# Pulse 80. No change nor im-

-to- provement: has been quite well-behaved but endeavored to elope several times. Works some on ward: Fairly tidy in appearance: Is hypo-

Oct 31 chondriacal & has delusions of persecution: Is at times quite

1900 confused. Very anxious to go home: Is sullen in demeanor.

Jan 31 No special change, during period: Works some on ward & in dining-room. Still has delusions.

Feb 2 Wt 171# P 76. Apl 28. Visited by sister. May 5. Visited by relatives. May 9. Taken home

May 9 by relative. No change noted: Shows "delusions of persecution": "Thinks he has special abilities as a physician &c". Is stubborn & threatens to do bodily harm to nurses: Works on ward & in ward dining-room. Masturbates: rather depressed in spirits & hypochondriacal.

26 Eats and sleeps well. May 26. Returned: July 20. vaccinated. July 30. visited by relatives.

July 31 Has been more quiet and less troublesome, since he was returned: works on ward: health good.

Aug 1 155# - Sept 7. Tooth extracted - Nov 12. Tried to elope. Jany 31/1901. No change. Is quiet.

1901 Jany 31 Cleanly: works in ward dining-room. Has habit of lying on his bed or sitting on a radiator. Is very indolent: rather depressed & morose in manner. Answers questions rationally. —

Feby 1 occasionally "Shows delusion that some one is trying to injure him". - Feby 1. Wt. 155 lbs -

May 1/31 Wt 152# May 31. Above notes hold good. July 31. Works regularly in ward dining-room

July 31 Is quiet & well-behaved. Stays in room most of time: rarely speaks, unless addressed.

Aug 1 Is somewhat irrational: indolent in manner: health good. - Aug 1. Wt 159# -

Personal and Medical History of Deloren A. Hurd

1901

Nov 1 Wt 158½ lbs. Jany 31/02. No improvement: little change: (Dec 24th visited by friends) -

1902 Jany 31 Works well on ward: is rather disinterested in manner: careless in dress. Answers questions quite well, but shows delusions: causes no trouble. Feb. 1/02 Wt. 157# Aug. 1/02 - Wt. 151½#. Aug. 14. Visited by mother & sister Dec. 26 Visited by brother.

Jan 31 '03 Patient has been quiet & peaceable - Worked regularly in ward dining room - the remainder of the time sits idly about, morose & sullen, evincing no interest in his surroundings. Seems to avoid conversation; but will answer questions briefly. Health is good - habits tidy.

Personal and Medical History of Oduard Nicolette

Whole No. 5351

Residence, St. Paul, Minn.

Date Admission, May 27th 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, 58 yrs.

Civil Condition, Married.

Children, Three.

Age Youngest Child, —

Occupation, Scissors Grinder.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Intemperate.

Nativity, Italy (Parents also born there)

Physicians Committing, President of State Co. about 3 yrs. J. T. Baker — H. R. Weinrick

Correspondents,

No. of Year, 214

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Acute Silenous Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, May 24 '99.

Duration, 3 days.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 58 yrs.

Time of Leaving, Aug. 10. 1899

Time in Hospital, 2 m. 14 d

Result, Discharged Jan. 31. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* May 29 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Remembers past events.

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,

Talks a great deal.

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),

None.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Absent

OCCUPATION, Healthy or not, Scissors grinder

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

Sleep, Appetite, and Bowels, bowels have been constipated.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, fairly well nourished

WOUNDS, Abnormalities and condition of Skin, Some varicose veins on legs. Skin flushed.

TONGUE, Coatings or Promptness of Movement, Responds readily. grayish coating.

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

SIGHT, Cannot read without glasses.

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

HEARING, Quite acute.

COORDINATION, Arms, Legs, Standing on one foot quite strong ~~Grasp,~~ Standing eyes shut. Sways some.

TREMORS, Hands, Tongue, Facial Muscles, General, Tremor slight of tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Normal Size, Normal

Apex Beat, Normal Regularity, regular.

ARTERIES,

Quite full.

LUNGS, Chest, Symmetry, good 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, Sleeps well.

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 Italian & cannot be made to understand, his general condition is poor. face very flushed. Patient talks continually & amuses himself by counting on his fingers from one to ten in latin terms. His intellect has never been developed very much. Has varicose veins on both extremities. With the exception of this amusement appears to be quite well. Could not get family history.

Personal and Medical History of Oduard Nicoletti.

1899.

This patient was brought here by sheriff's deputy Mr. Hanson, attended by Jo Cloffy in fair physical condition, with the following history:- No history of consanguinity or heredity: First symptoms of insanity manifested three days ago by delusions & hallucinations: Disease appears increasing: Not variable: Not known how derangement is now manifested: No filthy nor destructive habits: No peculiarities previously shown: No severe diseases nor injuries to head: No treatment pursued. On personal examination has delusions & hallucinations & delusions. & talks incoherently. On admission put upon Infirmary Ward (G.H.N. Rpt. Complexion dark: Hair gray, is part bald: Eyes brown: Skin dark: Vaccination marks on left arm. Mole on right side of neck. Varicose veins on left leg: Black & blue mark on right forearm & on left shoulder: Is dirty: 6 teeth missing, upper jaw & 2 from lower: Behavior good: Exam. by A. C. Dorr.)

5/27/99

May 27 (Summary by Dr. Wanous.) Patient very much agitated: mutters continually: Is worrying much about his affairs: June 3 General condition good: Wants to go home to his family: Trans. to B3. Memory much improved. July 1 Wt. 159# Pulse 80. Seems much better: Works on ward: Trans. to A2. July 26 Visited by friends: Has improved very much both mentally & physically: Is well behaved. Aug 5 Wt 160# P72. Is well-behaved & works: can see no delusions. Aug 10. Taken to St Paul by friends.

July 11/26

Aug 5/10

Discharged

Personal and Medical History of

Personal and Medical History of John Bartos.

Whole No. 5324
Residence, Mower Co, Minn.
Date Admission, May 30th 1899.
Admitted by Dr. R. M. Phelps hour, 6.45 P.M.
How Sent, D. S. Washburn Jo. P. Mower Co.
Sex, male Age, 23 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farm work.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Illinois (Parents born in Russia.
Has been resident of State 6 mos. Minn. 4 yrs.
Physicians Committing, W. T. Pierson & C. W. Allen
Correspondents,

No. of Year, 217
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing, Previous attack.
Form, Subacute Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has threatened suicide.
Date of this Attack, ? —
Duration, ?
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 22 yrs.
Time of Leaving, October 4 - 1900
Time in Hospital, 1 year 4 mos 4 Days
Result, Improved. Discharged May 1 - 1901

EXAMINATION ON ADMISSION BY DR. Wilcox *Date of* June 1/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused.
MEMORY, Past Events, Talk irrational
Recent Events, Cannot remember Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. —
REASONING POWER, Ordinary Subjects, Cannot reason.
Special Subjects, Will not talk.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects, None
HALLUCINATIONS, None
ILLUSIONS, do
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.

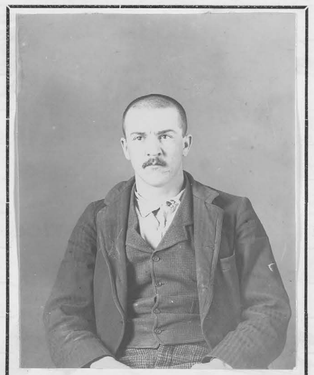
HISTORICAL.

LENGTH INVASION, One year.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living & well.
Paternal Relatives, No history of insanity.
Mother, living & well.
Maternal Relatives, No insanity
Brothers and Sisters, don't know,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Has had no pronounced sickness.
HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not, Farm.
Detail Date, Duration, and Character of Previous Attack, if any, Had an attack in July 98, lasting 6 months
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 139 USUAL WEIGHT, NUTRITION, ~~Poor~~ sluggish
WOUNDS, Abnormalities and condition of Skin, Very sluggish
TONGUE, Coatings or Promptness of Movement, Responds promptly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size - quite large - Response normal.
SIGHT, objects appear blurred.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, About normal.
COORDINATION, Arms, Fingers move - rather uncertain Legs, On one foot - quite firm - ~~Grasp~~, Eyes shut - some swaying, fears he will fall.
TREMORS, Hands, Tongue, Facial Muscles, General, Some of hands & tongue.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Strong & rapid - normal size apex beat - normal position - somewhat irregular.
ARTERIES,
Chest symmetrical
Exp



LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good -
B. Sounds hurried -
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, 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).

Personal and Medical History of John Bartles.

1899

This patient was brought here by sheriffs deputy Da Cadden attended by L. Bartles. in fair physical condition, with the following history: First attack of insanity occured in July 1898, & lasted six months: Present attack manifested by irrational talk: Struck & kicked his father: Disease appears increasing: Is variable: Derangement now manifested on no particular subject: Is irrational on all subject & dangerous if interfered with: No filthy nor destructive habits manifested during this attack: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment pursued during this attack, during previous attack was given some quieting medicines. On personal examination has a vacant countenance: refuses to talk, stares about room: allows no change of clothing by attendants: shows no concern in surroundings.

5/30/99 On admission put upon B3E. (G.H.M. Rpt. Complexion dark: hair black: eyes brown. Skin in fair condition: Eruption on face, neck & shoulders: Is dirty: 5 teeth out of lower jaw: Behavior good: examined by E.W. Allen)

May 30 (Summary by Dr. Wanous.) Patient dull, restless, incoherent in speech. Walks floor. June 1 Visited by father: Would have nothing to do with him. Trans. to Infirmary. Became very much excited while out with crowd. Is constipated: cathartic given. Complained of pain in abdomen. June 3 Complained of being feverish & having sore throat. June 5 Trans. to B3.

June 28. Does no work: Is very restless: Wants to lie down all of time when out of doors: Visited by parents. June 1 Wt. 135# Pulse 78.

July 5 Trans. to B7. July 30 Complained of pain in stomach:

Aug 1 to 1900 – Jan 31 1900. (Dr Chapple.) Wt. 136# Pulse 78. Very little change during period. Behavior good: Health fair: quite tidy in habits: Spends time lying about on couches or wandering about. Is dull & indolent. At times mind seems confused. Febys. Wt 141# Pyr. May 31. Seems improving somewhat.

Jan 31 Feby 1 July 31 – Has improved somewhat, during period: works in sewing-room: always well-behaved: quite neat in habits: talks rationally, but has no ambition: lounges about on beds or on benches: no suicidal ideas noticed: general condition quite good. Aug 1. 150 lbs

Aug 1 18 Visited by friends. Oct 3 Visited by father. Oct 4 Condition somewhat improved: health good: neat in person: talks rationally. Is rather indolent and childish in manner: always well-behaved & works in Centre sewing-room.

Taken home by Father & mother, today.

Discharged

Personal and Medical History of

Personal and Medical History of Lars B. Lee

Whole No. 5325
Residence, Town of Holden, Goodhue Co. Minn.
Date Admission, June 2nd 1899.
Admitted by Dr. A. F. Strickler hour, 6 45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 42 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer —
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Wisconsin. (Parents born in Norway)
Physicians Committing, Resident of State & Co. service 1861. H. L. McKinstry & Dr. Thrane.
Correspondents, Andrew B. Lee Box 181, Kenyon, Minn.

No. of Year, 218
Insane Relatives, None.
Cause Exciting, unknown.
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, headache & dizziness.
Suicidal or not, Not.
Date of this Attack, last of April.
Duration, One month.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42 yrs.
Time of Leaving, November 2nd 1900
Time in Hospital, 1 yr. 5 mos
Result, Improved: Discharged May 1 - 1901

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* June 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very sluggish
MEMORY, Past Events, Does not remember.
Recent Events, do Special Subjects, fears someone will do him harm.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Very dull.
REASONING POWER, Ordinary Subjects, Will not converse.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Fears that people will do him harm.
HALLUCINATIONS, absent
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.

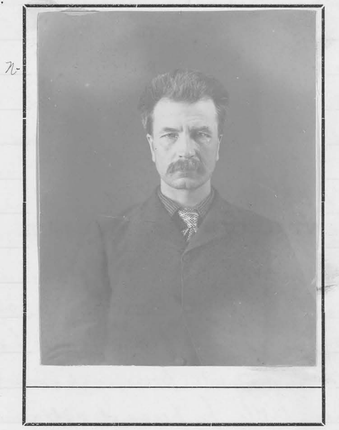
LENGTH INVASION, One year.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living & well.
Paternal Relatives, No history of insanity
Mother, living & well.
Maternal Relatives, No history of insanity
3 Brothers and 2 Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Remembers none.
HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Complains of headache & dizzy spells.
OCCUPATION, Healthy or not, farming.
Detail Date, Duration, and Character of Previous Attack, if any,
First attack.
Sleep, Appetite, and Bowels, Has been very irregular in habits
Cannot sleep - Appetite irregular

M Lars B. Lee
Copy of Order for Hearing Petition of B. P. Lee.
Father of L.B. Lee for appointment of
above petitioner as guardian for
Lars B. Lee insane; served and
service admitted June 30 1900
(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, fair.
on back. Skin very sluggish.
- Covered with grayish coating.

COORDINATION, Arms, Finger to nose - hesitating & uncertain Legs, On one foot. Appears very unsteady Grasp, Eyes shut - Considerable swaying.
TREMORS, Hands, Tongue, Facial Muscles, General, Absent.
PATELLAR REFLEX, Normal Other Reflexes, do.
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal.
HEART, No Murmurs, Strength, Sounds, very loud Size, N-
Apex Beat, normal Regularity,
rather irregular.
ARTERIES,
Normal.



LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry good -
Expansion "
Breath 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, Sleeps only part of night
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 stupid & dull. Fails to answer questions put to him. His mind seems fixed on some particular thing. General condition very sluggish: Tongue heavily coated: head drooped. He can read & is fairly well developed mentally. His condition is due mostly to general sluggishness of organs. He is very melancholy.

Personal and Medical History of La

Whole No. 5325
Residence, Town of Holden, Goodhue Co. Minn.
Date Admission, June 2nd 1899.
Admitted by Dr. A. F. Strickler hour, 6 45 P.M.
How Sent, Axel Haller J. of P. Goodhue Co.
Sex, male Age, 42 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer —
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Wisconsin - (Parents born in Norway)
Physicians Committing, Resident of State Co. Service 1861 A. L. McKinstry + M. Thrane.
Correspondents, Andrew B. Lee Box 181, Kenyon, Minn.

No. of Year,
Insane Relatives,
Cause Exciting, unkno
Cause Predisposing,
Form, Acute Ma
Accompanying Bodily Disorder, headache + dizz
Suicidal or not, Not.
Date of this Attack, Last of April.
Duration, One month.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 42 yrs.
Time of Leaving, November 2nd 1900
Time in Hospital, 1 yr. 5 mos
Result, Improved: Discharged May 1 - 1901

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* June 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Very sluggish
MEMORY, Past Events, Does not remember.
Recent Events, do Special Subjects, fears someone will do him harm.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Very dull.
REASONING POWER, Ordinary Subjects, Will not converse.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Fears that people will do him harm.
HALLUCINATIONS, absent
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.

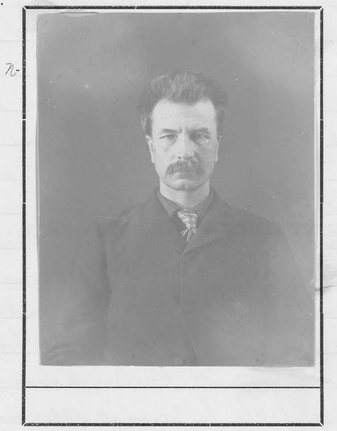
HISTORICAL.

LENGTH INVASION, One year.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living + well.
Paternal Relatives, No history of insanity
Mother, living + well.
Maternal Relatives, No history of insanity
3 Brothers and 2 Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Remembers none.
HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Complains of headache + dizzy spells.
OCCUPATION, Healthy or not, farming.
Detail Date, Duration, and Character of Previous Attack, if any,
First attack.
Sleep, Appetite, and Bowels, Has been very irregular in habits
Cannot sleep - Appetite irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. 2 PRESENT WEIGHT, 142# USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, has birthmark on back. Skin very sluggish.
TONGUE, Coatings or Promptness of Movement, Responds readily - Covered with grayish coating.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Not very good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Finger to nose - hesitating + uncertain Legs, On one foot. Appears very unsteady Grasp, Eyes shut - Considerable swaying.
TREMORS, Hands, Tongue, Facial Muscles, General, Absent.
PATELLAR REFLEX, Normal Other Reflexes, do.
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal.
HEART, No Murmurs, Strength, Sounds, very loud Size, N-
Apex Beat, normal Regularity,
rather irregular.
ARTERIES,
Normal.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetry good -
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,
Color and Appearance,

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Sleeps only part of night
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 stupid + dull - Fails to answer questions put to him. His mind seems fixed on some particular thing. General condition very sluggish: Tongue heavily coated: head drooped. He can read + is fairly well developed mentally. His condition is due mostly to general sluggishness of organs. He is very melancholy.

Personal and Medical History of Lars B. Lee.

1899

This patient was brought here by sheriff's deputy A. V. Lundquist attended by M. O. Maring, in fair physical condition with the following history:- No history of consanguinity nor heredity: First symptoms of insanity manifested the last of April on the subject of religion: Disease appears increasing: Not variable: Derangement now manifested on subject of religion, believes he has committed the unpardonable sin & that people are trying to injure him: 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 confinement nor restraint employed: No treatment pursued:

On personal examination seems languid & dull: Complaints of
6/2/99 headache & dizziness. On admission put upon B³E (G.H.n Rpt. Complexion dark, hair dark, part gray: Eyes blue: Skin very rough & covered with pimples Birthmark on right side of face: Not very clean: 5 Teeth missing upper jaw: Behavior good: Exam. by Fred Kuebler.)

June 2 (Summary by Dr. Wanous) Patient walks about: head drooped: Is melancholy:
16 Sits on floor with hands clasped about knees. Continues the same
28 from day to day. June 28 Some improvement noted. Is still melan-
July 31 choly but appetite is better. July 31 Much improved mentally &
Aug 3 physically. General condition good. Aug 3. Wt 165# P 88. Sep 30. Is quiet and
Sep 30 well-behaved: Is rather dull: works on ward. Oct 4. Transferred to A². Nov 1. Wt. 180#
Nov 1/2/7 At times, is confused: reads Testament: Nov 2. Works in Laundry. Nov 7. Refused to work.
Jany 9 1900 says "he works too hard": Transferred to A¹ (Jany 9/1900): had habit of getting up, nights &
Apl 2/30 wandering about. Apl 2. Works in Congregate Dining-room. Apl 30. No special change to note.
July 30/31 Vaccinated. July 31. Patient cares little for personal appearance: Continues to work in dining-room
Aug 30 Physical Condition good: works in dining-room. Oct 4. 164#. P 80. Oct 26. Visited by friend.
Oct 30 Condition about as last described. Still works in the dining-room. —
Nov 2 Went home, with brother. —

Discharged

Personal and Medical History of

Personal and Medical History of Andrew P. Brekke.

Whole No. 5327

Residence, Township of Rome. Faribault Co.

Date Admission, June 2nd 1899.

Admitted by Dr. R. A. Bebo. hour, 10 Am.

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

Sex, male Age, 57 yrs.

Civil Condition, married.

Children, 4.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Norway (Parents also born there.)

Became resident of State & Co in 1867.

Physicians Committing, J. E. Cooper & A. J. Franklin.

Correspondents, R. M. Brekke. Blaine. Minn. (no telegraph - mail daily)

Telegraph. Malin Bros. Elmore. Minn. - (will deliver)

No. of Year, 220

Insane Relatives, None.

Cause Exciting, Sunstroke

Cause Predisposing, Previous attacks.

Form, Adelo Delerious Mania

Accompanying Bodily Disorder, Slight contusion of right thigh from jumping through window.

Suicidal or not, Not.

Date of this Attack, May 31 '99.

Duration, 1 day.

No. of Attack, 3rd

No. of Admission, 1st here. One at St. Peter & One at Bellevue Nef

Age First Attack, 52 yrs.

Time of Leaving, June 5. 1899

Time in Hospital, 3 d.

Result, Died. Uraemia.

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous. *Date of* June '99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects, apparently well

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal but on seeing the doctor became very much excited & started to run away.

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, living & well.

Paternal Relatives, No history of heredity

Mother, dead - does not remember her.

Maternal Relatives,

Brothers and Sisters, both well.

5 children - all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had a sunstroke.

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Complains of headaches.

OCCUPATION, Healthy or not, farming.

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

Sleep, Appetite, and Bowels, Sleep, Appetite, Good, Bowels, regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Has severe bruise sustained from a kick before coming here.

TONGUE, Coatings or Promptness of Movement, Skin sallow. At present is slightly coated.

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

SIGHT, Wears glasses to read.

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

HEARING, Quite acute.

COORDINATION, Arms, Refuses to carry Legs, out suggestions. 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).

Could not obtain further history as patient has had an outbreak of fear while examining him & started to run away. Could not approach him to make physical examination. He looks emaciated & very thin. Complexion is very torpid & patient not at all well-nourished. Examination of urine shows much albumen.

Personal and Medical History of Andrew P. Brekke.

1899.

This patient was brought here by sheriffs deputy A.M. Brekke attended by John Lewis in fairly good physical condition, with the following history: No information given concerning consanguinity; No heredity nor history of intemperance in patient nor parents: First attack of insanity occured in November 1894, second in April '97. They lasted from one to four weeks each & patient was confined at St. Peter Hospital. (first time - Bellevue No. second time) Most symptoms of present attack manifested May 31st 1899. Got up in night & jumped through window from second story of house to ground fourteen feet below: talks incoherently & raves a good deal: Disease appears stationary, is variable: Derangement now manifested by talk about religion, wandering aimlessly about violent actions & attempts to harm people. Habits filthy & destructive: No peculiarities previously manifested: No known diseases nor injuries to head: Has been confined at St. Peter & Bellevue as above stated: Has received no further treatment: On personal examination acts wildly & talks incoherently, is hard to control, has slight contusion of right thigh from jumping through windows. On admission put upon 6' E, (3rd N. Rpt. Complexion light: eyes blue: hair gray: Skin normal condition: Large bruise on inside of right thigh - has mark seemingly caused by a sharp instrument: says horse kicked him: Hernia on right side. 5 teeth out upper jaw & 5 out lower jaw - rest badly decayed: Behavior noisy. Exam. by C. R. Knutson)

June 4 to 5th (Summary by Dr Simons) Patient noisy & maniacal runs through hall: Refuses nourishment: Much excited: Struck fist against screen. Inner Trans ferred to Infirmary. Arms & thigh bruised: Refused nourishment & medicine Put in protection sheet. Screams & struggles constantly as if afraid of those about him. Failed very rapidly & died in afternoon of June 5. Condition of body: Bruise on forehead, right eye discolored: Bruises on cheek, head & left thigh

Died

Personal and Medical History of

Personal and Medical History of David A. Johnson

Whole No. 5328
Residence, Waseca Co. Minn.
Date Admission, June 2nd 1899
Admitted by Dr. R.M. Phelps hour, 3.45 P.M.
How Sent, T. J. Hunt. J. of P. Dodge Co.
Sex, male Age, 23.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Can read & write a little.
Profession, Religion, Not a church member.
Habits, Not intemperance.
Nativity, Iowa (Parents' unknown)
Physicians Committing, S.H. VanCleve, & J Bedunt,
Correspondents,

No. of Year, 221
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, One month ago.
Duration, One month.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23 yrs
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Manous *Date of* June - 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish.
MEMORY, Past Events, Not clear.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull.
REASONING POWER, Ordinary Subjects, Will not converse.
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,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS, absent.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
In pretty fair condition.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin sluggish
TONGUE, Coatings or Promptness of Movement, Coated - hesitating
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. normal size & responses.
SIGHT, normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, normal.
COORDINATION, Arms, normal Legs, normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight tremor of hands.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
normal & regular
ARTERIES,
Quite full & firm
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion & 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 seems dull & has little to say. attenuis is quite obstinate & will not do as asked. Had a hysterical spell & was put to bed. After being in bed for three days got up & has had no recurrence. The patient appears depressed & is in a melancholic state. His mind evidently fixed on some particular thing. General physical condition is pretty good.

Personal and Medical History of David A. Johnson.

1899

This patient was brought here by Sheriffs Joel Tucker, attended by Frank Cornwall in fair physical condition with the following history:- No consanguinity known. No history of heredity: First symptoms of insanity manifested one month ago: Disease appears increasing; is variable: Derangement now manifested by apprehension of injury: Not disposed to do any injury to any one: No filthy nor destructive habits: Thinks that he is to be injured & if he had a gun he could defend himself: No severe diseases nor injuries to head: Has been in confinement three or four days: Has received no treatment:
On personal examination has to be watched constantly: Escaped from County Farm by jumping from window: Does not answer questions.
On admission put upon B' E (GHN Rpt. Complexion light: hair brown: eyes blue: Skin in good condition: little finger on right hand deformed: 2 moles on wrist: Old burn on left thigh: Scars on both knees: 3 scars on right side: Vaccination mark on left arm: slight eruption on body. Is dirty: Teeth good: Behavior good.)

June 4 99 (Summary by Dr Wanous.) Patients does not appreciate surroundings, is talkative & quite rational: Inclined to be pugnacious & threatening. June 4 Had a hysterical spell while out. Apparently stupid, will not respond to questions June 5 Improved: very talkative. June 6 Given clothes & up. June 8 Trans. to B3. June 10 Becomes very stubborn speech rambling: hard to control.

July 31 Wt. 140. Pulse 80. Is stubborn, sullen, ugly: speech incoherent. Appetite good.
Aug 3/31 General condition good. Aug 3 Wt 139# P 84. Aug 31. Stubborn; pugnacious, at times: moves
Sep 30 slowly. Sep 30. Is some brighter: works on ward. Is hallucinatory. Dec 30. No change to
Dec 30 note in patient's condition, specially. May 1/1900 Wt 153# P 80. May 30. Thinks he should
1900 not be kept here. July 9. Threw knife & fork and dishes around dining-room, without
July 9 provocation. Transferred to B1. July 20. Vaccinated successfully. July 31. Is now quiet
" 20/31 and working in centre - Kitchen. Aug 1. 153#. Oct 1. Ran away from kitchen: Staid out
Aug 1 all night. Oct 19. Eloped from Kitchen. Nov 5. Was brought back from home & was put
Oct 19 on B1. Jany 31/1901. No apparent change: quiet; sullen in manner: talks irrationally: says
1901 "we have no business to keep him here": "Thinks it is for punishment". Is quite
Jan 31 ugly, at times. Works on ward: Physical condition good - Feby 1. Wt 156#. May 1. 169#
Feby 1 No change, during period: works in Kitchen & on ward: is quiet & tidy: Speaks irrationally
July 31 when addressed: health good. Aug 1 Wt 142#: Nov 1. Wt 156#: Jany 31/02. Little change,
Aug 1 during period: fairly quiet: tidy: works in Kitchen. Very deluded but has little to say.
1902 Feb. 1/02 Wt. 168#. Nov. 1/02. 147#.
Jany 31 Health has been good; Worked regularly in main kitchen - quiet & peaceable - rather slouchy in appearance - often stands gazing about in a vague, aimless way. Will answer promptly; but is incoherent & delusional.

Personal and Medical History of

Personal and Medical History of Robert Beattie

Whole No. 5332

Residence, Austin, Minn.

Date Admission, June 8 1899.

Admitted by Dr. R. M. Phelps hour,

How Sent, S. S. Washburn J. of P. Mower Co.

Sex, male Age, 46

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farm work.

Degree Education, Can read a little

Profession, Religion, Presbyterian.

Habits, Not intemperate.

Nativity, Ireland - (Parents also born there.)

Became a resident of State & Co in Sept '78.

Physicians Committing, H. F. Pierson & T. E. Daigneau

Correspondents,

No. of Year, 225.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Recurrent Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 wks ago.

Duration, 2 wks.

No. of Attack, 1st.

No. of Admission, 1st

Age First Attack, 46 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. E. Z. Manous. *Date of* June 99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Remembers nothing

Recent Events, Special Subjects, do

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

REASONING POWER, Ordinary Subjects, Normal.

Special Subjects, do

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
At times fears someone is pursuing him & will harm him

HALLUCINATIONS, Hears voices

ILLUSIONS, Absent.

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 not obtainable

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Drank & smoked not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, has had none.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
Has had no previous attacks.

Sleep, Appetite, and Bowels,
Sleep disturbed.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Skin rather sluggish

TONGUE, Coatings or Promptness of Movement, Tongue badly coated. Will not protrude.

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

SIGHT, Good.

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

HEARING, Cannot hear well.

COORDINATION, Arms, Finger to nose, eyes shut? will not respond to suggestions. Legs, Standing on one foot? Grasp, Standing eyes shut?

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Very hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, N.

Apex Beat, N. Regularity,

Slow & regular.

ARTERIES,

Full & not easily compressed.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest quite symmetrical
Expansion not very 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 much.

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).

The patient stands at window most of the time, looking out. Probably imagines he sees & hears someone, from attitude. He will not answer questions, or talk to anyone so that one can understand him. Is dull & stupid, manifests some fear & is very melancholy. His physical condition is not very strong, is quite emaciated & irregular in habits.

Personal and Medical History of Robert Beattie

1899.

This patient was brought here by sheriff's deputy N. Nicholson attended by John Beattie, in fair physical condition with the following history:- No consanguinity, heredity nor intemperance in parents nor patient. First symptoms of insanity manifested about two weeks ago by "vacillating tendencies, muttering to himself: Fear of injury etc". Disease appears increasing: Not variable: Derangement not manifested on any particular subject: Was talkative until attack came on but now refuses to talk: Is very inconstant: Great fear of injury & lack of power of decision in clothing: Not disposed to injure anyone: No filthy nor destructive habits: No peculiarities especially prominent, was always dull, but gentle & retiring in disposition: When three or four years old had a spasm & has never been quite so bright since: No confinement nor restraint employed: No treatment pursued: On personal examination will only answer occasionally: Is undecided in all his actions; mutters to himself:- is childish.

On admission put upon T.W.E (G.H.N.Rpt. Complexion sandy: eyes blue hair dark brown: Skin in good condition: Small scars on right shoulder, on breast, right side, & on back of left hand: Small bruises on left knee & thigh & right side of back: Nail on big toe, right foot bruised. 5 teeth & 2 roots left in upper jaw, 10 teeth & 2 roots in lower jaw. Behavior restless- (C.Wilt)

June 8/99. (Summary by Dr. Wanous.) Patient much confused: troublesome, pugnacious: tongue coated: face flushed. June 17 Will not remain in bed. Tries to get out constantly. June 19 Visited by brother seemed pleased to see him.

June 23. Very restless & melancholy: says little: Habits slouchy. Goes out with crowd for exercise. July 1 Wt. 124# July 10 Shows some improvement: & is beginning to take an interest in surroundings.

July 20 Shows a marked improvement. Assists nurses with work. Neat & clean in habits. July 31 Seems very much improved.

Aug 1 Wt 129#. P 64. During past month, has brightened up; helps on hall. Improving physically

Oct 1/23 patient confused; talking to himself; obstinate & pugnacious. Oct 23. Left eye discolored,

Nov 1 through the night. Nov 1. Patient seems to fail physically; very restless and talkative; will

1900 Jany 1 not remain in bed, nights; "fears harm will come to him". Jany 1/1900. Wt 102#

Feby 2 Physical condition improved. Is quite normal: Transferred to B2. Apl 10. No special change.

May 1 Wt 145#. Patient is stubborn; fairly clean & neat. June 7. Visited by friend. July 17. Was

July 17/31 vaccinated: no results. July 31. No change specially noticeable in patient's condition

Aug 1 132#. Sep 18. Transferred to TW. Put to bed for physical recuperation. Refuses to eat-

Sep 28 Is fed by nurse. No febrile condition, at present. Sep 28. Transferred to B2. Physical

1901 Jan 31 condition improved. Jany 31/1901. No change. Is dull & stubborn: walks aboutward, muttering to himself: apparently much depressed: habits very careless: frequently undresses himself,

Feby 1 during the day. Feby 1. Wt 151#. May 1. Wt 144#. May 31. Condition shows no special change.

Personal and Medical History of Robert Beattie

1901

July 31 Continues about the same: is quite cleanly: very well-behaved: works none: Is almost constantly talking to himself: silly in manner: usually talking about going home: says "it is bad business that he ever came here". Aug 1 Wt 139#. Nov 1. Wt 140#. Dec 12. To D2

Aug 1 1902 Jany 31 very little change: works a little onward: has delusions that everything he does, is done wrongly: Talks quite incoherently: habits fairly neat. Feb. 1/02 Wt. 135#

Aug 1 Wt. 145#

1903 Jan. 31 Has been working regularly on farm for several months past and does fairly well. Rather quiet, but stubborn & unreasonable in manner. Is fairly contented, but always argues that he is wrongly held here. Always peaceable and cleanly.

Personal and Medical History of George A. Kissel

Whole No. 5334
Residence, Oratorina, Minn.
Date Admission, June 10th 1899.
Admitted by Dr. A. F. Kilbourne hour, 10 AM.
How Sent, Wm. Eggleston & of P. Stage &c.
Sex, male Age, 19 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Hotelwork.
Degree Education, Common school.
Profession, Religion, Not a ch. member.
Habits, Not Intemperate.
Nativity, Oratorina Minn. (Parents born in Bavaria)
Physicians Committing, E. E. Bigelow & F. M. Smith.
Correspondents, Mrs. Geo. Kissel (Mother) Oratorina, Minn.

No. of Year, 227.
Insane Relatives, None.
Cause Exciting, Masturbation.
Cause Predisposing, Unknown.
Form, Dubieile Perseveration Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 12 mos. ago
Duration, About 12 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. E. E. Bigelow. Date of June '99

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
At times he fears someone is pursuing him & will harm him
HALLUCINATIONS, Absent
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, 12 mos.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead - paralysis.
Paternal Relatives, Remembers no history of heredity
Mother, living.
Maternal Relatives, No history of insanity.
2 Brothers and 6 Sisters, all well & working.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Remembers no special disease.
HABITS, Drinking and Smoking, Drank & smoked to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Has had none
OCCUPATION, Healthy or not, Hotel work
Detail Date, Duration, and Character of Previous Attack, if any,
First attack.
Sleep, Appetite, and Bowels, Not regulated

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6 PRESENT WEIGHT, 137 lb USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Rather clammy & yellowish.
TONGUE, Coatings or Promptness of Movement, Tongue moist - responds readily
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Responses normal.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Finger to nose, eyes shut - can do it readily Legs, Standing on one foot. Some uncertainty Grasp, Standing eyes shut - sways.
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Present. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Strong & clear
Apex Beat, Regularity,
Size normal. Apex beats. Heart reg.
ARTERIES,
Easily compressible.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical & very full. Expansion good. B. Sounds normal.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

CRANIAL MEASUREMENTS.

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

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

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 well-nourished & in good physical health. Seems quite composed & remembers nothing regarding his spells of maniacal fear. He has been greatly addicted to the use of cigarettes, also practices self abuse, which is the probable cause of his present trouble.

Personal and Medical History of George A. Kriesl.

1899

This patient was brought here by sheriffs deputy Hugh Warren attended by A.J Schmidt in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in parents: Patient A cigarette smoker: First symptoms of insanity manifested about twelve months ago: Disease appears increasing: Is Variable with irregular rational intervals: Disease progressive in nature: Derangement now manifested by temporary loss of mind & feeling of being pursued by people who control his mind: Not disposed to injure anyone: Is destitute & filthy in habits: For several years has acted different from other boys: No severe diseases nor injuries to head: Has never been confined nor restrained in any way: No treatment pursued: On personal examination Case is a gradual growing out of the naive centres from his habits of self polution, cigarette smoking & other intemperate habits". On admission put upon B3E (Path. Rpt. Complexion dark: hair brown: eyes hazel: Skin in good condition: A few small scratches on shoulders: Scar on left leg below knee: Is clean: Teeth good: Exam. by F.W. Spillane)

Note by Dr Kilbourne Officer who brought him here states that Kriesl has been carrying a carpenter's chisel with him for a couple of weeks, which was taken from him yesterday. This seemed to disturb him very much as he carried it for protection. There is a young lady boarding with his mother & this morning he asked his mother if she was going to keep her around any longer, as she had poisoned them.

June 10 (Summary by Dr. Wanous.) Seems quiet: Answers questions readily: Is very well-behaved. June 15 Seems dull: Lies around on benches: coughs some. Says he has difficulty in breathing. June 16 Throat sore tonsils inflamed: Trans. to Infirmary Treated for tonsilitis. improved. July 17 Trans. to B3. July 26 Restless & walks floor continually. Frequently laughs to himself. Will not stay with crowd when out. Tries to elope. Aug 1 99 - Jan 31 1900 Wt. 134# Pulse 80. Very little change in patient. Very seldom talks unless addressed. Conversation incoherent: Very stubborn; occasionally pugnacious: Constantly watching for chance to escape. Has delusions & hallucinations. Thinks people are talking to him

1900
Jan 31 Wt 114#. P88. Feb 15 Became very violent & threatening: July 5 Visited by mother. July 31. No
Feby 1/
July 31 change of importance: has been very stubborn: occasionally pugnacious and threatening: has "delusions of persecution" & talks in a rambling, irrational manner. Says "he should go to the State School, at Owatonna". At times, refuses to eat for a day or two. Stands about by the Windows: does nothing: habits cleanly: has to be watched carefully, as he tries to escape. Augt 137# Jany 31/1901. Becoming much demented: very irrational and
Aug 1 1900
Jan 31 incoherent in Speech: Language profane; and obscene. Will sit or stand in one position

Personal and Medical History of George A. Kriesl

1901
Jan 31 (Cont'd) for long periods, without moving. Habits filthy: Quite violent & troublesome at times: tries to escape from crowd: Physical condition only fair. No illness nor complaint; is troubled some
Feby 1 with swelling of limbs. Feby 4. Transferred to IW: constipated: given Salts (1oz): legs badly swollen: No apparent cause, except that he stands almost constantly & takes but
4 little exercise, Feby 4. To 61: condition improved. May 1. Wt 146# — June 6. To IW.
June 6/
21 appetite very poor: Constipated: Given Salts (1oz) June 17. Constipated: Given salts (1oz) -
July 31 Up, ward: appetite good. July 3. To 61. July 31. Little change, mentally. Is restless:
Augt 1900 talks much to himself: at times, very abusive & violent towards nurses and patients.
Jan 31 Extremely irrational in Conversation. Aug 2 Wt 136#: Nov 2 Wt 140#: Jany 31/02. Is growing more demented: & extremly inactive & quite filthy: manner very peculiar: holds himself in rigid unusual positions, laughing & making grimaces: never speaks rationally, and is frequently very maniacal & pugnacious. Feb 1/02 Wt. 147#. May 1/02 Wt 151#. Patient was very pugnacious and maniacal at times - growing more demented and quiet. Aug. 1 Wt. 147½#.

1902
Jan 31 Still becoming more demented, indolent and filthy; occasionally pugnacious.

Personal and Medical History of Charles Schnell.

Whole No. 5335

Residence, Waseca Co, Minn.

Date Admission, June 10th 1899

Admitted by Dr. A. F. Kilbourne hour, 6 45 PM

How Sent, E. P. Latham Court Com. - Waseca Co. By order of District Court.

Sex, male Age, about 27 yrs.

Civil Condition, Single.

Children, none.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, unknown.

Nativity, Denmark (Parents also born there) Became resident of State in May '95. In Co. in '98.

Physicians Committing, W. A. Chamberlin & H. G. Blanchard.

Correspondents,

No. of Year, 228

Insane Relatives, unknown.

Cause Exciting, Dwelling on his trouble with confinement in jail.

Cause Predisposing, —

Form, Acute Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes - attempted by starving.

Date of this Attack, June 9th 1899.

Duration, one day.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, about 27 years.

Time of Leaving, Aug. 19. 1899

Time in Hospital, 2 m. 9 da.

Result, Discharged Feb. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* June '99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Special Subjects, do.

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, living - well.

Paternal Relatives, Insanity absent.

Mother, living, well.

Maternal Relatives, well.

5 Brothers and 3 Sisters, all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), 10 years ago kicked by a horse in head. Present marking has gray hair over scars.

HABITS, Drinking and Smoking, Drinks & smokes - Has been drunk.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, farming.

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

Sleep, Good Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 144½ # USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, has scar below right eye. Varicose veins on injured leg. (leg injured by horse) Skin dull & sluggish.

TONGUE, Coatings or Promptness of Movement, responds promptly.

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

SIGHT, Clear.

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

HEARING, Good.

COORDINATION, Arms, finger to nose, does it readily. Legs, Stands on one foot firmly ~~Grasp,~~

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

PATELLAR REFLEX, Sluggish. Other Reflexes, respond.

ARTICULATION, Slurred, Hesitating, Slow, Rather hesitating & irregular.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Absent.

ARTERIES,

Full & not easily compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symme

Expansion good

Sibilent rales present in R. lung. Heard both dorsal & ventral.

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, regular

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 responds slowly & rather without form. He appears dull & stupid. General condition would indicate pretty good physical health & a fair amount of mental development. His condition is probably due to injury sustained from a kick of a horse as well as his his unstable condition which he manifests.

Personal and Medical History of Charles Schnell

1899

This patient was brought here by Sheriff Frank Collins, attended by Michael Ryan by Order of the District Court, in fair physical condition, with the following history: Patient was being held in Waseca Co. Jail on charge of Assault in the Second Degree, awaiting trial by Grand Jury. First symptoms of present attack manifested June 9th by acute mania, agitation, refusal to eat, pain in head. Nothing known concerning history of consanguinity, heredity, intemperance etc. Patient had a similar attack three weeks ago lasting 24 hours. Disease appears increasing; not variable: Derangement now manifested by melancholia with determination to end his life by starving: Not disposed to injure anyone. No filthy nor destructive habits: Previous to attack of insanity was very quick-tempered: No severe diseases nor injuries to head. Has been confined to cell three months: Has been given sedatives with some relief. On personal examination refuses all nourishment & refuses to wait on himself: Is determined to end his life by starving. On admission put upon B3 E (G.H.N. Rpt. hair brown with white spots upon hair in forehead: Eyes blue: Skin in good condition: Varicose veins on left leg & leg also bowed in at knee: Scar on left side & front of head & under right eye: Nose has been broken: Is fairly clean: Teeth good Behavior good: Exam. by E.W. Allen.)

June 10 Received on Ward: patient has quiet & well-behaved: neat & clean in habits and personal
24 appearance. June 24. During the 14 days, has continued quiet & well-behaved & has made some improvement. Has rested and slept well at night: has complained some of pains (probably
July 31 rheumatic). July 31. Patient continues to improve. Appetite good; sleeps well - health seems good.
Aug 3 Wt 151# P 88. Patient is quiet and well-behaved: works on ward: enjoys games. Worries some about his
16 trial. Aug 16. Had rheumatic pains in left knee: given hypodermics and hot applications. —
17/19 Repeated pains. Aug 19. Patient eloped while at work with painters.

Discharged

Personal and Medical History of

Personal and Medical History of Nicholas Martin

Whole No. 5336
Residence, St. Paul Minn.
Date Admission, June 10' 1899
Admitted by Dr E. Z. Wanous hour, 6th Pm.
How Sent, Ew. Bazille J of P. Ramsey Co.
Sex, male Age, about 70
Civil Condition, widow
Children, "
Age Youngest Child, —
Occupation, Says he was a baker
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, Not intemperate.
Nativity, Germany (Parents also born there) Resident of State & Co for four years.
Physicians Committing, J. C. Markoe & Ew. Buckley.
Correspondents,

No. of Year, 229
Insane Relatives, Unknown.
Cause Exciting, Senility
Cause Predisposing, Unknown
Form, Senile Dementia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not
Date of this Attack, About 4 yrs ago
Duration, 4 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, about 66 yrs
Time of Leaving, Aug. 12. 1900
Time in Hospital, 1 yr. 2 m. 2d.
Result, Died. Strangulated Hernia

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous. *Date of* June '99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Sluggish.

Recent Events, Clear. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Good.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, absent.

HALLUCINATIONS, absent

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, old year.

Paternal Relatives, denies all history of insanity.

Mother, dead. dont know cause.

Maternal Relatives, No history of insanity.

Brothers and Sisters, Says they are all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None.

HABITS, Drinking and Smoking, Denies drinking - Smokes some.

HEADACHES, VERTIGO, OR CONVULSIONS, abuses.

OCCUPATION, Healthy or not, Farmer.

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

Sleep, Appetite, and Bowels, General condition good.

Personal and Medical History of Nicholas Martin

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4 in. PRESENT WEIGHT, 136# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Slow to respond. badly coated.

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

SIGHT, pretty clear.

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

HEARING, normal.

COORDINATION, Arms, Legs, Grasp, Finger to nose, eyes shut. not readily.

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

PATELLAR REFLEX, present. Other Reflexes, do.

ARTICULATION, Slurred, Hesitating, Slow, Slow & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Normal

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, murmurs absent. Strength sounds weak. Size normal. apex beat normal. regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Regular.

Chest symmetrical.

& Abdominal breathing.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of 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 active & responds readily to questions put to him, tho he is incoherent in his answers & at times gives an entirely erroneous answer. His physical condition is good & he is in good health. Has a tendency to appropriate other patients. articles thinking they are his, & does other things which indicate that he is mentally wrong. Condition is due to old age & is suffering from senile degeneration.

Personal and Medical History of Nicholas Martin.

1899

This patient was brought here by Sheriff's deputy A L. Phillips, in good physical condition with the following history: No information concerning consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested about four years ago: Disease appears increasing: Not variable: Derangement now manifested by indecent exposure of person: No filthy nor destructive habits: No injuries to head nor severe diseases: Has never been confined nor restrained: Has received no treatment. Nothing learned on personal examination further than what is stated above: On admission put upon B & E. S.S.N. Opt. Complexion light: Hair gray: eyes light blue: Skin in good condition: Varicose veins on both legs: Feet swollen & discolored: Hernia on left side: Is clean: Has teeth in upper jaw, black & decayed. Behavior good: Exam. by Ed. Allen)

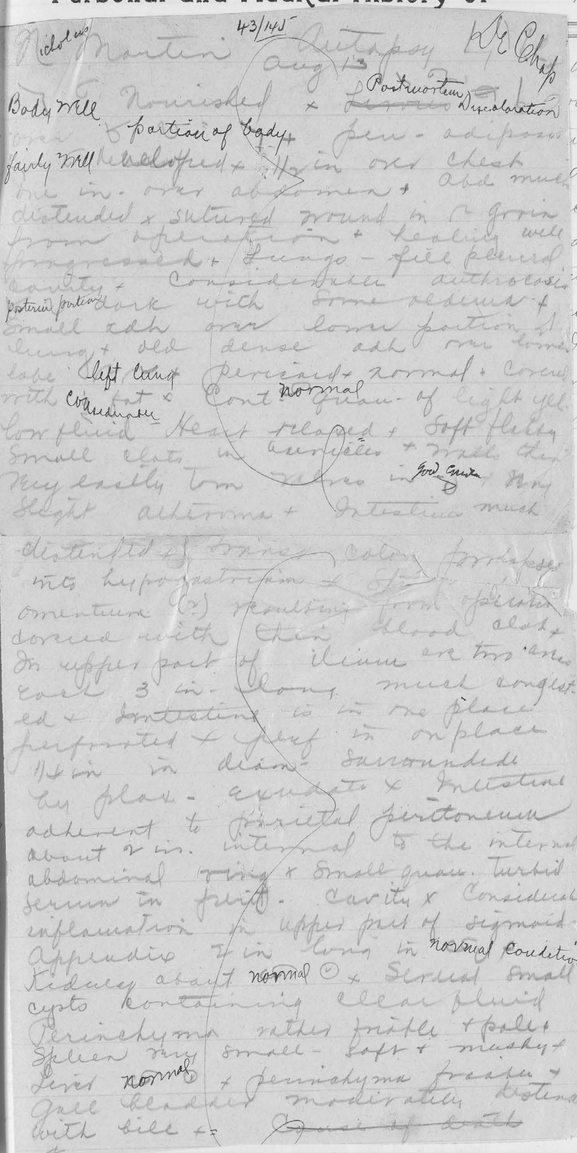
June 10 (Summary by Dr. Wanous.) Patient talks readily but rather irrationally:
11 Is restless. June 11 Opt & dressed several times through night. Does not realize where he is. Continually walks from room to room taking other patients clothing, which is afterwards found on him.
July 4 - Very restless & walks around continually: says he is not feeling well. Cannot tell where he feels sick - Trans. to Infirmary. Will not remain in bed. July 25 Given clothes: Kept in bay. Aug 1. Wt 136 lbs. p 76.
Aug 1 Patient will not remain in bed; pulls off bedding & disturbs rooms. Is very forgetful. —
14 Patient's left hand bruised; happened through night; Aug 14. Transferred to A. Very troublesome
Oct 1 and noisy, all day. Oct 1. Wt 150 lbs. Oct 31. No change specially noticeable in patient's condition.
1900 Jan 3 Left eye slightly discolored; cause unknown. Patient continues pulling clothing off bed.
Apl 19 Feet badly swollen and urine examined. July 5. Wt 158 lbs p 74. July 30. Patient was
July 30 vaccinated unsuccessfully. Condition remains about the same, in every way. —
Aug 1/9 158 lbs. 976. Patient is badly demented: feet & legs badly swollen: Aug 9. Hernia is strangulated:
13 he complains of great pain in abdomen. Removed to IW. for operation for strangulation. —
Died. —

Died

Aug 13. Post mortem by Dr Chaffee.

Body well nourished: discoloration over portion of body. Few adipose: Faculty well developed ½ in over chest: one in: on abdomen: abdomen much distended; Pertinum wound in r groin from operation: healing well progressed. Lungs: fill pleural cavity. Considerable anthracosis: posterior portion dark, with some oedema: Small adhesion on lower portion l lung: old adhesion over lower lobe. left lung. Pericard: normal. Covered with considerable fat: contains normal quantity of light yellow fluid. —

Personal and Medical History of Nicholas Martin


Nicholas Martin 43/145 Autopsy Dr Chaffee
Body well Nourished × Postmortem Discoloration
portion of Body + pen - adipose
Faculty well developed + ½ in over Chest
one in. over abdomen + abd much
distended × sutured wound in r groin
from operation + healing well
progressed + Lungs - fill pleural
cavity + Considerable anthracosis
posterior portion dark with some oedema +
small adh over lower portion of
lung + old dense add over lower
lobe left Lung Pericard + normal + Covered
with Considerable Cont Quan of light yel
low fluid - Heart closed + Soft flabby
Small clots in auricles + Walls thin
May easily torn ~~Valves~~ in good Condn May
Slight atheroma + Intestine much
distended + Urine Color ~~Intestine~~ passed
into hypogastrium + Soft
omentum (2) resulting from operation
covered with thin blood clot +
Dr upper part of ileum are two areas
each 3 in. long, much congest
ed + Irritating to in no place
perforated + Scarf in on place
1½ in in diam Surrounded
by plas - appendix × Intestine
adherent to parietal peritoneum
about 2 in. internal to the internal
abdominal ring × Small quan. turbid
serum in peritoneal Cavity × Considerable
inflamation in upper part of sigmoid
Appendix 4 in long in normal Condition
Kidney about normal ⊙ × Several small
cysts containing clear fluid
Parenchyma rather friable + pale +
Spleen very small - Soft + mushy +
Liver normal ⊙ × parenchyma friable +
Gall bladder moderately distended
with bile +

in auricles: walls thin: very easily torn.
ma. Intestines much distended. trauma. —
up of omentum (2), resulting from operation.
of ileum are two areas each 3 in. long: —
ed, perforated: perforation, in one place ¼ in.
ata. Intestine adherent to parietal peri-
tual abdominal ring: small quantity of
derable inflammation in upper part of sig-
tion: kidney about normal ⊙: several small
ma pathw friable & pale: Spleen very small.
riable: gall bladder moderately distended.

Personal and Medical History of Richa

1899

This patient was brought here by Sheriff's
cal condition, with the following h
consanguinity, heredity nor intemp
Exact symptoms of insanity man
Disease appears increasing: N
manifested by indecent
structive Habits: No injuries
Has never been confin
no treatment. Nothing
further than what is at
G.S.H. Rft-Compression light
dition: Varicose veins o
Hernia on left side: So
Behavior good: Exam.

June 10 97 (Summary by Dr. Wesn
11 So restless. June 11
realize where he i
other patients clo
July 4 - Very restless.
Cannot tell
25 main in be
Aug 1 Patient will not re
" 14 Patient's left hand bruised;
Oct 1 and noisy, all day. Oct 1. W
Jany 3 1900/3 Left eye slightly discolored; cause
Apl 19 feet badly swollen and urine examined
July 30 vaccinated unsuccessfully. Condition rem
Aug 1/97 158" 076. Patient is badly demented. feet slogs bad
he complains of great pain in abdomen. Removed to Iw
13 Died. —

ro not
taking
ulling med.
ill not re-
Abt 136 lbs. p 76.
ry forgetful. —
a. very troublesome
ble in patients conditions.
ulling clothing off bed.
July 30. Patient was
same, in every way. —
Augg. Hernia is strangulated:
operation for strangulation. —

Personal and Medical History of Nicholas Martin

Heart relaxed; soft, flesby: small clots in auricles: walls thin: very easily torn. valves in good condition: very slight atheroma. Intestines much distended. Transv. Colon prolapsed into hypogastrium: Stump of omentum (?), resulting from operation, covered with thin blood clots. In upper part of ileum are two areas each 3 in. long: much congested. Intestine is, in one place, perforated: perforation, in one place ¼ in. in diameter, surrounded by plas - exudata. Intestine adherent to parietal peritoneum about 2 in: internal to the internal abdominal ring: small quantity of turbid serum in peritoneal cavity: considerable inflammation in upper part of sigmoid; appendix 2 in. long in normal condition: Kidney about normal: small small cysts containing clear fluid: parenchyma pathologically pale: Spleen very small. Soft & mushy: liver normal: parenchyma pale: gall bladder moderately distended with bile.

Died

Aug 13. Post mortem by Dr Chapple.

Body well nourished: discoloration over portion of body. Fair. adipose: fairly well developed. 1/2 in over chest: one in: on abdomen: abdomen much distended; suture wound in R groin from operation: healing well progressed. Lungs: fill pleural cavity. Considerable anthracosis: portions portion dark, with some oedema: small adhesion on lower portion of lung: old adhesion over lower lobe left lung. Pericard normal. Covered with considerable fat: contains normal quantity of light yellow fluid. —

Personal and Medical History of Isaac Silverstein

Whole No. 5339
Residence, St. Paul, Minn.
Date Admission, June 15 1899
Admitted by Dr. A. F. Strickler hour, 6th P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 36 yrs.
Civil Condition, Single
Children, –
Age Youngest Child, –
Occupation, Clerk.
Degree Education, Common school.
Profession, Religion, Hebrew.
Habits, Not intemperate.
Nativity, Russia. (Parents also born there.)
Physicians Committing, President of State & Co 17 yrs. J. P. Canac Marquis & E. J. Schmidt
Correspondents, Saml Marks. Cor. E. 7th & Sibley Sts. St. Paul, Minn.

No. of Year, 232
Insane Relatives, None.
Cause Exciting, Suspicion of specific infection.
Cause Predisposing, –
Form, Syphilitic Insanity
Accompanying Bodily Disorder,
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, 36 yrs.
Time of Leaving, Oct. 9. 1899
Time in Hospital, 3 – 4 Do 2 m. 17 d. (?)
Result, Discharged May 2. 1900 Improved

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* June 16 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Very sluggish
MEMORY, Past Events, Remembers.
Recent Events, " Special Subjects, Fails or dont want to talk about his condition
PERCEPTIVITY, Alert or Dull, Correct or Illusive. Extremely dull.
REASONING POWER, Ordinary Subjects, Very poor
Special Subjects, "
Own Mental State, "
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Indifferent.
DELUSIONS, Systematized, Transitory, Special Subjects, Hears voices & believes some woman is talking to him.
HALLUCINATIONS, Thinks he sees the woman talking.
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, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Knows nothing of father or mother or family.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Probably specific trouble.
HABITS, Drinking and Smoking, Uses neither
HEADACHES, VERTIGO, OR CONVULSIONS, Headache & Vertigo
OCCUPATION, Healthy or not, Clerk.
Detail Date, Duration, and Character of Previous Attack, if any, First attack.
Sleep, Appetite, and Bowels, Troubled with insomnia: Appetite not very good. Bowels irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ PRESENT WEIGHT, 142 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Has small umbilical hernia also large scar in left pectoral region involving shoulder. Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Responds slowly - badly fissured & coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses normal.
SIGHT, normal
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, absent.
HEARING, Normal.
COORDINATION, Arms, Finger to nose eyes shut - hesitates Legs, ~~Grasp~~, Standing eyes shut - quite firm.
TREMORS, Hands, Tongue, Facial Muscles, General, Quite firm.
PATELLAR REFLEX, Somewhat exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Very hesitating & slow to respond.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, N Size, N
Apex Beat, N Regularity, Regular.
ARTERIES, Quite full
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Chest symmetrical. Expansion 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, Troubled with sleeplessness.
BOWELS, Present Condition, Constipation

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 very indifferent and shows very many signs of degeneracy. His speech is very slow & hesitating. Perception is very indistinct often waits ten to twenty seconds or more before beginning an answer. His answers to questions asked him lead one, with other indications to a diagnosis of specific trouble tho he denies it. His general condition is pretty fair, has some trouble with bowels & very irregular in his habits. Practices self abuse.

Personal and Medical History of Isaac Silverstein.

1899

This patient was brought here by Sheriff's deputy Hanson, in fair physical condition, with the following history: No consanguinity, heredity nor intemperance in patient nor parents known: First symptoms of insanity manifested two months ago by delusions & hallucinations: Disease appears increasing: Not variable: Derangement now manifested by believing that a young lady with whom he is acquainted wishes to marry him: Not disposed to injure anyone: No filthy nor destructive habits: Was peculiar before accession of disease: There are suspicions of specific infection: No confinement nor restraint employed: Patient has received specific treatment. On personal examination is mentally dull: On admission put upon

June 15 B3 E (Gen. Rpt Complexion dark: hair dark brown: eyes gray: Skin in good condition: Scar on left shoulder: Bruises extending down left arm: says it is a birthmark: Is clean: Two teeth missing right side upper jaw: Rest sound & intact. Behavior good - Exam. E.W. Allen)

June 15 (Summary by Dr. Wanous) Patient slow in speech & actions somewhat confused & frequently sits in sort of stupor with attention fixed. Has delusions of persecution & often has hysterical spells when he laughs & cries

June 9. Reported as hysterical during night: says he is suffering punishment refused medicine. June 25 At times seems lost & dazed: July 1 Patient had another hysterical spell: would not answer questions or speak.

July 4 Visited by mother: seems somewhat improved. Trans. to Infirmary.

July 12. Had a peculiar spell while visiting mother - probably hysterical.

July 31. No change. Aug 1. Wt 137# P 82. Patient wanders about aimlessly. Aug 3 Visited

Aug 1/3/13 by mother Aug 13. Attempted Elopement. Aug 14. Filthy during night. Aug 17. Trans-

-14/17/21 -ferred to B3 Aug 21. While reading paper, became very hysterical. Sept 27. "Hys-

Sep 27/30 -terical Spell". Sep 30. Visited, several days, by mother during month. Oct 1. Wt 133#

Oct 9 Visited by mother and taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Henry Meier

Whole No. 5341
Residence, St. Paul, Minn.
Date Admission, June 19th 1899.
Admitted by Dr. A. F. Strickler hour, 6.45 P.M.
How Sent, H. Gallick Crt. Com. Ramsey Co.
Sex, Male Age, 51 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Common laborer.
Degree Education, Very little.
Profession, Religion, Not a church member.
Habits, A moderate drinker.
Nativity, Germany - Parents also born there.
President of State 16 yrs.
Physicians Committing, A. U. Whitney & F. Leavitt.
Correspondents, H. Meier (father) 739 Minnehaha St. St. Paul.
(Can be reached through Margaret St. Police Station)

No. of Year, 234
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Chronic melancholia with delusions
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Some years ago.
Duration, years.
No. of Attack, 1st
No. of Admission, 1 here Was at St. Peter years ago.
Age First Attack, ?
Time of Leaving, Oct. 1. 1899
Time in Hospital, 3 m. 11 d.
Result, Discharged May 2. 1900
Improved

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish.
MEMORY, Past Events, Remembers nothing.
Recent Events, do Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Very dull.
REASONING POWER, Ordinary Subjects, less than average.
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, not good Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 152 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, skin in fair condition.
TONGUE, Coatings or Promptness of Movement, Tongue coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, normal
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, normal
HEARING, good
COORDINATION, Arms, sluggish Legs, sluggish Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, small of tongue - hands quite unsteady.
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, not strong Size,
Apex Beat, Regularity,
Size somewhat enlarged
Apex beat displaced to left nipple line
Regular.
ARTERIES,
Easily compressed.
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, fair
BOWELS, Present Condition, irregular

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).

The patient appears dull, & stupid & will not talk. Is melancholy. Physical condition appears good. The displacement of heart is probably due to straining from hard work.

Personal and Medical History of Henry Meier

1899

This patient was brought here by Sheriff's deputy A. L. Phillips attended by John Johnston, in fair general health, with the following history:- No information given concerning consanguinity: No history of heredity: Patient a moderate drinker: First symptoms of insanity manifested some years ago & patient was at St Peter hospital for a time. Present state is simply a continuation of his former condition: disease appears stationary: Is variable. Derangement now manifested by fear of different people without cause; hides in cellar etc. No care at all given to his person: Is filthy & destructive in habits. No previous peculiarities manifested: No severe diseases nor injury to head sustained: Has received no treatment & has been under no restraint since leaving St Peter. On personal examination is stupid in appearance, & very filthy about his person & dress.

On admission put upon B.P.E. (G.H.U. Rpt. Complexion dark: hair dark brown: eyes blue: Skin in good condition: Has a little bald spot on back of head Vaccination marks on left arm: Several small scars on back & legs below knee. Is dirty: 3 teeth out of each jaw; 1 loose in front of lower jaw & several not very sound. Behavior good: T 100.8 P. 92. R. 28.)

June 19. (Summary by Dr. Wanous) Patient dull: Answers questions rationally, with some intelligence. Is apparently dazed: & does not appreciate surroundings

July 25 Inclined to run away from the crowd when out.

June 30 Quiet & well-behaved: Does little work on ward. Talks incoherently continually endeavoring to escape. July 31 Wt. 158 Pulse 96. No change in condition. Aug 1- ~~Sept~~ Sept 30 '99 (Dr. Chapple). Wt. 159. Pulse 76. Quiet & well-behaved Is slouchy & untidy; talks very little. Is demented: does no work. Sept 5 Trans. to Annex. Oct. '99 Eloped.

Discharged.

Personal and Medical History of

Personal and Medical History of Edward Ryan.

Whole No. 5347

Residence, Watopa, Wabasha Co, Minn.

Date Admission, June 20th 1899.

Admitted by Dr E.J. Warnow hour, 4 PM.

How Sent, Malcolm Kennedy Dep. P. Wabasha Co.

Sex, male Age, 32 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Catholic church.

Habits, Not intemperate.

Nativity, Wabasha Co, Minn. Parents born in Ireland

Physicians Committing, W.H. Lincoln & P.N. Kelly.

Correspondents, Wm. Ryan, Smithfield, Wabasha Co.

No. of Year, 235

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Chronic Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 5 yrs. ago.

Duration, About 5 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27 yrs.

Time of Leaving, Apr. 26. 1900

Time in Hospital,

Result, Transferred to Hastings Hyp

EXAMINATION ON ADMISSION BY DR. E.J. Warnow *Date of* June 22/99

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,

ONSET, Gradual or Sudden,

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

Father, living, in fair health.

Paternal Relatives, No history of insanity.

Mother, living, in fair condition

Maternal Relatives, No history of insanity.

5 Brothers and 5 Sisters, well.

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

Has no recollection of any.

HABITS, Drinking and Smoking, Does not use either

HEADACHES, VERTIGO, OR CONVULSIONS, Absent

OCCUPATION, Healthy or not, Farming

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

Sleep, Good Appetite, Good and Bowels, Irregular.

Copy of order for hearing petition of Wm. Ryan for appointment of Guardian for Edward Ryan received July 14 '99

RISTICS.

EIGHT, NUTRITION,

size normal.

COORDINATION, Arms, Normal Legs, Normal. Grasp, Special tests - Normal.

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

PATELLAR REFLEX, Normal Other Reflexes, do

ARTICULATION, Slurred, Hesitating, Slow, Rather slurred & responds slowly.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Sounds not very strong

Apex Beat, Regularity, Size - somewhat enlarged laterally apex beat in left nipple line - regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical, not very well developed - Expansion 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, Irregular

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 dull & slow to respond. Talks very little & is very melancholy: General condition is fair though he has a flat chest. Heart is somewhat enlarged & displaced to the left. Pulse rather thready, no valvular lesions were detected.

Personal and Medical History of

Whole No. 5347

Residence, Watopa, Wabasha Co, Minn.

Date Admission, June 20th 1899

Admitted by Dr E.J. Warnow hour, 4 P.M.

How Sent, Malcolm Kennedy S. of P. Wabasha Co.

Sex, male Age, 32 yrs.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common school.

Profession, Religion, Catholic Church.

Habits, Not intemperate.

Nativity, Wabasha Co, Minn. (Parents born in Ireland)

Physicians Committing, W.S. Lincoln & P.N. Kelly.

Correspondents, Wm. Ryan, Smithfield, Wabasha Co.

No. of Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, Chronic Mel...

Accompanying Bodily Disorder, None men...

Suicidal or not, Not.

Date of this Attack, 5 yrs. ago.

Duration, About 5 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27 yrs.

Time of Leaving, Apr. 28. 1900

Time in Hospital,

Result, Transferred to Hastings H.H.

EXAMINATION ON ADMISSION BY DR. E.J. Warnow. *Date of* June 22/99

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,

ONSET, Gradual or Sudden,

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

Father, living. In fair health.

Paternal Relatives, No history of insanity.

Mother, living. in fair condition

Maternal Relatives, No history of insanity.

5 Brothers and 5 Sisters, well.

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

Has no recollection of any,

HABITS, Drinking and Smoking, Does not use either

HEADACHES, VERTIGO, OR CONVULSIONS, Absent

OCCUPATION, Healthy or not, Farming

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

Sleep, good Appetite, good and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6ft 1½ PRESENT WEIGHT, 164# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin in fair condition.

TONGUE, Coatings or Promptness of Movement, Readily protruded

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

SIGHT, ?

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

HEARING, ?

COORDINATION, Arms, Normal Legs, Normal. Grasp, Special tests - normal-

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

PATELLAR REFLEX, Normal Other Reflexes, do

ARTICULATION, Slurred, Hesitating, Slow, Rather slurred & responds slowly.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Sounds not very strong

Apex Beat, Regularity, Size - somewhat enlarged laterally apex beat in left nipple line - regular

ARTERIES,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical, not very well developed - Expansion

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, Irregular

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 dull & slow to respond. Talks very little & is very melancholy. General Condition is fair though he has a flat chest. Heart is somewhat enlarged & displaced to the left. Pulse rather thready, no valvular lesions were detected.

Personal and Medical History of Edward Ryan.

1899

This patient was brought here by Sheriff's deputy E. G. Dickman in fair physical condition with the following history:- No consanguinity, heredity nor intemperance in parents nor in patient. First symptoms of insanity manifested five years ago Disease appears increasing: Is variable; With irregular rational intervals. Derangement noted on no particular subject. Not disposed to injure anyone: No filthy nor destructive habits. No peculiarities previously shown: No severe diseases nor injuries to head. No confinement nor restraint employed: no treatment pursued. On personal examination is in a drowsy condition

6/20/99 On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair light brown: eyes blue: Skin in good condition: 3 small scars on calf of left leg + one on left fore-arm: Is dirty: Four teeth missing in upper jaw + 2 in lower, Behavior good: Exam. by E.W. Allen)

June 20 99 to July 4 1 31 Aug 3 Dec 31 1900 Feb 15/1 Mar 15/31 Apl 26 (Summary by Dr. Wanous.) Patient somewhat depressed + rather incoherent: wanders about aimlessly: Seems contented. Is well behaved + rather simple in manner July 3 Visited by relatives. July 31 Continues very quiet + well behaved. Answers questions rationally: Is neat + clean in habits. Aug 3. Wt 175# P 76. No change noticeable. Oct 31. Is quiet + well-behaved: somewhat depressed; remains in room. Seldom speaks. Dec 31. No change specially noticeable. Feb 15/1900. Patient quiet. works on ward. Acts timid. Feb 21. Received notice of father's death + was taken home. — Was Returned, + put on B³. — March 31. Condition about same, as described in the previous notes. April 26. Was today, transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of John D. Pruno.

Whole No. 5343
Residence, St. Paul, Minn.
Date Admission, June 20th 1899
Admitted by Dr. A. F. Kilbourne hour, 7 30 PM
How Sent, Hy. Gallick Crt. Com. Ramsey Co.
Sex, male Age, 35 yrs.
Civil Condition, married.
Children, one
Age Youngest Child, –
Occupation, Iron fitter.
Degree Education, None.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, St. Paul, Minn. (Parents born in Canada)
Physicians Committing, Chas. R. Ball & V. J. Hawkins.
Correspondents, Mrs. J. W. Pruno. 79 Alabama St. St. Paul, Wife.

No. of Year, 236
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing, "
Form, Alcoholic Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3 wks. ago
Duration, 3 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 35 yrs
Time of Leaving, Sept. 12. 1899
Time in Hospital, 2 mo. 23 d
Result, Discharged Jan. 31. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. E. Z. Manous *Date of* June 22 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Quick.
MEMORY, Past Events, pretty fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
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 - cause not known.
Paternal Relatives, Insanity denied.
Mother, died during child-birth.
Maternal Relatives, Insanity denied.
Brothers and Sisters, known nothing of brothers. no disease among sisters
1 Child well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Absent.
HABITS, Drinking and Smoking, Has drank & smoked to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, absent.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 in PRESENT WEIGHT, 163 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin has a yellowish tint.
TONGUE, Coatings or Promptness of Movement, Responds readily.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses normal.
SIGHT, Clear.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, normal. Grasp, Special tests fairly good.
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, Slightly exaggerated Other Reflexes, responds.
ARTICULATION, Slurred, Hesitating, Slow, somewhat slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, S. Sounds very good.
Apex Beat, Regularity, Size normal - apex beat normal Regular & rapid.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical - very well developed - 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,
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 talkative & noisy. Thinks he is here for a punishment & threatens to run away if he has to kill someone to do it. He is well nourished & in good physical condition. He is probably suffering from Mania due to excesses.

Personal and Medical History of John D. Primo.

1899

This patient was brought here by sheriff's deputy A. Hanson in fair physical condition, with the following history:- No consanguinity known: no information concerning heredity. Patient intemperate: First symptoms of insanity manifested three weeks ago by delusions: Disease appears increasing: Is variable: Derangement now manifested by imagining death of wife & mother & by stealing articles of no use to patient. Has shown disposition to injure others: Has shown no disposition to destructive habits, has indecently exposed person: No peculiarities previously manifested: Was struck on head by a bar of iron last winter & by a buck last 4th of July. No confinement nor restraint employed: No treatment pursued:

June 20/99 On personal examination is very sluggish mentally. On admission put upon B3E (GHN. Spt. Complexion dark: hair black - a little gray: Eyes brown: Skin in good condition: Is dirty: One tooth missing from upper jaw: Behavior good. Exam. by E.W. Allen)

June 20 to July 4 '99 (Summary by Dr. Wanous) Patient rather surly & stubborn: Threatened to kill physicians Is anxious to home. June 22. Took fork from dining room. Later attempted to elope, was transferred to C. Patient untidy & inclined to be hysterical & often depressed. July 4 Wt. 177# Pulse 82. Shows some mental improvement July 12 Trans. to B3. July 31 Well-behaved. appreciates that he has been sick: Says worry & inability to procure work was cause of trouble.

Aug 3. Wt. 181# Pulse 84. Patient quiet; well behaved: works on ward. Talks very rationally Sept 12 Wt. 188. Pulse 80. Is well-behaved & agreeable. Sent home

Discharged.

Personal and Medical History of

Personal and Medical History of Alexander Murphy

Whole No. 5344
Residence, Winona Co. Minn.
Date Admission, June 20th 1899.
Admitted by E. Z. Wanous hour, 10 P.M.
How Sent, H. L. Buck J of P. Winona Co.
Sex, male Age, 35 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Minn. (Father Ireland - Mother Illinois.)
Physicians Committing, J.B. McGaughey + H.J. McGaughey.
Correspondents, James Murphy Hart P.O. Winona Co. Minn (father)

No. of Year, 237
Insane Relatives, None.
Cause Exciting, Worry over business.
Cause Predisposing, Unknown.
Form, Acute Mania following febrile condition
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 10 days ago
Duration, 10 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 35 yrs.
Time of Leaving, Oct. 16. 1899
Time in Hospital, 3 m. 14 d
Result, Discharged Jan. 31. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* 6/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Rather confused + quick.
MEMORY, Past Events, Very good.
Recent Events, do Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Systematized regarding religious subjects.

HALLUCINATIONS, Hears people constantly about him.
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, well
Paternal Relatives, No history of insanity.
Mother, living well.
Maternal Relatives, No history of insanity.
5 Brothers and 2 Sisters, Well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Does not drink nor smoke.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, not good Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 171# USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin in good condition.
TONGUE, Coatings or Promptness of Movement, Coated - responds readily.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses normal.
SIGHT, Normal.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal.
COORDINATION, Arms, Finger to nose, hesitating Legs, On one foot. uncertain Grasp, Eyes shut considerable swaying.
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Very good Size, N
Apex Beat, N Regularity, regular.

ARTERIES,
Full + compressible.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest well developed.
Expansion normal.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Insomnia.
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 has an extremely exalted opinion of himself + talks incoherently. His general condition is good. His attack is acute mania - cause not ascertained.

Personal and Medical History of Alexander Murphy.

1899.

This patient was brought here by Sheriff A.W. Fuhrmann attended by James Murphy in good physical condition, with the following history: No consanguinity, heredity Nor intemperance in patient nor parents. First symptoms of attack manifested about ten days ago: Came back from the west in an excited condition. Was afraid of being robbed: Disease appears increasing: Is variable, but with no fully rational intervals: Derangement now manifested by excitement over business & religious matters. No disposition to injure anyone & No filthy nor destructive habits shown. Memory has been slightly defective since receiving an injury to head eighteen years ago - When he was unconscious & bled from ears. No confinement nor restraint employed: No treatment received. On personal examination is very much excited, incoherent, talks on religion & on a great variety of subjects. On admission put upon B^3E (T.A.N.Rpt. Complexion sandy: hair reddish brown; eyes gray; condition of skin good: Scar on left jaw: Is clean 4 teeth missing upper jaw & 4 from lower. Behavior good. Exam by S Bair)

June 20 '99 to July 4 '99 (Summary by Dr Wanous.) Received on ward. Is inclined to be pugnacious & irritable: Struck nurse. Trans. to C. Is noisy & maniacal: put in restraint to keep him quiet. July 6 Broke panel & electric light switch before discovered. Trans. to B^3 on July 12. July 20 Visited by brother.

July 31. Aug 1 Has maniacal outbreaks. Is somewhat demented & confused during these attacks. Aug 1 Wt 170# P 88. Aug 31. Well-behaved: works on the ward.

Sep 31 29 Transferred to A^2: Works in kitchen. Oct 16. Visited by father and taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Paul Conrad

Whole No. 5347
Residence, Wabasha Co, Minn.
Date Admission, June 27th 1899.
Admitted by A.F. Strickler hour, 10th A.M.
How Sent, M Kennedy J of P. Wabasha Co.
Sex, Male Age, 22 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Farmer
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate. (Father intemperate)
Nativity, Minn. (Wabasha Co.) Parents born in Germany.
Physicians Committing, W.F. Milligan + W.H. Lincoln
Correspondents, Mother - Mary Conrad Bellechester Minn.

No. of Year, 240
Insane Relatives, Aunt.
Cause Exciting, Masturbation.
Cause Predisposing, Probably heredity
Form, Imbecile Idiot
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About 2 years ago.
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* June 28 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Father confused.
MEMORY, Past Events, Not very good.
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Has none
HALLUCINATIONS, do
ILLUSIONS, do.
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 - well.
Paternal Relatives, No insanity known
Mother, living - well
Maternal Relatives, Aunt in insane hospital several years
4 Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None
HABITS, Drinking and Smoking, Drinks + smokes not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo + headaches
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,
Troubled with insomnia

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 134½ USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, strained causing severe pain in left chest, last spring.
TONGUE, Coatings or Promptness of Movement, Slightly coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size increased - responses normal.
SIGHT, Has blurred vision at times
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Normal
COORDINATION, Arms, Legs, On one foot uncertain Grasp, Eyes shut - some swaying
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands + tongue.
PATELLAR REFLEX, Exaggerated Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Sounds not very strong - size + apex beat normal - regular.
ARTERIES,
Thready pulse.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest sym. normal.
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,
Color and Appearance,

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

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

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 only a fair development. Is inclined to talk a great deal + is incoherent at times. Gives history of practicing masturbation since seven years old. Physical condition is only fair. He is somewhat stopped + is an abdominal breather

Personal and Medical History of Paul Conrad.

1899

This patient was brought here by Sheriffs deputy G. G. Dickinson, in fair general health, with the following history: No history of consanguinity; Aunt insane, father intemperate, patient not intemperate: First symptoms of insanity manifested about two years ago: Disease appears increasing: Not Variable: Derangement now manifested by violence toward people & destruction of furniture: No filthy habits: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment pursued: No further facts learned on personal examination.
On admission put upon B3 E. (Gth n Ast) Complexion dark; hair & eyes brown; skin in good condition: 2 small scars on left hand: slight eruption on face: small bruise on left hand: So clean: 2 teeth out, of upper jaw: 2 filled Mck gold in front: Behavior good: Clothing very dirty.

June 29 to July 30 — Summary by Dr Worrall Patient appears rather simple in manner: So we chuse to keep away from others as much as possible. June 28 Appeared somewhat brighter took part in amusements. July 9 Visited by relatives. July 31 Continues in bad. So somewhat better. When by himself & at night laughs foolishly & silly in actions.

Aug 3 — Wt 143#. P 76. Sep 30. Patient rather exalted; stubborn; fragacious. Oct 3. Wt 137#. Does some work; no delusions noted. Nov 30. Patients condition shows no special change.

Nov 30 1900 Jan 10 — Visited by mother. Feb 25. Patient is rather silly in actions; laughs aloud without apparent reason.

Apl 30 — Apl 30. Is about the same. June 30. Patient seems more confused.

July 6/30 — Wt 139# P 96. July 20. Vaccinated unsuccessfully. July 31. Condition about the same.

Aug 30 1900 Jan 4 — Is much confused & deluded: delusions variable. Nov 1. 142#: frequently manifests boisterous laughter. Says he will go insane if he drinks hot water. Jany 4/901 142# Pgr

31 — No apparent change in physical condition. Feby 25. Laughs and talks to himself sometimes, will work onward. By Spells, very much confused. July 26 Transferred

July 26 Aug 26 — to B3 East. July 31. No change to report in patients condition. Still much confused at times.

Aug 1 1900 Jany 31 — Wt 137#. Dec 26. Visited by brother. Jany 30/01. Is rather foolish & silly: at times troublesome and reckless: health fairly good: laughs & talks to himself.

Jany 31 1901 Jan 31 — No change during period. - health good - rather quiet - confused. Sometimes stubborn - Sometimes troublesome tho rarely.

Personal and Medical History of

Personal and Medical History of Percy Berkers.

Whole No. 5350

Residence, St. Paul, Minn.

Date Admission, July 3rd 1899.

Admitted by Dr. A. J. Strickler hour, 7:20 P.M.

How Sent, E.W. Bayliss Dep't Pawnee Co.

Sex, male Age, 35.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Locomotive fireman

Degree Education, Common school.

Profession, Religion, Congregationalist.

Habits, Not intemperate.

Nativity, England - Parents (also born there)

Physicians Committing, Dr. Mabel & H.R. Wernicke. President of State Bd 1 Phys.

Correspondents, no correspondents known.

No. of Year, 243

Insane Relatives, Unknown

Cause Exciting, Unknown

Cause Predisposing, Unknown.

Form, Recurrent Mania

Accompanying Bodily Disorder, Unknown.

Suicidal or not, Not.

Date of this Attack, ? (Picked up on streets yesterday)

Duration, ?

No. of Attack, ?

No. of Admission, Says was in a Montana hospital 2 mos.

Age First Attack, ?

Time of Leaving, 29th April 1901.

Time in Hospital, 1 yr 9 mos 26 Ds

Result, Recovered. Discharged Nov 27/1901.

EXAMINATION ON ADMISSION BY DR. E. E. Abrams *Date of* 7/6/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Cannot remember, Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Absent

HALLUCINATIONS, Absent.

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, living - has rheumatism.

Maternal Relatives, history of insanity about.

Brothers and Sisters, 12 are well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Patient has been treating with G. Wagenhorst - quit for sexual weakness.

HABITS, Drinking and Smoking, drinks & smokes some.

HEADACHES, VERTIGO, OR CONVULSIONS, absent.

OCCUPATION, Healthy or not, Locomotive fireman.

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

Sleep, Appetite, and Bowels, Regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½in. PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin in fair condition.

TONGUE, Coatings or Promptness of Movement, Tongue large, fissured, responds promptly.

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

SIGHT, Clear

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

HEARING, Good.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of Hands.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Responds readily.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, full, large

Apex Beat, Regularity,

Apex beat probably displaced - regular

ARTERIES, full

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest. Symmetrical
Expansion good.
B. Sounds normal.

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

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, Regular

Give condensed statement of 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 had but little Mental development - Has had a very irregular life ~~but~~ & has given but little attention to his person. Physically is fairly well nourished & developed.

Personal and Medical History of Percy Beckers.

1899

This patient was brought here by sheriff's deputy H. Hanson, in fair physical condition, with the following history: Patient was picked up by policeman yesterday on streets of St Paul. Says he was sent to a Montana hospital & was treated there for two months: Habits are filthy: Nothing known concerning past history: Was in County Jail one day: No treatment pursued. On personal examination talks incoherently. On admission put upon B³E (GHU. Rpt. Complexion & hair light: eyes blue: Skin in good condition Scar on nose: slight Bruises on ~~sq~~ hands & shins. Is clean: Behavior good: Exam. by M. F. Fahey.)

July 3 to July 17 '99 (Summary by Dr Wanous) Patient restless & eccentric: Walks floor continually. Does not talk unless spoken to. July 5 Assists with ward work. Frequently seen walking up to patients & striking at them. July 13. Shows a willingness to work & takes part in amusements. Is well behaved & agreeable. July 31 '99 Is rational - Apparently improved

Aug 1 - Jan 31 '1900 (Dr Chapple) Wt. 157 Pulse 76. Patient most of time quite rational

to very well behaved & a good worker on ward. Has spells lasting

1900 three or four days when he is much confused & very restless.

Jan 31 At such times is destructive & inclined to be pugnacious -

Feb 1/20 Physical condition good. Feby 1. Wt 160# P 82. Feb 20. Has been quiet & well-behaved; and conversation quite rational & coherent during month: Today, appeared somewhat

21 confused: given salts. Feb 21. Is very much confused, & troublesome, at night: pound-

22 ing on door & screen. Feb 22. Transferred to C¹. March 1. Was restless & maniacal,

Mar 1 for several days: picking up trash: decking himself with trinkets. Is now,

Apl 4 quiet and rational: Transferred to B². Apl 4. Since last note, quite rational

6 and working well on ward; well-behaved: today, confused. Apl 6. Has, since, been very restless, confused, destructive: ran away, this afternoon & was returned, later. -

8/17 Transferred to C¹. Apl 8. Became pugnacious: Apl 17. "Spell" has passed off:

30 is again quite rational: Transferred to B². Apl 30. Is quite rational, but picks

June 2 up feathers, trinkets &c & adorns himself with them. June 2. Transferred to C¹

7 Transferred to B². July 1. Transferred to C¹: confused & destructive. July 5. Transferred

July 5 to B². Is more composed, but still somewhat confused: picking up rubbish &c.

31 Becoming more quiet. Physical condition has been quite good, during period.

Aug 1 149# - Dec 13. To A¹. Jany 31/1901. Has been in good health & apparently normal condition,

1901 Jany 31 during most of period. Very well-behaved: talks freely: Willing to work at anything -

Feb 1 Works now in laundry & has, for some time past. Feby 1. Wt 158# P 82. Patient seems rational:

Mar/Apl works in laundry. Continued well through March & April. Apl 29. Sent to St. Paul -

Discharged

Personal and Medical History of

Personal and Medical History of Adam Ganz

Whole No. 5351
Residence, St. Paul, Minn.
Date Admission, July 5' 1899.
Admitted by Dr. E. Z. Warrons hour, 7 15 P.M.
How Sent, E.W. Bazille J. of P. Ramsey.
Sex, ~~Single~~ male Age, 35.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, R.R. brakeman.
Degree Education, common school.
Profession, Religion, Catholic.
Habits, unknown.
Nativity, St. Paul, (Parents born in Germany)
Physicians Committing, Chas. Griswold & H.R. Weinricke.
Correspondents,

No. of Year, 244
Insane Relatives, unknown.
Cause Exciting, unknown.
Cause Predisposing, "
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, unknown.
Duration, unknown.
No. of Attack, first.
No. of Admission, 1st.
Age First Attack, unknown
Time of Leaving, Jan. 25 '1901.
Time in Hospital, 1 yr. 6 mo. 20 da.
Result, Died. Paresis.

EXAMINATION ON ADMISSION BY DR. E. Z. Warrons *Date of* July 6

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Very sluggish -
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
DELUSIONS, Systematized, Transitory, Special Subjects,
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, Not obtainable
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Probably specific.
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 9½ PRESENT WEIGHT, 135 USUAL WEIGHT, ~~5 ft 9½~~ NUTRITION,
WOUNDS, Abnormalities and condition of Skin,
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size & responses normal.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Not obtainable Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands & tongue present.
PATELLAR REFLEX, Exaggerated Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, quite weak Size,
Apex Beat, Regularity,
Size enlarged - apex beat to left line
ARTERIES,
Easily compressible -
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Flat on right side
Exp. Lagging " " "

CRANIAL MEASUREMENTS.
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth 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, normal
BOWELS, Present Condition, irregular

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 obstinate & dull. will not answer questions. Admitted having something like "syphilis" five years ago. Physically he is not very well nourished. Has a dullness in right upper lobe of lung. Some night sweats - & probably tubercular

1899.

This patient was brought here by Sheriff's deputy H. Hanson attended by M. J. Mararity in fair physical condition, with the following history: Nothing known concerning patient beyond fact that he is a brakeman. This is first attack of insanity: disease appears increasing: Not variable: Patient has been in City hospital, St Paul for three days & has received sedative treatment. On personal examination presents a demented appearance: Will not talk. On admission put upon Infirmary East. (G.H.N. Rpt. Complexion dark: hair & eyes dark = skin rough & covered with pimples & blotches. Scars on both legs below knee & in right groin. Is duty: Teeth sound: Right side of chest sunken & flabby & not as well developed as left side.)

July 5 '99 to July 19 '99 (Summary by Dr. Wanous.) Patient in bed = Answers questions but is rather stubborn in manner. Very nervous & unsteady in movements. July 8 Very noisy. calling out. "the boy is right" Shows paretic symptoms July 10. Very troublesome through night. frequently out of bed. Very nervous & shaky. July 16 Has spells when he screams loudly. July 26. Trans to B'. July 29 Fell on stairway. Shows marked incoordination of extremities: unable to stand or walk. July 30 Trans. to Infirmary.

Aug 1 to Jan 31 '1900 (Dr. Chapple) Condition mentally & physically has been variable: but on the whole patient shows some failure. Has been in bed most of the time. Is irrational, silly, untidy. Is unsteady.

1900 -20- Jan 31 Has hallucinations & numerous delusions. Talks to himself a great deal. Is at times extremely noisy. May 1. Wt 128# P70. July 17. Vaccinated; result good. July 31. Has been in bed, almost continually, during period; was able to get up & walk about, but was quite unsteady on feet. Is a Paretic: Speech very incoherent, and delusional: is becoming more sluggish & unintelligible: becomes extremely noisy, at times; frequently, very restless, at night: has a good appetite: bowels quite regular: habits cleanly.

May 1 July 17 31

1901 Jan 25 Patient in bed, since beginning of period, and has been on gradual decline, mentally and physically: gradually losing control of his muscles &, later, developing apoplectic condition, with hemiplegia & contractures: until recently, was very noisy & obscene in language, though he could speak but a few words, never rationally. For some time, lately, has been fed by nurse, as he was unable to help himself: frequently vomited & had "choking spells": there was an inability to swallow. —

Died today, at 5^30 P.M. Diagnosis: Paresis

Died

Personal and Medical History of William W. Adams.

Whole No. 2352

Residence, Faribault, Minn.

Date Admission, July 6' 1899.

Admitted by Dr. T. A. Bebb. hour,

How Sent, James Hunter & of P. Rice Co.

Sex, male Age, 25 yrs.

Civil Condition, single.

Children, ——

Age Youngest Child, ——

Occupation, none

Degree Education, Graduate of High School.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Rochester Minn. Father Michigan, Mother Vermont.

Physicians Committing, P.A. Smith & M. L. Mayland.

Correspondents, Mother - Mrs. Wm. Adams, Faribault, Minn.

No. of Year, 245.

Insane Relatives, None.

Cause Exciting, Onanism (?)

Cause Predisposing, ——

Form, Dementia

Accompanying Bodily Disorder, Anaemia, Lateral Curvature of spine.

Suicidal or not, Not.

Date of this Attack, January 1897.

Duration, 2½ yrs.

No. of Attack, 1st

No. of Admission, 7311

Age First Attack, 23 yrs

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. E. J. Marcotte Date of 7/7/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Normal

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Absent.

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).
Scrofula on Fathers side.
Father, living

Paternal Relatives, No history of insanity ascertained

Mother, living - always sickly.

Maternal Relatives, No history of insanity.

~~Brothers~~ and Sisters, Well but not strong.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No diseases - Has curvature of spine.

HABITS, Drinking and Smoking, Uses neither

HEADACHES, VERTIGO, OR CONVULSIONS, Absent.

OCCUPATION, Healthy or not, Factory work.

Detail Date, Duration, and Character of Previous Attack, if any,
2 yrs. ago had similar spell lasting 5 mos.

Sleep, Appetite, and Bowels, Bowels irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 2 in. PRESENT WEIGHT, 112 lb. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin clear.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, good

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

HEARING, good

COORDINATION, Arms, Legs, Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, N. Size, N.

Apex Beat, Regularity,
apex beat displaced toward sternum & downward.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest deformed.
Expansion natural.
Bronchial rales heard on left side

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Normal.

BOWELS, Present Condition, Irregular

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 Mentally undeveloped. Has an imbecilic expression. Physically is deformed having suffered from scrofula & rickets - Coarse mucous rales heard over left lung. Patient has been in hospital before for 5 mos. Was discharged recovered.

Personal and Medical History of William W. Adams.

1899

This patient was brought here by Sheriff's deputy, H.P. McIlvaine, in fair physical condition with the following history:- No consanguinity nor heredity nor intemperance in patient nor in parents. First attack of insanity came on in January 1897 & patient was in the (Rochester) hospital from Jan. 20'97 to June 20'97 (For further particulars see Vol. 35 Fol. 185 No. 4653.) Disease appears decreasing. Is variable: Derangement now manifested by thinking that mother & sister are poisoning him: Is disposed to injure others: No filthy nor destructive habits noted since his return from Rochester. Previously was of an irritable & nervous disposition & had a bad temper: No severe diseases nor injuries to head: No confinement nor restraint employed: Has received Homeopathic treatment with poor results. On personal examination is anaemic: has a lateral curvature of spine: Tongue is coated. On admission put upon B³ (G.H.N. Rpt. Complexion dark: hair brown: eyes gray: Skin in good condition a Hunchback. Scar on left foot & on right side of back: Is clean: One tooth out each side of lower & upper jaws. Behavior good Exam by. M. F. Fahey.)

July 6 & July 20'99 - 25 (Summary by Dr. Wanous) Patient quiet, sits absorbed in thoughts & rarely speaks. July 21. Appears somewhat dull & stupid in manner. Is apparently growing worse. July 25 Trans. to Infirmary. Aug 1 Wt 99#. Pg 2. Is inactive.

Aug 1/10/17 Sep 30 sits around: stupid: silly actions: fairly rational. Aug 10 Remained in bed, all day. Aug 17. Is apparently well. Transferred to B³. Sep 30. Patient expresses delusions of persecution: was very

Nov 30 1900 Jany 31 restless during night. Nov 30. No special change to note. Is fairly neat & clean in habits. Patient has eczema of scalp & face. Feb 6. Wt 122#. Feby 25. Seems quite well-behaved; rational,

Feb 6/25 but silly at times: keeps numerous papers in pockets: reads a great deal. Restless, at times

Apl 9/25 was sent home. Apl 25. Returned from home: is very delusional & superstitious. June 30. He

June 30 appears brighter & converses more intelligently. July 24. Transferred to B². July 31. No special change.

Aug 1 1901 Jan 31 116#. Sep 17. Visited by sister. Jany 31/1901. Physical condition only fair: is rather thin in flesh; mentally, no change: habits neat: usually well-behaved: talks quite rationally: reads a good deal: does no work: is rather childish & at times is heard to laugh to himself.

Feby 1/18 24 Wt 117# Feb 18. Had severe vomiting spell: had to be carried to. Was Transferred to T.W. - T 101. (Evidently an attack of indigestion). Feb 24. Up, on ward. Mar 1. To B². May 1. Wt 114#.

July 31 Oct 5 No change. Patient is quiet: quite cleanly: reads most of the time: rather childish in manner, but talks rationally. Physical health rather poor. Oct 5. Transferred to T.W. -

8/12 has tubercular abscess on neck. Oct 8. Abscess opened & treated. Oct 12 Transferred to B².

Nov 1 1902 Jany 31 wound healing: Nov 1. Wt 113#. Jany 31/02. No particular change, mentally: patient sits about on ward, reading a good deal: talks rationally on most subjects, but is rather childish & irritable. Still slight discharge from neck. Feb. 1/02 114#.

1903 Jan 31 Aug. 1/02 Wt. 111# Patient in fair physical health: does scarcely anything; spends most of time reading. Talks quite rationally; memory good, but has general air of feeblemindedness; occasionally expresses the delusion of persecution; Thinks those about him are bothering

Personal and Medical History of

him. Habits quite tidy.

Personal and Medical History of Thomas Norton.

Whole No. 5254

Residence, ?

Date Admission, July 7. 1899.

Admitted by A. F. Kilbourne hour, 7 P.M.

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

Sex, male Age, 60 yrs.

Civil Condition, married.

Children, Five.

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Has been a moderate drinker.

Nativity, Ireland. (Parents also born there)

Became resident of State & Co in 1858

Physicians Committing, C. T. Granger & A. W. Strickfield

Correspondents, Mrs. Catherine Norton, City. (Wife)

No. of Year, 245

Insane Relatives, None.

Cause Exciting, Followed La Grippe.

Cause Predisposing,

Form, Senile Dementia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, 3 yrs ago.

Duration, 3 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 57 yrs.

Time of Leaving, Aug 24. 1899

Time in Hospital, 1 m. 17 d

Result, Discharged Feb. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* July 10 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, Absent.

HALLUCINATIONS, Absent

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, 3 yrs.

ONSET, Gradual or Sudden, Sudden.

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

Father, dead - cause not known.

Paternal Relatives, No history of insanity.

Mother, dead - cause rheumatism & old age.

Maternal Relatives, no history of insanity.

Brothers and Sisters, sister died of consumption

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had a severe attack of La Grippe which brought on present condition.

HABITS, Drinking and Smoking, Drinks moderately.

HEADACHES, VERTIGO, OR CONVULSIONS, Absent.

OCCUPATION, Healthy or not, Laborer.

Detail Date, Duration, and Character of Previous Attack, if any, No history of any other attack.

Sleep, Appetite, and Bowels, Has suffered from sleeplessness bowels & appetites good.

Personal and Medical History of Thomas Norton.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 130 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Injured his shoulder a few weeks ago.

TONGUE, Coatings or Promptness of Movement, Responds promptly - slight coat.

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

SIGHT, uses glasses in reading.

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

HEARING, Normal.

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

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, N. Size, N.

Apex Beat, N. Regularity, regular.

ARTERIES, Easily compressible.

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,

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).

At present patient seems composed & quite rational; has spells when he wanders, has been using considerable liquor "medicinally" of late which has caused him to be more confused, though his trouble began after an attack of La Grippe - physically is is fair condition; Is rather stooped & moves slowly, caused from hard work.

Personal and Medical History of Thomas Norton.

1899

This patient was brought here by Sheriff Vine, in fair physical condition, with the following history: No consanguinity nor heredity known: Patient has been a moderate drinker: First symptoms of insanity manifested about three years ago by erratic actions: became incapacitated for ordinary duties. Disease appears increasing: is variable: Derangement now manifested by insomnia, wanders about streets at night: & by imagining that he has wealth. When angry is liable to injure someone: No filthy nor destructive habits. No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination "is very quiet at other times. On admission put upon B^r E. (G.H.U. Rpt. Complexion light: eyes blue: hair gray, bald on top: Discoloration on left breast as if from blow. Big toe on left foot gone: Scar on top of head: Is clean: Right shoulder has been broken & there is a slight protubrance on collar bone: Behavior good: Exam. by E.W. Allen)

July 7 to July 11 99 (Summary by Dr. Wanous.) Patient very restless, unsteady & talkative. Memory impaired: Has delusions of persecution: Is very nervous July 11 Complains of toothache. Tooth extracted. July 18 Complained of not feeling well. July 19 Visited by relatives.

July 31 Aug 3/10 Continues rather talkative & disturbed: Incoherent at times. Delusions of persecution continue. Aug 3. Wt 140^lb p 88. Aug 10. Patient well-behaved: rather talkative.

" 20 works when asked. Aug 20. Visited by relatives: Working at east barn: has parole of Grounds.

" 24 Taken home by relatives.

Discharged

Personal and Medical History of

Personal and Medical History of William Crofts. al. Wm Graft or Taft. (Lionel Ball)

Whole No. 5355
Residence, St. Paul, Minn.
Date Admission, July 11th 1899.
Admitted by Dr. A. F. Strickler hour,
How Sent, E. W. Bazille J. of P. Ramsey Co.
Sex, male Age, 20 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Sailor.
Degree Education, Academic.
Profession, Religion, Protestant.
Habits, Temperate.
Nativity, England. (Father Newfoundland - Mother England)
Of State Apr. 99 - Of C. June 99.
Physicians Committing, E. H. Whitcomb & H. Sueve
Correspondents, Parents & friends in England.

No. of Year, 248
Insane Relatives, Patient says none.
Cause Exciting, Blow upon head.
Cause Predisposing, ?
Form, Turbulent
Accompanying Bodily Disorder, Convulsions following blow on head.
Suicidal or not, Attempted hanging.
Date of this Attack, June 7 '99.
Duration, One mo. 3 days.
No. of Attack, 1st.
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Nov. 1 - 1899
Time in Hospital, 3 m. 21 d.
Result, Discharged Feb. 7. 1900
Improved
Taken home by State Agent Gates - Ok. Jm

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Absent

HALLUCINATIONS, absent.

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, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
uncle died of heart disease - one aunt also kick with it
Father, living & well.
Paternal Relatives, No history of insanity
Mother, living & well.
Maternal Relatives, No history of insanity.
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had neuralgia on both sides of face. Took treatment for eleven years.

HABITS, Drinking and Smoking, Smokes to excess.

~~HEADACHES, VERTIGO, OR~~ CONVULSIONS, at short intervals

OCCUPATION, Healthy or not, Street car conductor.

Detail Date, Duration, and Character of Previous Attack, if any,
None.

Sleep, Bad Appetite, Bad and Bowels, very irregular.

Jessie M. Houston
...hwood,
Iowa
for Wm Crafts

LIKE A GALLEY SLAVE
St Paul Pioneer Press Dec 27

YOUTH IS AFTER NOTORIETY.

He Will Attempt, With His Feet Shackled and One Arm Handcuffed, to Make a Trip Around the World.

Pioneer Press Special Service.
Chicago, Dec. 27.—William Croft, twenty-two years old, will try to make a trip around the world with his feet shackled and his left arm locked by a handcuff to a strap around his waist. Croft expects to make the trip without money, supporting himself as he goes along by doing what work he can with his right arm.
Croft will go to New York, Liverpool, Havre, Rotterdam, through Denmark, Finland, Russia, to the Black Sea; from there to Port Said, Ceylon, Australia, Japan, China and then return to the United States by the way of San Francisco.
Croft is the son of Dr. Ernest Frederick Croft, Nottinghill, London.

...RISTICS.

...EIGHT, NUTRITION,
...ently. Injured by a fall from buggy
...t coated.
...arge: responses good.

Sleep Legs, Standing on one foot firm Grasp, Standing eyes shut - normal.
...ue, Facial Muscles, General, Slight of hands; tongue & facial muscles.
Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, rather loud, Size, n.
Apex Beat, n Regularity, R.

ARTERIES,
Normal

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion normal
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, Insomnia

BOWELS, Present Condition, Irregular.

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 gives a history of an injury some six months ago by being thrown from a buggy. Since then he has had several spells which simulate epilepsy. At times during these spells he is unconscious. When so he tosses about violently & must be held in restraint. Physically patient is fairly well nourished, has a sallow complexion & has but a fair amount of cerebral development.

Personal and Medical History of William Crofts. (Lions Tail) at. Wm Crofts Jr.

Whole No. 5355

Residence, St. Paul, Minn.

Date Admission, July 11th 1899.

Admitted by Dr. A. F. Stricker hour,

How Sent, E.M. Bazille J. of P. Ramsey Co.

Sex, male Age, 20 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Sailor.

Degree Education, Academic.

Profession, Religion, Protestant.

Habits, Temperate.

Nativity, England. (Father Newfoundland Mother England)
Of State Apr. 99 - Off. June 99.

Physicians Committing, E.M. Whitcomb & A. Peters

Correspondents, Parents & friends in England.

No. of Year, 248

Insane Relatives, Patient says none.

Cause Exciting, Blow upon Head

Cause Predisposing, ?

Form, Delusive

Accompanying Bodily Disorder, Convulsions

Suicidal or not, Attempted hanging

Date of this Attack, June 7 '99.

Duration, One mo, 2 days.

No. of Attack, 1st.

No. of Admission, 1st

Age First Attack, 20 yrs.

Time of Leaving, Nov. 1 - 1899

Time in Hospital, 3 mo. 21 d.

Result, Discharged Feb. 7. 1900
Improved
Taken home by State Agent Gates - Ok Jas

Jessie M. Houston
Ashwood,
Iowa
Correspondent for Wm Crofts

EXAMINATION ON ADMISSION BY DR. E.J. Emmons *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Absent

HALLUCINATIONS, Absent.

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, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Uncle died of heart disease - One aunt also sick with it
Father, living & well.

Paternal Relatives, No history of insanity

Mother, living & well.

Maternal Relatives, No history of insanity.

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had neuralgia on both sides of face.
Took treatment for eleven years.

HABITS, Drinking and Smoking, Smokes to excess.

~~HEADACHES~~, ~~VERTIGO, OR~~ CONVULSIONS, at short intervals

OCCUPATION, Healthy or not, Street car conductor.

Detail Date, Duration, and Character of Previous Attack, if any,
None.

Sleep, Appetite, and Bowels, very irregular.

RISTICS.

EIGHT, NUTRITION,

ently. Injured by a fall from buggy
t coated.
arge: responses good.

COORDINATION, Arms, Stag Legs, Standing on one foot frim Grasp, Standing eyes shut - normal.

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Normal, rather loud.

Apex Beat, Regularity, R.

ARTERIES,
Normal

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion normal
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, Insomnia

BOWELS, Present Condition, Irregular.

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 gives a history of an injury some six months ago by being thrown from a buggy. Since then he has had several spells which simulate epilepsy. At times during these spells he is unconscious. When so he tosses about violently & must be held in restraint. Physically patient is fairly well nourished, has a sallow complexion & has but a fair amount of cerebral development.

Personal and Medical History of William C. (Lionel

Whole No. 5355
Residence, St. Paul, Minn.
Date Admission, July 11th 1899.
Admitted by Dr. A. F. Strickler hour,
How Sent, E. W. Bazille J. of P. Ramsey Co.
Sex, male Age, 20 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Sailor.
Degree Education, Academic.
Profession, Religion, Protestant.
Habits, Temperate.
Nativity, England. (Father New Foundland - Mother England)
Of State Apr. 99 - Of C. June 99.
Physicians Committing, E. H. Whitcomb & H. Sueve
Correspondents, Parents & friends in England.

No. of Year, 2
Insane Relative,
Cause Exciting,
Cause Predisposing,
Form, Dr
Accompanying Bodily Disorder, following blow on head.
Suicidal or not, Attempted ...ging.
Date of this Attack, June 7 '99.
Duration, One mo. 3 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Nov. 1 - 1899
Time in Hospital, 3 m. 21 d.
Result, Discharged Feb. 7. 1900
Improved
Taken home by State Agent Gates - Ok. Jm

In our own and foreign navies have demonstrated the worst efficiency of these

EXAMINATION ON ADMISSION BY DR. E. J. Manous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Absent

HALLUCINATIONS, Absent.

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, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
uncle died of heart disease - One aunt also kick with it
Father, living & well.
Paternal Relatives, No history of insanity
Mother, living & well.
Maternal Relatives, No history of insanity.
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had neuralgia on both sides of face. Took treatment for eleven years.

HABITS, Drinking and Smoking, Smokes to excess.

~~HEADACHES, VERTIGO, OR~~ CONVULSIONS, at short intervals

OCCUPATION, Healthy or not, Street car conductor.

Detail Date, Duration, and Character of Previous Attack, if any,
None.

Sleep, Appetite, and Bowels, very irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 135½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Was circumcised recently. Injured by a fall from buggy
Skin clammy - covered by small pimples.

TONGUE, Coatings or Promptness of Movement, prompt somewhat coated.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - large: responses good.

SIGHT, not very distinct

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

HEARING, Normal.

COORDINATION, Arms, Slig Legs, Standing on one foot firm Grasp, Standing eyes shut - normal.

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands; tongue & facial muscles.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, rather loud, Size, N.
Apex Beat, N. Regularity, R.

ARTERIES,
Normal

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion normal
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, Insomnia

BOWELS, Present Condition, Irregular.

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 gives a history of an injury some six months ago by being thrown from a buggy. Since then he has had several spells which simulate epilepsy. At times during these spells he is unconscious. When so he tosses about violently & must be held in restraint. Physically patient is fairly well nourished, has a sallow complexion & has but a fair amount of cerebral development.

Personal and Medical History of William Crofts.

1899

This patient was brought here by sheriff's deputy R.A. Johnston attended by L.S. Isham in fair general health with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents given. First symptoms of insanity manifested June 7'99 Became violent after spasms Disease appears increasing: Is variable: Derangement now manifested by thinking that attempts are being made to poison him & by violence. Is disposed to injure others & attempted suicide by hanging, propensity to suicide now active. Destroys clothing: No information concerning previous peculiarities: Received blow upon head in Feb. 1899 & since then has had convulsions: Mechanical restraint has been employed following convulsions. Has been given bromides.

On personal examination no further information obtained:

On personal examination put upon B³E (G.H.U. Rpt) Complexion dark. Hair dark brown: eyes dark blue: Skin rough & pimply: Vaccination mark on left arm: Tattoo marks on left forearm & on right wrist. Scar on right side of neck & several on back of left hand: Slight bruise & scratches on ankles: Is dirty: One tooth out upper jaw & 2 out lower: Is stubborn - Exam. by E.W. Allen)

July 11 to July 25 (Summary by Dr. Wanous) Patient rather ugly & stubborn: curses authorities for sending him here. Talks freely of condition: says he is irritable when he has those spells which simulate epilepsy. July 14 Slept very little during night: irritable & excited when awake. July 15 More agreeable & better behaved. July 16 Complains of feeling weak & sore. Trans. to Infirmary. Had spell which lasted about half an hour: struggled to bump his head against bed & wall: Had retention of urine: had to be catheterized. July 18. Allowed up. Had spell at 7 P.M. which lasted 3/4 of an hour. Cold shower bath given. Became very pugnacious, attempted to strike nurses & doctors. July 19 Remained in bed in forenoon. Stubborn. Trans. to B³ in afternoon. Quiet & well-behaved: works: Is neat & tidy.

July 24. Is apparently becoming more friendly with other patients

July 25 Had convulsive spell & threw himself about a good deal. Had nose bleed. Complained of severe headache & pain in side.

July 27 Had convulsion during night. July 31 Complained of pain in head & chest

" 31 Nose bled. Put under treatment with some improvement. Aug 2. Had a

Aug 2/6 light "spell". Aug 6 Got up at night & put on clothes: said "his brother was coming to take him home": clothes taken off by force: pounded door & screen: given ¼ morphine, for quieting effect.

" 10/17 "Mild spell": bled from nose. Aug 17. Complained of severe pain in breast & side. Examined

" 21 but nothing found. Aug 21. Attempted elopement by unlocking screen: patient very abusive

" 28 when found out. Aug 28 "mild spell": nosebleed.

Nov 1 Taken home by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of Charles Massey

Whole No. 5357

Residence, Committed from State Prison Stillwater, Minn. Duluth, Minn.

Date Admission, July 12th 1899.

Admitted by Dr. A. F. Strickler hour, 7 P.M.

How Sent, F. T. Wilson J. of P. Wash. Co.

Sex, male Age, 38.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Laborer.

Degree Education,

Profession, Religion, Catholic.

Habits, Have been intemperate.

Nativity, Canada. (Parents also born there)

Physicians Committing, J.H. Haines + F.G. Landeen.

Correspondents, none given in papers.

Sentence at State Prison expired Dec. 9' 1899.

No. of Year, 250.

Insane Relatives, None so far as known.

Cause Exciting, ?

Cause Predisposing, Unknown

Form, Acute Melancholia

Accompanying Bodily Disorder, Jaundice - nervousness.

Suicidal or not, ? Plunged headlong to pavement 12 ft. below

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 1st here

Age First Attack, ?

Time of Leaving, Nov. 25. 99

Time in Hospital, 4 m. 13 d.

Result, Discharged Aug. 8. 1900 Improved

EXAMINATION ON ADMISSION BY DR. O.C. Heyerdahl *Date of* 7/14/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Slow + dull.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, Not obtainable.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, both drinks + smokes

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Cook.

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

Sleep, Appetite, and Bowels, better

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 124# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Wound on top of head from a fall. Skin very dark.

TONGUE, Coatings or Promptness of Movement, Slight white coat.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Good. Legs, Grasp,

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

PATELLAR REFLEX, present Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

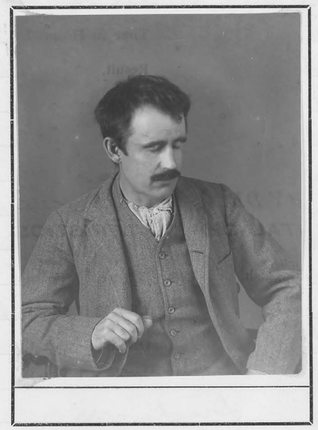
HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Symmetrical chest.
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, Somewhat restless

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 in a depressed mental condition, has no energy, Physical condition fair, will talk very little + seems especially to avoid the subjects of sleeping, eating etc. Teeth all present two molars, one on either side of upper jaw. Scars. two on head over right parietal protuberance. One on back of head, one over occipo-parietal junction in median line. One recent injury over fronto-parietal junction near median line, one an inch above right eye. One on neck near 7th cervical spine. One vaccine scar on right arm. One on back of calf of each leg.

1899.

This patient was brought here by Deputys M.E. Withrow & H. J. Wolfer - from state Prison Stillwater, in fair general health, with the following history: No consanguinity nor heredity so far as known. Patient has been intemperate: First symptoms of insanity manifested by excitable, nervous behavior, refusal to talk & to take medicine & food: Disease appears increasing: Not variable: Derangement now manifested as above stated: Thinks food contains poison: Plunged headlong to stone pavement 12 ft. below. Has shown no disposition to injure anyone: No filthy nor destructive habits noted: No information concerning previous peculiarities; diseases nor injuries to head. Has been given sedatives - no relief. On personal examination is dull, eyes staring, is extremely nervous, has jaundice. Note Patient was sentenced to State Prison, Stillwater on Jan 27 '99 - for period of one year - on charge of Grand Larceny in second degree (Due for discharge 12/8/99) On admission put upon C. G.H.U. Rpt. Complexion dark: hair & eyes brown: Skin in good condition: Large scars on top & back of head & five small ones also on head: One scar on calf of right leg. Is clean: 2 teeth out upper jaw: Behavior good.

July 12 to July 26 '99 (Summary by Dr. Wanous) Patient very much depressed: will not speak: Sits around in a somewhat dazed condition: Refuses to work. July 20 Trans. to B3. Patient seeks seclusion: has cut on top of head. improving July 25 Appears more depressed, stubborn & ugly: Has to be made to go to meals -

July 31 No Change. Aug 3. Wt 182#[?] P 84. Sep 30. Stands around in one position: does no work.

Nov 4 Must be urged to meals: attempts elopement, when out with crowd. Nov 4 Wt 129# P 96 At times, rational, ambitious, wants work; then becomes stupid & requires considerable urging.

25 Patient Eloped, while out with crowd.

Discharged

Personal and Medical History of H. P. Wallin

Whole No. 5358

Residence, Committed from State Prison Stillwater, Minn. Isanti Co. Minn.

Date Admission, July 12th 1899.

Admitted by Dr. A. F. Strickler. hour, 7:30 P.M.

How Sent, J. J. Wilson D. of P. Wash. Co.

Sex, male Age, 39

Civil Condition, Single.

Children, -

Age Youngest Child, -

Occupation, Laborer.

Degree Education,

Profession, Religion, Not a church member.

Habits, Unknown

Nativity, Norway(?) (Parents also born there)

Physicians Committing, J. G. Landeen & H. Haines

Correspondents, P. O Wallin Isanti Minn bro.

June 25/99 X See letter from Warden State Prison Stillwater Minn. Sentence 2 yrs June 12/99

No. of Year, 251

Insane Relatives, ?

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Dubicile

Accompanying Bodily Disorder, Small pulse - dilated pupil

Suicidal or not, not.

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 1st this

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. O. L. Heyndahl Date of 7/14/99

Rec'd Copy of Commitment Papers from Warden Wallin in letter Jan 11/1902

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Not good.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

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, Excess? Is somewhat restless.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ PRESENT WEIGHT, 132 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin very dark.

TONGUE, Coatings or Promptness of Movement, White thin coating - prompt.

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

SIGHT, normal.

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

HEARING, normal.

COORDINATION, Arms, Legs, Grasp,

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

PATELLAR REFLEX, present Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Greatly lessened.

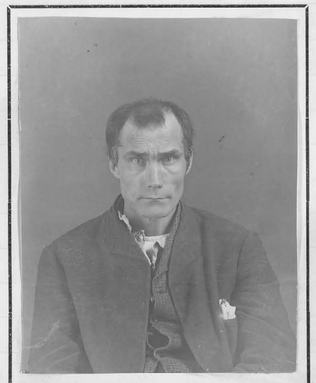
HEART, No Murmurs, Strength, Sounds, good Size,

Apex Beat, Regularity,

ARTERIES,
Full & strong.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical.
Expansion fair.
R. Dorsalis normal.



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, Somewhat restless.

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 very non-communicative seems to only partly understand: is abstracted & will answer only the simplest questions. The physical condition seems fair, altho he is not well-nourished. Chest is flat & expansion small. Eyes have a staring expression at times. Teeth are all present except upper left bicuspid. An exzematous rash is present on right & left legs. One near median line on scalp over frontal bone; one on left side of back of head, one on cheek over right Malar. A number of small scars on back & sides & one on outside of left foot.

Personal and Medical History of H. P. Wallin

1899

This patient was brought here by sheriff's deputy M. E. Withrow attended by H. J. Wolfer, from State Prison at Stillwater Minn, in fair general health with the following history: No knowledge concerning consanguinity, heredity, intemperance, previous peculiarities nor severe diseases nor head injuries sustained: Patient is extremely non-communicative: Disease appears stationary: Derangement now manifested by refusal to talk & by lack of facial expression: Patient does not seem inclined to injure anyone: Habits are filthy & destructive: Has received no treatment. On personal examination pulse is small; pupils dilated: during past ten years condition has been the same as at present. Pursues any person who shows signs of fear. Note Patient was sentenced to State Prison, Stillwater Sept 29' 87 for a term of twenty years, for crime of Rape (Due for discharge from prison June 17' 1901) On admission put upon C' E (G.H.N. Rpt. Complexion dark: hair gray: eyes blue: Skin in good condition: Is clean: One tooth out: Is stupid: Exam. by C.R. Lintson.)

July 12 to July 26/31 (Summary by Dr. Wanous.) Patient is well behaved: refuses to talk: habits tidy: Is very obedient. July 20. Trans. to B3. Continues quiet & well behaved: works if asked. Is inclined to be mischievious. July 31 No change. —

Aug 3 1900 Wt 137# P80. Nov 30. Patient quiet: well-behaved: does no work: Is rather demented.

Feb 28 About same condition: will work when asked. Mar 30. No change specially noticeable.

May 1/8 Wt 160# - May 8. Transferred to B2. July 17. Vaccinated: no results. July 31. No change noted.

Aug 1 1901 159# Jany 31/1901. No change: works on the ward: usually quiet & well-behaved; cleanly in habits: but destructive to his own clothing, at times. Very rarely speaks: will look at the questioner in an

Feby 1 idiotic manner. Feby 1. Wt 157# May 31. Condition remains the same, all the time.

July 31 Still no change noticeable, in any way: works a little on ward: habits sluggish & careless. never speaks, but grins in a foolish manner when addressed. At times, destructive to his clothing.

Aug 1 1902 Never exhibits any violence; Eats & sleeps well. Aug 1. Wt 150# Nov 1. Wt 149#. Dec 12. To D3.

Jany 31 No change, in any way: works well on ward: habits tidy: does not speak.

Feb. 1/12 Wt. 143#. Aug. 1 Wt. 139#.

03 Jan 31 Patient neat & tidy; works regularly in ward dining room; no talk; always quiet; peaceable. Grins sillily when addressed. Health fairly good.

Personal and Medical History of

Personal and Medical History of Michael Antoniak.

Whole No. 5360

Residence, Unknown.

Date Admission, July 17 1899.

Admitted by Dr. A. J. Stricker hour, 7 P.M.

How Sent, E.W. Bazille & A.P. Ramsey Co.

Sex, male Age, 31 yrs.

Civil Condition, married (?)

Children, 2 (?)

Age Youngest Child, —

Occupation, Unknown.

Degree Education, Can write.

Profession, Religion, Unknown.

Habits, Unknown.

Nativity, Unknown.

Residence " Physicians Committing, T. Leavitt & Wm. Briggs.

Correspondents,

No. of Year, 253.

Insane Relatives, Unknown.

Cause Exciting, Unknown.

Cause Predisposing, —

Form, Acute Confusional Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Unknown.

Date of this Attack, Found wandering in Country July 11 '99.

Duration,

No. of Attack, ?

No. of Admission, First -

Age First Attack, ?

Time of Leaving, Apr. 14. 1900

Time in Hospital, 9 m. 28 d.

Result, Rec. Nov 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. C. C. Heyerdahl *Date of* 7/18/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, None,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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).
Can get no history says dead.

Father,

Paternal Relatives,

Mother, Says dead.

Maternal Relatives,

Brothers and Sisters,
Has a wife & 2 children

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, Railroad laborer.

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

Sleep, Appetite, and Bowels,

Minneapolis Tribune, Aug. 10 1899.

No Relative to Greet Wife and Little Ones

His family Now on the Way to Minneapolis to Join Him.

Michael Antonack Is Reported as Missing Since July 7.

It will be a sad home coming for the little mother and her children when they reach this city within the next few days after a long journey across the ocean and the continent to Minnesota.

When they reach their destination in this city they will look anxiously around the depot. The mother will seek her husband, while the children will have eyes for none other than father. But as the situation now is the mother and her babes are doomed to a bitter disappointment.

Unconsciously they are being carried to a city in which they have neither friends or family; to a community full of strange sights and strange people. They expect to find husband and father at the depot to meet them, but in that they will be disappointed, for the father is missing.

The police were yesterday asked to locate, if possible, one Michael Antonack. He has been missing from his boarding house in Marshall street, between Fourth and Fifth avenue, since July 7. His friends fear that he has been a victim of foul play.

He had money on his person when he left home, and has money coming to him from the Great Northern railroad company, for which he worked up to the time he was last seen. The amount coming to him is $7.50.

The sad part of the affair is that June 3 the missing man sent money to his home in England for his wife and children to come to this country as soon as possible. He left them when he came to America a short time ago, and since he has been here he saved sufficient money to enable them to cross the ocean and join him in this city.

For over a month the man has been missing, and his friends are apprehensive, especially as the time for the arrival of his family is nearing. It is thought that they will arrive in the city within a few days, and there will be no one at the station to meet them, for none of the friends of the missing man know them by sight.

The friends of Antonack fear foul play, for he never drank, and of late had been making preparations for the reception of his family.

in charge of the home at Anoka.

Anoka Herald August 10-99

Another Man Missing.

Michael Antonack, an employe of the Great Northern railway, has been missing for more than a month. Antonack boarded on Marshall street. He was a sober and industrious man, and shortly before his disappearance he sent money to his family in Europe, to pay their passage to the United States. The missing man had $7.50 coming to him from the railway company. It is expected Antonack's family will arrive in Minneapolis within a few days.

Address of Michael Antoniak's wife.

Eva Antonyak
L.p. Vicbrany Lemplen
Mezje Europa Hungar

Leste post

CHARACTERISTICS.

USUAL WEIGHT, NUTRITION,

in fair condition

Equal - small - response to light poor.

Grasp,

ght of hands.

Other Reflexes,

d, Hesitating, Slow, Hesitating & slow.

, Paretic, Sad, Etc.

ent,

gth, Sounds, Size,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

Reaction,

Sugar,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Somewhat restless.

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). Two teeth gone right upper jaw - one from left upper & one from right lower jaw. Scars - vaccine scar on L. arm, scar on front left thigh - one on back left calf - one over coccyx - one on lower portion left buttock. Patient seems confused, does not talk much - speaks very little English. Becomes stubborn when asked to do anything.

Personal and Medical History of Michael

Whole No. 5360

Residence, Unknown.

Date Admission, July 17 1899.

Admitted by Dr. A. F. Stricker hour, 7 P.M.

How Sent, E.W. Bayliss Dept R Ramsey Co.

Sex, male Age, 31 yrs.

Civil Condition, married. (?)

Children, 2 (?)

Age Youngest Child, —

Occupation, Unknown.

Degree Education, Can write.

Profession, Religion, Unknown.

Habits, Unknown.

Nativity, Unknown.

Residence " St. Leavitt & Wab. Briggs.

Physicians Committing,

Correspondents,

No. of Year, 25?

Insane Relatives,

Cause Exciting, Unknown

Cause Predisposing, —

Form, Acute Delusional Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Unknown.

Date of this Attack, Found wandering in Country July 17

Duration,

No. of Attack, ?

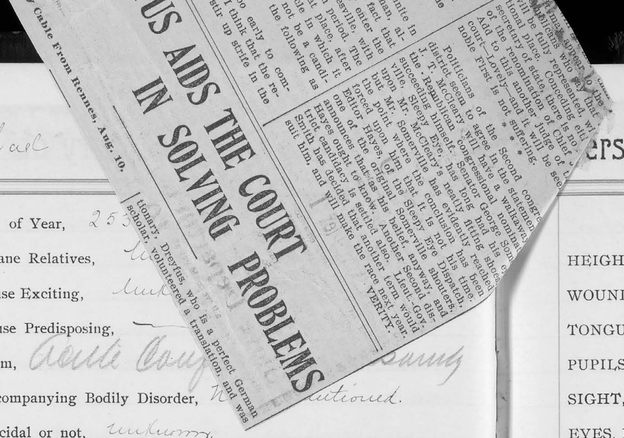
No. of Admission, First -

Age First Attack, ?

Time of Leaving 190.0

Time in Hospi

Result, Re



Cable From Hennes, Aug. 10.

...Henry Dreyfus, who is a perfect German scholar, recommenced a translation, and was ...

...Politicians of the Second ... the abolitionist party, ... Lovejoy, Congressman ... Lincoln, Governor ... Seward, Senator ... Chase, Secretary ... Blair, Postmaster ... Bates, Attorney ... Smith, Secretary ... Usher, Secretary ... Stanton, Secretary ... Welles, Secretary ... Speed, Attorney ... Dennison, Postmaster ... Harlan, Secretary ... Browning, Secretary ... Hay, Private Secretary ... Nicolay, Private Secretary ... Johnson, Vice President ... Hamlin, Vice President ... Wade, President pro tem. ... Colfax, Speaker ... Grimes, Senator ... Trumbull, Senator ... Sumner, Senator ... Wilson, Senator ... Foster, Senator ... Clark, Senator ... Howard, Senator ... Henderson, Senator ... Dixon, Senator ... Doolittle, Senator ... Morrill, Senator ... Fessenden, Senator ... Lane, Senator ... Wilkinson, Senator ... Harris, Senator ... Sherman, Senator ... Ramsey, Senator ... Pomeroy, Senator ... Ten Eyck, Senator ... Anthony, Senator ... Chandler, Senator ... Conness, Senator ... Yates, Senator ... Brown, Senator ... Cowan, Senator ... Saulsbury, Senator ... Davis, Senator ... Kennedy, Senator ... Latham, Senator ... Carlile, Senator ... Nesmith, Senator ... Dixon, Senator ... Hale, Senator ... Farnsworth, Senator ... Howe, Senator ... Grimes, Senator ... Lane, Senator ... Wilkinson, Senator ... Harris, Senator ... Sherman, Senator ... Ramsey, Senator ... Pomeroy, Senator ... Ten Eyck, Senator ... Anthony, Senator ... Chandler, Senator ... Conness, Senator ... Yates, Senator ... Brown, Senator ... Cowan, Senator ... Saulsbury, Senator ... Davis, Senator ... Kennedy, Senator ... Latham, Senator ... Carlile, Senator ... Nesmith, Senator ... Dixon, Senator ... Hale, Senator ... Farnsworth, Senator ... Howe, Senator ...

EXAMINATION ON ADMISSION BY DR. C. L. Fre...

MENTAL CHARACTE...

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

MEMORY, Past Events, Poor.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, None,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

LE...

O...

eps).
Can get no ...

Father, says ...

Paternal Relatives,

Mother, says dead.

Maternal Relatives,

Brothers and Sisters,
Has a wife & 2 children

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, Railroad laborer.

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

Sleep, Appetite, and Bowels,

...ersonal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Skin in fair condition

TONGUE, Coatings or Promptness of Movement, Clear.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - small - response to light poor.

SIGHT, Seems good

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

HEARING, Seems good.

COORDINATION, Arms, fair Legs, Grasp,

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

PATELLAR REFLEX, present Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, present.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Normal.

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, Seems restless.

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). Two teeth gone right upper jaw - one from left upper & one from right lower jaw. Scars - vaccine scar on L. arm, scar on front left thigh, one on back left calf, one over coccyx & one on lower portion left buttock. Patient seems confused, will not talk much - speaks very little English. Becomes stubborn when asked to do anything.

Personal and Medical History of Michael Antoniak

1899

This patient was brought here by Sheriff's deputy H. Hanson, attended by John Powers, in fair general condition, with the following history: No information obtained concerning patient: He was found wandering in the country on Tuesday July 11 1899 & has been in county Jail four days; he could not be brought into court & was examined in Jail: was found naked & had destroyed all furniture in cell possible. Would answer no questions. Habits very filthy. Disease appears increasing. The above facts learned on personal examination: On admission put upon C. GHNRpt Complexion dark: hair dark brown: eyes brown: Skin in good condition: Vaccination marks on left arm: Is dirty: 2 teeth out in right upper jaw & one in right lower jaw: behavior good: Exam. by Frank Allen.

July 17 to July 31 99 (Summary by Dr Wanous) Patient confused, incoherent: minds seems to be a blank: Is pugnacious. July 22 Trans. to Infirmary. Talks irrational & incoherent. Restless & out of bed often. Actions silly.

Aug 1/11 Patient in bed. Temp normal. pulse normal. Aug 11. Given clothes. Is noisy & troublesome

" 23 Had sudden rise of Temperature; became weak, confused & refused all nourishment: he

" 25 seemed in semi-comatose State. Aug 25. very weak & much emaciated: has rectal

Oct 5/23 hemorrhage. Oct 5. Patient up & dressed: is very troublesome. Oct 23. Transferred to B.

" 25/31 Received several blows from David Dee: no apparent injury. Oct 31 Is very destructive

Nov 2/8/23 Wt 141# p 90. Nov 8. Violent & had trouble with patients. Nov 23. Attacks nurses: very violent.

1900 Jan 2/31 Transferred to Br. Jan 31. Well behaved & works on ward. Feb 1. Wt 171# p 80.

Apl 1x Visited by friend & taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Nicholas Gergen.

Whole No. 5361
Residence, Penn. Shamokin.
Date Admission, July 18th 1899.
Admitted by Dr. A. P. Kilbourne hour, 10 am.
How Sent, M. Kennedy J. of P. Wabasha Co.
Sex, male Age, 27.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, Temperate.
Nativity, Germany (Parents also born there)
Has been in state & [illegible] six weeks - (Committed by order of Mr. J. F. Jackson)
Physicians Committing, W. Kirkpatrick & L. E. Claydon.
Correspondents,

No. of Year, 254
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, 6 wks ago.
Duration, About 6 weeks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 27 yrs.
Time of Leaving, Nov. 29 1900.
Time in Hospital, 1 yr. 4 mo. 11 da.
Result, Disch. Imp. Feb. 6 1901.
(Taken to Penn. by State Agent Gates - per Dr Heyerdale)

EXAMINATION ON ADMISSION BY DR. E. J. Manous *Date of* July 20 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish
MEMORY, Past Events, Will not talk.
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,
Delusions of persecution: believes he is hypnotized.
HALLUCINATIONS, Absent
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, 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),
Has several scars caused from burn in a mine
Has Gonorrhoea
HABITS, Drinking and Smoking, Not to access.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Copy of order for hearing petition of W.W. Cassidy for appointment of guardian for Nicholas Gergen. received July 19 '99

5361

As regard to this patient we do not know very much about him. we could not get him to say a word, and we had to pick up all we have, It seems that he is a German and his last legal residence was at Shamokin Pennsylvania. He came to this County about six weeks ago. I sent a Message to James F. Jackson in regard to him, and today I received a Message from him directing me to send him to the Hospital. I presume you have heard from him in regard to this Matter.

Yours Truly
Malcolm Kennedy

RISTICS.

EIGHT, NUTRITION,

ze normal - responses normal.

shut sways slightly Grasp, Standing on one foot - not obtainable.
ds + tongue.
r 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,
action, Color and Appearance,

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 dull + remains quiet. Cannot obtain any of his personal history. Physically he is fairly well nourished altho his general system appears sluggish. He has an attitude of fear + thinks that someone has control over him.

Personal and Medical History of Nicholas Gergen.

Whole No. 5361	No. of Year, 254
Residence, Penn. Shamokin.	Insane Relatives, Unknown.
Date Admission, July 18th 1899.	Cause Exciting, Unknown.
Admitted by Dr. A. F. Kilbourne hour, 10 Am.	Cause Predisposing,
How Sent, M. Kennedy J. of P. Wabasha Co.	Form, Acute Melancholia
Sex, male Age, 27.	Accompanying Bodily Disorder, none mentioned.
Civil Condition, Single	Suicidal or not, Not.
Children, —	Date of this Attack, 6 wks ago.
Age Youngest Child, —	Duration, About 6 weeks.
Occupation, Laborer.	No. of Attack, 1st
Degree Education, Common school.	No. of Admission, 1st
Profession, Religion, Roman catholic.	Age First Attack, 27 yrs.
Habits, Temperate.	Time of Leaving, Nov. 29 '1900.
Nativity, Germany (Parents also born there) Has been in state 6 or six weeks. (Committed by order of Mr. J. F. Jackson)	Time in Hospital, 1 yr. 4 mo. 11 da.
Physicians Committing, W. Kirkpatrick & L. E. Claydon.	Result, Dischg. Imp. Feb. 6 '1901.
Correspondents,	(Taken to Penn. by State Agent Gates - per Dr Heyerdale)

EXAMINATION ON ADMISSION BY DR. E. J. Manous *Date of* July 20 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, will not talk.

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,
Delusions of persecution: believes he is hypnotized.

HALLUCINATIONS, Absent

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, 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),
Has several scars caused from burn in a mine
Has Gonorrhoea

HABITS, Drinking and Smoking, Not to access.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

OLM KENNEDY,
Judge of Probate
Wabasha County.

Wabasha, Minn. July 17th 1899.

Dr. Arthur F. Kilbourne
Rochester, Minn.

Dear Sir

As regard to this patient we do not know very much about him. we could not get him to say a word, and we had to pick up all we have, It seems that he is a German and his last legal residence was at Shamokin Pennsylvania. He came to this County about six weeks ago. I sent a Message to James F. Jackson in regard to him, and today I received a Message from him directing me to send him to the Hospital. I presume you have heard from him in regard to this Matter.

Yours Truly
Malcolm Kennedy

ERISTICS.

WEIGHT, NUTRITION,

d.

size normal - responses normal.

shut sways slightly Grasp, Standing on one foot - not obtainable.

ds + tongue.

r 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,

action, Color and Appearance,

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 dull + remains quiet. Cannot obtain any of his personal history. Physically he is fairly well nourished altho his general system appears sluggish. He has an attitude of fear + thinks that someone has control over him.

Personal and Medical H

Whole No. 5361

Residence, Penn.

Date Admission,

Admitted by

How Se

Sex,

Civil Condition,

Children, —

Age Youngest Child,

Occupation, Labor

Degree Education, Com

Profession, Religion, Roman

Habits, Temperate.

Nativity, Germany (Parents a 9'1900.
Has been in state [illegible] weeks - (Com yr. 4 mo. 11 da.

Physicians Committing, D. Kirkpatrick & eg. Imp. Feb. 6'1901.

Correspondents, Penn. by State Agent Gates - per Dr Hyerdale)

EXAMINATION ON ADMISSION BY DR [illegible] *Date of* July 20'99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Will not talk.

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,
Delusions of persecution: believes he is hypnotized.

HALLUCINATIONS, Absent

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, Sudden.

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

Father, Not obtainable.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has several scars caused from burn in a mine
Has Gonorrhoea

HABITS, Drinking and Smoking, Not to access.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,

ersonal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 PRESENT WEIGHT, 127½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Has been burned.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, Standing eyes shut sways slightly Grasp, Standing on one foot - not obtainable.

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

PATELLAR REFLEX, Normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Does not talk.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Sounds normal - Irregular

ARTERIES,
full.

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 dull + remains quiet. Cannot obtain any of his personal history. Physically he is fairly well nourished altho his general system appears sluggish. He has an attitude of fear + thinks that someone has control over him.

Personal and Medical History of Nicholas Gergen.

1899

This patient was brought here by sheriff's deputy G.P. Dickman attended by Thos. Kilroy in fair physical condition, with the following history. Nothing known concerning consanguinity, heredity nor intemperance in parents. Patient temperate. First symptoms of insanity manifested about six weeks ago so far as known. Says he was hypnotized & failed to recognize his friends. Disease appears increasing: Not variable. Derangement now manifested by believing he is hypnotized: Has delusions of persecution: Not disposed to injure anyone. No filthy nor destructive habits noted: Previous to accession of disease was morose & lost temper easily. Was burned severly in mines & was sick a long time. Has been in confinement for last two days: On personal examination pupils are slightly dilated. Is reticent, will not talk. Recently jumped from window & ran up town partially clothed: Is at times slightly excited. On admission put upon 13$. Complexion dark: hair black: eyes brown: Skin dirty. Eagle tattooed on right forearm & two figures commenced with letters J & a. on left forearm. Right hand, wrist & forearm has been burned. Scar on back & shoulders from a burn, one on right side of head; one on left temple & one over right eye & one on chin: Feet scratched & scared. Has a double hernia: Is dirty. Seven teeth out upper jaw & 3 from lower. Behavior good)

July 13 to Aug 2 (Summary by Dr Warnock.) Patient demented: has delusions of persecution: Is stubborn & sullen: Had a vomiting spell on 19th which apparently weakened him very much. July 26 Assisted with work of his own accord. Talked a little but irrationally: Is stubborn & sullen. July 30 was caught trying to unlock screens with wire. Attempted to elope when out with patients.

Aug- to 1900 Jan 31 Jan 31 1900. Wt, 133# Pulse 80. Not much changed. At times stubborn & very excitable. Makes frequent attempts to escape. Appears depressed most of time. Talks very little. Shows decided delusions of persecution & has illusions. Physical condition quite good. Hbgs. 64 141. P 112

July 31 very little change, during period. Is a disagreeable & troublesome patient: has numerous "delusions of persecution" and illusions: "Thinks nurses on ward are taking his blood, and he is being followed by people elsewhere". Complains of bodily ills, at times, — (hypochondriacal): writes long letters (in German), describing his trouble: very stubborn and frequently comes to blows with other patients. General health good.

Aug 1 to Nov 19 137# — Nov 19 No change: health good: very delusive: quick-tempered & troublesome & fights viciously with nurses & with other patients: "Thinks everybody is persecuting him" — "taking his blood &c". Is very stubborn. Works on ward.

Was today, taken to Pennsylvania, in charge of Dr. Heyndale (he being a non-resident). —

Discharged

Personal and Medical History of

Personal and Medical History of Charles T. Steele

Whole No. 5364
Residence, St. Paul, Minn.
Date Admission, July 19th 1899.
Admitted by Dr. E. Z. Wanous hour, 7 P.M.
How Sent, E.W. Boyle J. of P. Ramsey Co.
Sex, male Age, 25 yrs.
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Medical student
Degree Education, Common school & part of medical course
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Ramsey Co. Minn. (Father Penn. Mother La.)
Physicians Committing, E. J. Abbott & H. J. O'Brien.
Correspondents,

No. of Year, 257
Insane Relatives, uncle (Hy Dawson) died here.
Cause Exciting, unknown.
Cause Predisposing, unknown.
Form, Paresis!
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Sev. years ago.
Duration, Several years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20-25 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* July 22 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused
MEMORY, Past Events,
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
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, Several years (4?)
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
~~Mothers~~ Father, living & well.
Paternal Relatives, No history of insanity.
Mother, living & well.
Maternal Relatives, Mother's brother died here
Brothers and Sisters, None.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had yellow fever - specific trouble(?)
HABITS, Drinking and Smoking, Smokes - does not drink.
HEADACHES, VERTIGO, OR CONVULSIONS, Has spells of vertigo.
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, Skin in fair condition.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size fair response.
SIGHT, ?
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight tremors present.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
Quite full.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion normal.

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

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

Give condensed statement of 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 rather undeveloped. Never had any second teeth except incisors. Have obtained some history of specific trouble probably. Dr. Abbott treated him for specific trouble six months ago. when he consulted him about a sore throat. Never has been very bright. Physically he is fairly well nourished & apparently well.
3 yrs. ago struck on head

Personal and Medical History of Charles T. Steele.

1899

This patient was brought here by Sheriff's deputy Dr. Esp. Abbott, with the following history: No history of consanguinity: Uncle, Henry Dawson, died in Rochester hospital. This is first attack & patient has become more & more unreliable for several years past. Disease appears increasing: Is variable: Derangement now manifested by hallucinations & vagaries: Not disposed to harm anyone: No filthy nor destructive habits: No peculiarities previously noted: No severe diseases nor injuries to head: Has been at St. Joseph's Hospital, St. Paul for two weeks: No treatment pursued. On personal examination is dull & apathetic Says he has been taking morphine & cocaine since 1892 but examination finds no marks of hypodermic on him & he has had none in hospital. On admission put upon Infirmary East (Extn. Ward) Complexion dark: eyes brown: hair black: Skin in good condition: Vaccine marks on both arms & 2 small red marks on back: Teeth somewhat decayed Behavior good: Exam. by A.G. Dorr.

July 19 to Aug 99 (Summary by Dr Mansur) Patient is very talkative: says he is a 1000 years old. Is rather dazed: Is restless at night. July 20 Visited by friends Incoherent in speech. July 22 Much depressed mentally. July 23 Complains of throat & tonsils being sore. July 26 Is restless: Wanders up & down hall most of time. July 29 Is inclined to be pugnacious

July 31 Aug 1 July 31. Remains quiet but is worrying continually about something. Appears more demented. Sleeps through day. Aug 1 Wt 141#. P78. Patient is up & dressed & around: Shows some incoordination in walk: Speech incoherent: Memory poor. - 30 failed since here: Moves around in aimless manner. Aug 30. Visited by mother. - Sep 22 Patient is rather stubborn: Spends time looking at books & papers - Sep 22. Refused to give up stones, gathered while out walking: fills pockets with anything obtainable: Sprained ankle inward, by tripping on carpet. Oct 30 Oct 30. Patient does not show any improvement. Was visited by relative. Dec 22 Is destructive to clothing & strikes other patients - Nov & Dec 1900 Feb 1 Wt 153#. Goes out walking with crowd - Mar 16. Patient put to bed: has bad cold: put on treatment and improved. Apl 5. Patient dressed. Apl 13. Visited by mother. June 30 Patient Apl 5/ June 30 very irrational & incoherent: habits very untidy. July 6 Wt 152#. P96. July 31. Above July 31 Aug 15 notes, in general, hold good at this date. He is incoherent, irrational & habits untidy. - Visited by mother. Patient sits about on ward: seldom talks: very incoherent. habits 15/ careless & untidy. Aug 18. Transferred to T.W. Aug 19. Visited by mother. Sep 30. No special Nov 1 Change to report. Nov 1. 148#. Laughs & talks to self, a great deal. Dec 22. Visited 1901 by mother - Jany 31/1901. No further change reported. Sits about: is very incoherent. - Jany 31 Feby Wt 146#. P96. Mar 31. Is much demented & failing physically: at times, surly and Mar 31 troublesome. June 22. Visited by mother. July 22. Bruise over right eye, caused by falling July 22 on floor - July 31. No change to report, in patient's condition: Habits careless & at times filthy - Aug 1 Wt 153#. Oct 22. Visited by mother & grandmother. Jany 31/02. Patient is dull & quiet. Will 1902 Jany 31 not talk: Habits are filthy. Is thoroughly demented. Mar 1/02 Wt. 151#. Visited by

Personal and Medical History of Chas. T. Steele.

his mother from Mar. 6 to 10th. Is dull and inactive. July 25-31 - Visited by his mother; has been somewhat stronger by being out during the summer. Aug 1, Wt. 159#. Visited by mother during most of August. Nov. 1/02 Wt. 168#.

Jan 31 '03 Patient's mental condition is unchanged. Physically somewhat stronger through exercise - very filthy and demented.

Personal and Medical History of Nels J. Nelson #1

Whole No. 5365

Residence, Rome Tp. Faribault Co. Minn.

Date Admission, July 22nd 1899.

Admitted by Dr. A. F. Kilbourne hour, 10 am

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

Sex, male Age, 37 yrs.

Civil Condition, Single.

Children, none

Age Youngest Child, -

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Norway. (Parents also born there.

President of State & Co. since 1868

Physicians Committing, T. N. Hunt & A. J. Franklin.

Correspondents, Louis J. Nelson (bro.) Horndahl, Minn.

No. of Year, 258

Insane Relatives, None.

Cause Exciting, Worried about his assessment.

Cause Predisposing, Previous attack.

Form, Acute Melancholia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, About June 15th.

Duration, 1-2 mos.

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, 35 yrs.

Time of Leaving, Mar. 14. 1900

Time in Hospital, 9 m 20 d.

Result, Discharged Sept. 22, 1900 Recovered

EXAMINATION ON ADMISSION BY DR. E. F. Wanous *Date of* July 22 99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Does not remember.

Recent Events, do. 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, absent.

HALLUCINATIONS, absent.

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, 1 mo.

ONSET, Gradual or Sudden, Sudden.

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

Father, Could not obtain anything definite from him.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Received a blow on head about the middle of may.

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, absent.

OCCUPATION, Healthy or not, Farmer.

Detail Date, Duration, and Character of Previous Attack, if any, about middle of June talked incoherently & acted strangely.

Sleep, Appetite, and Bowels, Constipated.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft PRESENT WEIGHT, 160# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin red & sluggish

TONGUE, Coatings or Promptness of Movement, badly coated, responds slowly.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - quite large: responses normal.

SIGHT, fair

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

HEARING, probably hard of hearing

COORDINATION, Arms, normal Legs, normal. Finger to nose - uncertain. Standing on one foot unsteady Grasp, Standing eyes shut. Some swaying.

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

PATELLAR REFLEX, Sluggish. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Normal.

ARTERIES, Easily compressible.

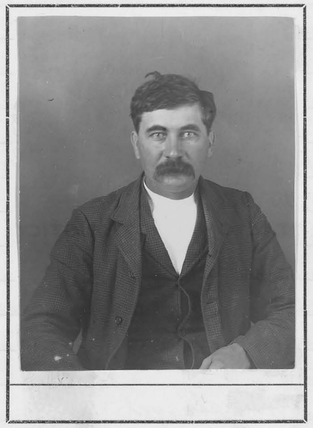
LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical

Expansion good

B. 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, fair -

BOWELS, Present Condition, Irregular

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).

The patient appears very dull & stupid. Will not answer readily when questioned. On entering had a temperature of 102°: said bowels had not moved for four days. Physically he is well built & fairly well nourished.

Personal and Medical History of Nels J. Nelson #2

1899

This patient was brought here by Sandy McDonald, sheriff attended by Louis Nelson brother, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents nor in patient himself. First attack occurred about two years ago; was slight & of short duration: First symptoms of present attack manifested about the middle of June '99. Talked incoherently & acted strangely; disease appears increasing: Not variable: Derangement now manifested on all but one subject; talks very little but talks rationally about assessors books which he has just finished. Not disposed to injure anyone: Will not wash nor attend to himself unless persuaded to do so. Has always been still & quiet & retired: Studied a good deal: Received blow on head about 17th of May. Has recently been watched to keep him from running away: Has received no treatment: On personal examination put upon B3 E (G.H.N. Rpt. Complexion light; hair brown; eyes blue: Skin in good condition: Small scar on forehead: Is clean: One tooth out upper jaw Behavior good; Exam. by Ed. Allen.)

July 22 to Aug 5 '99 Oct 31 Nov 29 Dec 19 1900 Feb 2/28 Mar 14

(Summary by Dr. Wanous) Patient is restless, stubborn & out of bed frequently. Temp. 102°. Pulse 90 Resp. 21. July 25 Seems improved: given clothes & upon ward. July 29 Stands around in the way of others & will not move. Aug 3. Trans. to B3. Aug 4 Wt 169# P108. Oct 31. Memory impaired: Is dull & somewhat confused: frequently tries to walk away from crowd. Nov 29. Does a little work on ward. Dec 19. Patient transferred to A1. Is more talkative, & brighter. — Wt 180#. P80. Feb 28. Is well-behaved: quiet; intelligent; works some on the ward. Visited by brother and taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Fred L. Prudhomme

Whole No. 5367
Residence, St. Paul, Minn.
Date Admission, July 24th 1899.
Admitted by Dr. E. Z. Wanous. hour, 7 P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 31 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Salesman.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, moderate use of alcohol.
Nativity, St. Paul, Minn. (Parents born in Canada)
Physicians Committing, Geo A. Vierigge + Alex Donald.
Correspondents, Casper Prudhomme 380 Summit Place, St. Paul, Minn.
sister Addie Prudhomme - same address.

No. of Year, 260
Insane Relatives, None.
Cause Exciting, unknown.
Cause Predisposing, unknown.
Form, Paresis
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, 31 yrs.
Time of Leaving, Jan. 30 1901.
Time in Hospital, 1 yr. 6 mo. 6 da.
Result, Died. Paresis.

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* July 31 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish
MEMORY, Past Events, fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed. exalted
DELUSIONS, Systematized, Transitory, Special Subjects,
present
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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,
No history of insanity.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Specific trouble (?)
HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, absent.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, fair and Bowels, irregular. Sleepless.

Personal and Medical History of Fred L. Prudhomme

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 125½ USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated - responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - enlarged. responses normal.
SIGHT, somewhat confused.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, - rather prominent
HEARING, normal.
COORDINATION, Arms, finger to nose - hesitating Legs, Standing on one foot unsteady Grasp, Standing eyes shut - sways.
TREMORS, Hands, Tongue, Facial Muscles, General, of hands.
PATELLAR REFLEX, slow to respond. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, loud Size, n -
Apex Beat, n Regularity, regular.

ARTERIES,
full + pulse bounding.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good.
B. Sounds 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, Insomnia.
BOWELS, Present Condition, irregular

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 very dull + stupid. responds slowly + with considerable hesitation. Gives a probable history of syphilis several years ago. Physical condition well developed + well nourished.

Personal and Medical History of Fred L. Prudhomme.

1899

This patient was brought here by Sheriff's deputy Hanson in good physical condition with the following history:- No history of consanguinity nor heredity. Patient uses alcohol moderately: First symptoms of insanity manifested two months ago- had delusions on return from New York. Disease appears increasing, not variable: Derangement now manifested on subject of books, business & religion: Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head sustained. No confinement nor restraint employed: No treatment pursued. On personal examination

July 24 has delusions & hallucinations. On admission put upon B's (GHURpt Complexion dark: hair black: eyes brown: Skin in good condition: Vaccination marks on left arm: wart on right side of neck: Left hand tattooed. Scar on left fore-arm & 2 on left hand: both little fingers deformed: Small spot on back of right hand. Is clean: Teeth good: Behavior good: T.101 P84 R18)

July 24 to Aug 7 '99 (Summary by Dr. Manous) Patient demented: quiet & wellbehaved: Says he has a queer feeling in his head: shows apparent thickness of tongue & hesitates in speaking. Is very particular about his medicine which he brought with him. Is very unsteady & incoherent

Aug 6 Aug. 6 Complains of headache & feeling badly: Says he wants more medicine

" 7 Wt 125# P 112. Nov 30. Patient thinks some one is insulting him - Talks to himself: incoherent

Nov 30 incoordinate: does some work on ward. Jany 31/1900. Is more demented: speech hardly

1900 Jan 31 intelligible: is growing more incoordinate. Speech hesitating: "thickness" of tongue.

May 1 Wt 138#: has ravenous appetite. July 20. Patient was vaccinated, but unsuccessfully.

July 31 Continues to fail. Aug 26. Patient received on T.W. Very much demented & incoordinate.

Sep 7 put to bed. Sep 7 Shows some physical improvement: very noisy by spells. Oct 10. Required

Oct 10 catheterization for several days. Nov 30. Patient seems to be failing. Jany 1/1901. Patient very

1901 Jany 1/30 filthy: Is restless: has bedsore, which requires daily dressing. Jany 30 Refused nourishment: is unable to swallow. Failed rapidly and died at 2^15 PM.

— Died —

Personal and Medical History of

Personal and Medical History of Joseph Bidon

Whole No. 5371	No. of Year, 1
Residence, St. Paul, Minn.	Insane Relatives, None.
Date Admission, August 1st 1899.	Cause Exciting, Apoplexy.
Admitted by Dr. E. Z. Wanous. hour, 7 P.M.	Cause Predisposing, —
How Sent, E.W. Bazille J. of P. Ramsey Co.	Form, Post Apoplectic Insanity
Sex, male Age, 50 yrs.	Accompanying Bodily Disorder, Complete hemiplegia of left side.
Civil Condition, married	Suicidal or not, Not.
Children, Three.	Date of this Attack, Nov 1 '98.
Age Youngest Child, —	Duration, 6 mos.
Occupation, Car repairer.	No. of Attack, 1st
Degree Education, None.	No. of Admission, 1st hm. (At St. Joseph's Hospital 4 wks)
Profession, Religion, Catholic	Age First Attack, 50 yrs
Habits, Not intemperate.	Time of Leaving, Apr. 5. 1900
Nativity, Canada (Parents also born there)	Time in Hospital, 8 m. 5 da.
Physicians Committing, President of State & Co. E.W. Whitcomb & F.P. Canac Marquis	Result, Died. Cerebral hemorrhage.
Correspondents, Olivine Bidon 818 Jackson St. St. Paul, Minn.	

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of* Aug. 3 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, not very good.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, Absent.

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 - no history of either. Cause unknown.

Paternal Relatives, no history of insanity.

Mother, dead cause unknown.

Maternal Relatives, no history of insanity.

Brothers and Sisters, all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), nine months ago had a stroke of apoplexy.

HABITS, Drinking and Smoking, drinks moderately, smokes excessively

HEADACHES, VERTIGO, OR CONVULSIONS, Chronic headaches.

OCCUPATION, Healthy or not, Carpenter.

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

Sleep, Appetite, and Bowels, sleeps fair. eats well. bowels regular.

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E. H. WHITCOMB, M. D.,
ST. PAUL, MINN.

St Paul Aug 1st 1899

My Dear Doctor Kilbourne;

This man, Joseph Bidon, has been a common laborer for G.N. R.R. Shop people for a number of years. Always had good health until 1st of Nov. 98 - when he suffered an apoplectic stroke - he was confined for 4 wks, at St. Jos. Hosp. under my care & so fully recovered as to be taken home - but he is never entirely right - has periods of uncontrollable passion & times when he does not know anyone nor even his own name.

Three weeks ago he had another slight stroke - (Complete Left Side Hemiplegia) & total blindness for a few hours.

Since that time he has been more morose & irritable, & says he is afraid of doing himself or some of his family bodily harm.

I believe this is in the main all of vital points - Any further information I shall be happy to give you. With best wishes to you I am

Fraternally Yrs Ed H Whitcomb

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 appears somewhat confused in talk: Cannot understand questions put to him & responds incoherently. Has been very irrational at times & friends feared him. He has gradually become worse & has become violent. Has threatened to commit suicide. Physically he is in good condition: Well nourished & well developed.

...ga of left side.

(At St. Joseph's Hospital 4 wks)

Ha... 0 yrs

Nativit... ...g, Apr. 5. 1900

Resident Physicians ... Hospital, 8 m. 5 da.

Correspondents, ...ult, Died. Cerebral hemorrhage.

...ul, Diem.

EXAMINATION ... DR. E. J. Wanous Date of Aug. 3 '99.

...NTAL CHARACTERISTICS.

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

MEMORY, Past Events, not very good.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, Absent.

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 - no history of either. Cause unknown.

Paternal Relatives, no history of insanity.

Mother, dead cause unknown.

Maternal Relatives, no history of insanity.

Brothers and Sisters, all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), nine months ago had a stroke of apoplexy.

HABITS, Drinking and Smoking, drinks moderately, smokes excessively

HEADACHES, VERTIGO, OR CONVULSIONS, Chronic headaches.

OCCUPATION, Healthy or not, Carpenter.

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

Sleep, Appetite, and Bowels, sleeps fair. eats well. bowels regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin in good condition.

TONGUE, Coatings or Promptness of Movement, Slightly coated responds slowly.

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

SIGHT, fair

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight divergence of right eye.

HEARING, Good.

COORDINATION, Arms, normal - finger to nose - hesitating. Legs, normal. On one foot - very unsteady. Grasp, - Eyes shut - some swaying.

TREMORS, Hands, Tongue, Facial Muscles, General, Very marked.

PATELLAR REFLEX, exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, loud, Size, n.

Apex Beat, n. Regularity, 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,

Color and Appearance,

ARTERIES, full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.

Expansion good.

B. Sounds normal.

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

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 appears somewhat confused in talk: Cannot understand questions put to him & responds incoherently. Has been very irrational at times & friends feared him. He has gradually become worse & has become violent. Has threatened to commit suicide. Physically he is in good condition: Well nourished & well developed.

Personal and Medical History of Joseph Bidon.

1899

This patient was brought here by Sheriff's deputy P. Godbout. in good physical condition with the following history: No history of consanguinity, heredity, nor intemperance in patient nor parents. First symptoms manifested Nov. 1'98 when patient had a stroke of apoplexy. Disease appears increasing: Not variable: Patient has threatened injury to others but has never hurt anyone: No filthy nor destructive habits: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: (was in St. Joseph's hospital four weeks) Has received general alterative & tonic treatment. On personal examination shows increasing debility & moroseness & irritability.

On admission put upon B^s E / G.H.N. Rpt. Complexion light: hair gray: eyes blue: skin in good condition: Small bunch on back of neck: Scar on forefinger of right hand: Is clean: One tooth gone from right side of upper jaw: Behavior good: (Exam. by Ew. Allen)

Aug 1/4 Admitted on Ward. Aug 4. Wt 156#. P 80. has impediment in speech; very nervous; dull;
Sep 13 and has delusions of persecution. Is very fretful. Sep 13. Complains of insomnia. —
Oct 15 Condition is some improved, though he is depressed, at times. Nov 30. Is about as at last note.
1900 Jany 31 Complains some of dizziness. Mar 3. Wt 170# P 90. Complains of distress in breathing.
Mar 30 Complains of pain in region of heart, of faintness & is dizzy; nauseated. Apl 5. Complains of being
Apl 5 weak and of difficulty in breathing — cannot use speech — Suffers hemiplegia in which he dies at 10^{25} am.

Died

Notes handed P.M. by Dr K. First attack Nov 1/98: fell down: went to St. Joseph's: not paralyzed at that time: Couldn't speak, but not otherwise paralyzed. — July '99. Fell again: was paralyzed on one side: could not talk: one eye shut. Age 50 years.

Pierre Godbout, undertaker & brother-in-law came for remains.

Autopsy held on brain: Skull cap very thin. on removal extensive oozing from dura which seemed to come from haemorrhage on surface of brain. Considerable colored fluid beneath pia and around base of brain. Inferior of right frontal convolution - the fissure sylvius also contiguous portion of 2nd frontal convolution shows considerable discoloration of tissue & old lesion. Arteries very sclerotic at base. Left middle cerebral artery atheromatous close to the circle of Willis. Slight adhesions of membrane along the longitudinal fissure. On the left side there is ~~an~~ extensive degeneration & discoloration of tissue beginning at the upper & posterior end of the fissure sylvius involving the upper portion of the first temporal convolution & a supraconvolution destroying the surface deeply near to if not communicating with the lateral ventricle. On the right side in the posterior central fissure between the supra marginal post central were two small cysts at upper posterior end of sylvius fissure, but no discoloration of tissue. Pia mater showed considerable thickened opacity in places.

Personal and Medical History of

Personal and Medical History of Edwin K. Amoss.

Whole No. 5373
Residence, St. Paul, Minn.
Date Admission, Aug. 8th 1899.
Admitted by Dr. R. A. Bebb hour, 7 P.M.
How Sent, E.W. Bazille J. of P. Ramsey Co.
Sex, male Age, 39 yrs.
Civil Condition, married.
Children, two.
Age Youngest Child, —
Occupation, Physician.
Degree Education, College.
Profession, Religion, not a ch. member.
Habits, Intemperate.
Nativity, Canada - (Parents born in Great Britain.)
Resident of State 15 yrs ago.
Physicians Committing, Albot Jones + F.H.O. Omdahl.
Correspondents, Dr. Bredette. c/o Merrill's Book Store. 5th + St. Peter St. St. Paul, Minn.

No. of Year, 3
Insane Relatives, None.
Cause Exciting, narcotics.
Cause Predisposing, unknown.
Form, Morphinism
Accompanying Bodily Disorder, unknown.
Suicidal or not, not.
Date of this Attack, over seven years ago.
Duration, over 7 yrs.
No. of Attack, 1st
No. of Admission, 2nd Here as an inebriate
Age First Attack, 32 yrs.
Time of Leaving, Sept. 28. 1899
Time in Hospital, 1 mo. 20 d.
Result, Discharged Oct. 31. 1899 Recovered

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Aug 11 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear.
MEMORY, Past Events, Good.
Recent Events, Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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. cause apoplexy.
Paternal Relatives, No history of insanity.
Mother, dead. cause carbuncle.
Maternal Relatives, No history of insanity.
6 Brothers and ~~Sisters~~, all living.
2 children - well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No prominent diseases.
HABITS, Drinking and Smoking, drinks + smokes to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, doctor.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, fair and Bowels, irregular. Troubled with insomnia.

Personal and Medical History of Edwin K. Amoss.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 1/4 PRESENT WEIGHT, 138 1/2 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin clear.
TONGUE, Coatings or Promptness of Movement, Quite prompt - deeply fissured.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. responses normal.
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. quite marked of tongue.
PATELLAR REFLEX, diminished + delayed Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal.
ARTERIES,
full.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion normal
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, Insomnia.
BOWELS, Present Condition, irregular

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 in the institution before. Condition brought on by use of cocaine + morphia. Is badly scarred from "hypo" on both arms + limbs. Physically he is fairly well nourished + in fair condition.

Personal and Medical History of Edwin H. Arnoss.

1899.

This patient was brought here by Sheriff's deputy Chas Mathies, in fair physical condition with the following history:- No history of consanguinity or heredity: First symptoms of insanity manifested seven years ago or more* due to excessive use of morphine, cocaine + alcohol: Disease appears increasing: Is variable: Derangement now manifested by delusions of persecution: Is disposed to harm others; + is filthy + destructive when under the influence of narcotics: No previous peculiarities manifested: Patient received injury to head: Nothing known concerning treatment.

Note For information concerning previous stay see Vol. 22 Fol 351 No. 4126)

On admission put upon B^3 E (U.H.U. Rpt. Complexion light: hair gray: eyes brown: Skin in poor condition: 6th + 7th ribs enlarged + anterior end of ribs depressed: bridge of nose fractured + bruise remaining: Is clean: Two teeth out right lower jaw: seven out upper jaw: remainder poor Behavior good: Temp. 100° P. 84 R 24.

Aug 8 Received on B^3. Is rather restless, caused from discontinuance of opiates. Troubled with insomnia.

21/27 Is well-behaved: sits on ward: is somewhat nervous. Aug 27. Transferred to A^2. Arms + legs

Sep 8 scarred, says: from blood-poisoning" (perhaps from hypodermics). Sep 8. Was given parole

" 28 Patient feels well, both mentally + physically. Was sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Hugh Monahan. Calls himself Stinky Dinky.

Whole No. 5374
Residence, Whitefield New Hampshire.
Date Admission, August 8th 1899.
Admitted by Dr. R.A. Bebb. hour, 7 P.M.
How Sent, E.W. Bagille Supt. Ramsey Co.
Sex, male Age, 24 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, brakeman.
Degree Education, Commonschool.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Canada - Father Canada. Mother Ireland.
Resident of State 2 mos. of Co. one week.
Physicians Committing, C.S. Miller & Wm. S. Kelly.
Correspondents, Mr. Bessie Monahan (mother.
Whitefield, New Hampshire.

No. of Year, 4
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, —
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, ?
Duration, ?
No. of Attack, 2nd
No. of Admission, 1 Here. (In Middletown Conn. 11 mos.)
Age First Attack, 22 yrs.
Time of Leaving, Nov. 1. 1899
Time in Hospital, 1 mo. 24 d
Result, Discharged Feb. 7. 1900
Improved
Removed by State Agent Bates. Ok. pm

EXAMINATION ON ADMISSION BY DR. Mahoney *Date of* Aug 11 '99.

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.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
On religion. Says he has seen Christ in person.

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. Cause Paralysis.
Paternal Relatives,
Mother,
Maternal Relatives,
6 Brothers and 5 Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid 12 yrs. ago. Specific trouble(?)
HABITS, Drinking and Smoking, Drinks occasionally. Smokes. not to excess
HEADACHES, VERTIGO, OR CONVULSIONS, Absent.
OCCUPATION, Healthy or not, brakesman.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ PRESENT WEIGHT, 135 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar on chin Skin sluggish.
TONGUE, Coatings or Promptness of Movement, No coating. responds promptly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal. responses normal.
SIGHT, fair - passed RR exam.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Slight ptosis of R. eye lid.
HEARING, good.
COORDINATION, Arms, Normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands & tongue.
PATELLAR REFLEX, Normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & slow
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No
Apex Beat, Regularity,
Normal
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Sym. Right lung flat
Exp. lagging on R. side
B. Sounds Normal on L. Larsh on Right.

CRANIAL MEASUREMENTS.
Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth 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, Irregular

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 delusions regarding religion: Told a minister I am the second son which caused his arrest & conviction. Is fairly well educated. Gives a history of being in an insane hospital in 1897 in Middletown Conn. Physically fairly well nourished & in good health.

Committed to Middletown Conn. Insane hospital in '97 Left Oct '98. Running sores all over

Personal and Medical History of Hugh Monahan.

1899

This patient was brought here by Sheriff's deputy H. Hanson, in fair physical condition with the following history: No consanguinity, heredity nor intemperance known. First symptoms of insanity manifested in 1897. lasting eleven months & patient was in hospital at Middletown, Conn. for eleven months: Derangement now manifested by hallucinations: Disease appears increasing, is variable: Derangement now manifested by religious insanity. Patient not disposed to injure anyone. No filthy nor destructive habits noted: No previous peculiarities known: Has had typhoid fever: Has been in County Jail since Friday last (5 days.) No treatment pursued during present attack. On personal examination mentions seeing Jesus Christ & talking with him - calls himself Winky Dinky.

Aug 8 On admission put upon B³. (GHW Rpt. Complexion dark: Hair black: eyes blue: Skin simply: sore on lower part of spine Sex about 2½ in long on forehead: Bruise on right knee: Is clean: One tooth out upper left jaw & one out lower right jaw. Behavior good: T998 P80 R. 20.)

Patient received on ward: is threatening, irrational: has delusions. Says "he has seen & conversed

" 11 with the Lord". Is surly & talkative. Thinks he is persecuted. Aug 11. Patient demands a

" 29 "hearing". Threatens revenge. Aug 29. Patient is abusive, destructive, smashing furniture.

" 31 Transferred to C¹. Aug 31. Is now quiet & well-behaved. Says "he has seen Christ". —

Sep 27 Visited by State Agent Gates. Oct 16. Is abusive and noisy —

Nov 1 Removed by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of Charles J. McCourt

Whole No. 5376.

Residence, Cook Co. Illinois, says has lived there since '81 until one wk. ago - now on way to N. Dakota

Date Admission, August 8th 1899.

Admitted by Dr. E. Z. Wanous. hour, 7 15

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

Sex, male Age, 41 yrs.

Civil Condition, single.

Children, –

Age Youngest Child, –

Occupation, Dock laborer.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Says Temperate.

Nativity, Mass. (Parents born in Ireland.

Physicians Committing, E. D. Keyes & G. J. Freedy.

Correspondents, none

No. of Year, 6

Insane Relatives, unknown.

Cause Exciting,

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, first noticed yesterday morning

Duration, ?

No. of Attack, ?

No. of Admission, 1 here.

Age First Attack, ?

Time of Leaving, Oct. 21. 1899

Time in Hospital, 2 m. 13 d

Result, Discharged Nov. 1. 1899 unimp

Taken out by State Agent Gates. O.K.Jm

EXAMINATION ON ADMISSION BY DR. Heyerdale. *Date of* Aug 11 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fairly good.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, 63 yrs. well.

Paternal Relatives,

Mother, Living well

Maternal Relatives,

2 Brothers and 4 Sisters,

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

HABITS, Drinking and Smoking, yes.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Day laborer.

Detail Date, Duration, and Character of Previous Attack, if any,
Was confined in an asylum 11 yrs. ago.

Sleep, Appetite, and Bowels,
All good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 142½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin in fair condition

TONGUE, Coatings or Promptness of Movement, no 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, Impaired

COORDINATION, Arms, normal Legs, normal Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, none

PATELLAR REFLEX, present. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, fair.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
normal

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion fair
B. Sounds normal

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, good

BOWELS, Present Condition,

Teeth.
upper right, two absent - Left - two absent
Lower " three " " one "

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 laborer, has common school education, is in fair physical condition, with good appetite & sleep.

Insanity was probably brought on by worry. Is a single man & gives a fairly good family history. Patient is probably a melancholiac.

Personal and Medical History of Charles J. McCourt.

1899

This patient was brought here by Sheriff Aw. Fuhrmann in fair physical condition, with the following history:- No information concerning consanguinity nor heredity: Patient says he is temperate: Was first noticed yesterday morning (Aug 4 '99) Acted & talked queerly: was taken by police: was put in city jail overnight & showed fear of many things: Searched for devil all night on hands & feet: tore his underclothing: Talks incoherently: Not disposed to injure anyone: Nothing known concerning previous peculiarities: Severe diseases ~~or~~ head injuries: No confinement nor restraint employed: Was given bromides & chloral while in jail. On personal examination talks incoherently & has general appearance & behavior of being unbalanced.

Aug 8/99 On admission put upon B5E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Skin in good condition: Slight depression lower portion of sternum: Scar on right knee: Vaccination marks on left arm: Bruise on right shoulder: one on back & one on left knee: Is clean. One tooth out on either side of upper jaw: one on left & two on right side of lower jaw: Behavior good: T99. P. 76 R. 20.)

Aug 8 Patient put to bed. Is quiet: somewhat irrational: talks to himself & gesticulates queerly. —

Sep 30 Is rather stubborn & surly: pugnacious. Oct 5. had trouble with nurses; resisted: in struggle, he

Oct 9 received bruise on cheek from resting on floor. Oct 9. found attempting to unlock screen with broken case-knife; same day, attempted elopement, while out walking. Transferred to C!

" 15/18 Eloped, while out walking; caught by nurse. Oct 18. Transferred to B3. Oct 21. was taken

" 21 out by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of Peter O'Malia.

Whole No. 5379
Residence, Brownsville, Minn.
Date Admission, August 16th 1899.
Admitted by Dr. O. C. Heyerdale hour, 4 PM.
How Sent, L. Budahl & of P. Houston Co.
Sex, Male Age, 46 yrs.
Civil Condition, Single
Children, none
Age Youngest Child, -
Occupation, Farming
Degree Education, Read & write.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Houston Co. Minn. (Parents born in Ireland)
Physicians Committing, Ry. Ferguson & D. C. Haines.
Correspondents, Mother - Mrs. Mary O'Malia Hokah Minn.

No. of Year, 9
Insane Relatives, Maternal uncle insane one year - recovered.
Cause Exciting, Sunstroke.
Cause Predisposing, Possibly heredity.
Form, Dissociated Melancholia
Accompanying Bodily Disorder, Badly nourished.
Suicidal or not, Not.
Date of this Attack, 4 Wks ago
Duration, 4 Wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46 yrs
Time of Leaving, Dept. 26 1899
Time in Hospital, 1 mo. 10 d.
Result, Disc. Mar. 6. 1900 Imp.

EXAMINATION ON ADMISSION BY DR. Wamoes *Date of* 8/18/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish.
MEMORY, Past Events, Nothing obtainable
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull
REASONING POWER, Ordinary Subjects,
Special Subjects, Nothing obtainable
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

Nothing of Itainable
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),
do.
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, —— PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar half way around knee. Skin pallour.
TONGUE, Coatings or Promptness of Movement, Coated - foul odor from mouth. slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal.
SIGHT, Fair
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, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Will not talk.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, with Max Sounds, Size,
Apex Beat, Regularity,
Regular
ARTERIES,
Easily compressible.

CRANIAL MEASUREMENTS.

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

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Slight flattening of right chest. Normal on left. Louder on right.

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

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

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 much depressed: will not talk & is probably a case of acute mania. Physically she is much emaciated & very anaemic. Has dullness in right apex of lung extending to about the fourth rib. Has no cough. in very poor physical condition & probably will not improve.

Personal and Medical History of Peter O'Malia

1899

This patient was brought here by sheriff's deputy Path Cunningham attended by P.J. Cummings, in an emaciated physical condition, with the following history:- No history of consanguinity nor intemperance in patient nor his parents; maternal uncle insane. First symptoms of insanity manifested four weeks ago, became cross & angry. Disease appears — : Not variable: Derangement now manifested by fear of trouble: No disposition to injure anyone: No filthy nor destructive habits manifested: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: Has received medical treatment; no effect. On personal examination patient seems to have lost flesh rapidly: is poorly nourished: stupid: will not talk nor take notice. On admission put upon Infirmary East. (G.H.N.Rpt. Complexion light: hair brown: eyes gray: Skin in good condition: Hands covered with warts: Scar on right knee, small blotch on left knee: Is dirty: 3 teeth missing in upper jaw & one from lower jaw: Is stupid: Tgg8 R16 P.72.) ——— . ——

Aug 16 Patient received on T.W. put to bed: Scar on right knee: 3 teeth missing, upper jaw: 1 on lower.
" 18 He seems weak; remains quiet: lies with mouth open; sputum frothy: Aug 18. Patient stood up beside bed: rather stooped: Examination by physician revealed dullness in apex of right lung.
" 20/24 Throat is sore: has trouble swallowing. Aug 24. Refused nourishment. Aug 29. Appears more
Sep 1/8 observative. Sept 1 Wt. 103th. Patient takes eggnog. Is on treatment. Sep 8. Visited by friend.
" 18/19 Visited by mother. Sep 19. Patient up, in bed. Sep 25. Visited by relatives. Sep 26. Taken home
" 25/26 on cot, by relatives.

Discharged

Personal and Medical History of

Personal and Medical History of Cornelius J. Murphy.

Whole No. 5380	No. of Year, 10
Residence, Janesville, Wis.	Insane Relatives, None.
Date Admission, August 18th 1899.	Cause Exciting, No cause known.
Admitted by R. A. Bebb M.D. hour, 7 P.M.	Cause Predisposing,
How Sent, A. C. Page Crt. Com. Mower Co.	Form, Acute Delirium following toxic infection
Sex, male Age, 35 yrs.	Accompanying Bodily Disorder, none mentioned.
Civil Condition, single.	Suicidal or not, Not.
Children, —	Date of this Attack, Aug. 15 1899.
Age Youngest Child, —	Duration, 3 days.
Occupation, Worked in cotton mills.	No. of Attack, 1st so far as known.
Degree Education, Common school.	No. of Admission, 1 here
Profession, Religion, Catholic.	Age First Attack, 35 yrs.
Habits, says not intemperate.	Time of Leaving, Oct. 21. 1899
Nativity, Janesville, Wisconsin	Time in Hospital, 2 m. 3 d
Physicians Committing, now resident A. W. Allen & C. H. Johnson.	Result, Discharged Nov. 1. 1899.
Correspondents, Michael Murphy (father) 259 So Franklin St. Janesville, Wis.	Recovered.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 8/20/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good
Recent Events, do 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,
Slightly 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, Three weeks.

ONSET, Gradual or Sudden, Sudden.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Living, is well.
Paternal Relatives, No history of insanity,
Mother, —
Maternal Relatives, —
Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None.

HABITS, Drinking and Smoking, drinks & smokes, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, healthy

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

Sleep, Appetite, and Bowels,
O.K.

Form No. 168. 15

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THOS. T. ECKERT, President and General Manager.

RECEIVED at

Z12 du sn 21 paid
St Paul Minn 17.
A C Page. Court Commissioner.
Austin Minn
Impossible for agent to reach Austin before monday impossible.
for sheriff to keep patient he may be sent to state hospital.
James F Jackson. 600pm

Notify Mr. Jackson of the commitment.

UTRITION, Well-nourished
Skin sallow.

yrs sheet - slightly dizzy.

HEART, Murmurs, Strength, Sounds, Size, Distinct
Apex Beat, Regularity,
Frequent & regular.

ARTERIES,
Full & compressible

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. 1022 Reaction, acid Color and Appearance, Dark yellow clear
Albumen, None Sugar, none.
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fair.

BOWELS, Present Condition, loose

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 special mental peculiarities, only says someone is trying to kill him. When put on Infirmary, temp 104° & it continues to rise at intervals: Complains of no pain nor distress & shows very little annoyance from high temperature: No definite diagnosis made.

Personal and Me[illegible]

Whole No. 5380

Residence, Janesville, Wis

Date Admission, August 18th 189[illegible]

Admitted by R. A. Bebb M.D. hour, [illegible]

How Sent, A. C. Page Crt. Com. Morrer [illegible]

Sex, male Age, 35 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, worked in cotton mills.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, says not intemperate.

Nativity, Janesville, Wisconsin

Physicians Committing, now resident A. W. Allen & C. H. Johnson.

Correspondents, Michael Murphy (father) 259 So Franklin St. Janesville, Wis.

Suicida[illegible]

Date of this A[illegible]

Duration, 3 days

No. of Attack, 1st so [illegible]

No. of Admission, 1 here

Age First Attack, 35 yrs.

Time of Leaving, Oct. 21. 1899

Time in Hospital, 2 m. 3 d

Result, Discharged Nov. 1. 1899. Recovered.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 8/20/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good

Recent Events, do 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, Slightly 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, Three weeks.

ONSET, Gradual or Sudden, Sudden.

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

Father, Living, is well.

Paternal Relatives, No history of insanity,

Mother, —

Maternal Relatives, —

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None.

HABITS, Drinking and Smoking, drinks & smokes, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, healthy

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

Sleep, Appetite, and Bowels, O.K.

[illegible]ersonal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 3/4 PRESENT WEIGHT, 146½ USUAL WEIGHT, NUTRITION, well-nourished

WOUNDS, Abnormalities and condition of Skin, Scar on right thumb and forefinger. Skin sallow.

TONGUE, Coatings or Promptness of Movement, Slightly coated.

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Normal-finger to nose, Certain Legs, Normal. On one foot unsteady. Grasp, Eyes shut-slightly dizzy.

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, distinct Size,

Apex Beat, Regularity,

Frequent & regular.

ARTERIES,

Full & compressible.

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. 1022 Reaction, acid Color and Appearance, Dark yellow clear

Albumen, None Sugar, none.

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fair.

BOWELS, Present Condition, loose

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 special mental peculiarities, only says someone is trying to kill him. When put on Infirmary, temp 104° & it continues to rise at intervals: Complains of no pain nor distress & shows very little annoyance from high temperature. No definite diagnosis made.

Personal and Medical History of Cornelius L. Murphy.

1899

This patient was brought here by Sheriff's Deputy, Jno. C. Johnson Jr. in fair physical condition with the following history: No consanguinity, heredity nor intemperance in patient nor in parents: First symptoms of insanity manifested Aug. 15th brought up at a farm-house at night & thought he was pursued by eight to twelve men, who were attempting to take his life: Seems rational, except upon this one subject: Thinks men are following him with knives & revolvers. Not disposed to injure anyone: No filthy nor destructive habits known: No previous peculiarities noted: Claims that he has never been sick nor sustained any head injuries: No information of confinement or treatment obtained. On personal examination seems perfectly sane except upon this one imaginary occurence.

Note A telegram accompanied papers - from Dr. Jackson to C.A. Page Cat Coun. reading as follows: "Impossible for agent to reach Austin before Monday. Impossible for sheriff to keep patient, he may be sent to State Hospital."

8/18/99 On admission put upon B3 C/ G.H.N. Rpt Complexion sandy: Hair light brown: eyes blue: Skin in good condition: Tip of right thumb gone: Vaccination marks on left arm: 2 small scars on back of head: So clean: One tooth out right lower jaw. Behavior good. Aug 18. Received m.I.W. has faltering speech. Patient complains of dizziness. Evening Temp. 104°. Given cathartic & enema. Complains of " 19 no pain; gets very dizzy: Is rational. Aug 22. Asked for reading matter. Sept 5. Patient has hemorSept 5 -rhoids: is treated for same. Is kept on liquid diet. Is given sponge-baths frequently, to reduce Oct 6/ temperature. Oct 6. Given dress: is apparently quite normal. Oct 14. Patient appears weak: " 15 takes very little nourishment. Oct 15. Temp. 105°. Pro: put to bed & given baths - later, " 17 Temp. is normal. Oct 17. Up on ward; apparently in normal condition. Oct 21. Taken " 21 home by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of John P. Ludwig.

Whole No. 5381
Residence, Unknown.
Date Admission, August 19' 1899.
Admitted by Dr. R. A. Bebb. hour, 3 P.M.
How Sent, T. J. Hunt J. of P. Dodge Co.
Sex, ~~single~~ male, Age, 53 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Shoe-maker.
Degree Education, Common school
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Iowa. (Father Mo. Mother Germany.)
Physicians Committing, S.H. Van Cleve & C.L. Chambers.
Correspondents,

No. of Year, 11
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, yes. Attempted to throw himself under cars.
Date of this Attack, Aug. 17'99.
Duration, 2 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 53 yrs.
Time of Leaving, Aug 6. 1900
Time in Hospital, 11 mo. 18. d
Result, Disc. Nov. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Warrous *Date of* 8/22/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Quick
MEMORY, Past Events, fair.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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, a week.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead
Paternal Relatives,
Mother, dead
Maternal Relatives, No history of insanity
Brothers and ~~Sisters,~~
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Pneumonia several yrs. ago. Sunstroke 30 yrs. ago.
HABITS, Drinking and Smoking, Drinks to excess - Smokes moderately.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Shoemaker.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Irreg. Appetite, Poor and Bowels, Irreg.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 1. PRESENT WEIGHT, 120 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin sallow.
TONGUE, Coatings or Promptness of Movement, Coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses normal.
SIGHT, uses glasses.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, normal.
COORDINATION, Arms, normal Legs, normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred - Has defect in speech due probably to some injury
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
Normal
ARTERIES,
full & easily compressible
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, fair.
BOWELS, Present Condition, Loose

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 somewhat depressed & incoherent; physically is fairly well nourished & in good condition. Has a defect in speech which he says came on suddenly without cause. On examination shows scars which would indicate that he had had a cleft palate, tho he denies it. Says he was kicked in mouth by a horse. mouth shows a cicatrix on right side of lower lip.

Personal and Medical History of John P. Ludwig.

1899

This patient was brought here by sheriffs J. Tucker, Joel & J. J. McCaughey, in fair physical condition, with the following history:- No consanguinity, nor heredity known. First symptoms of insanity manifested Aug. 17 '99 - Tried to throw himself under a moving train: Disease is variable with irregular rational intervals. Derangement now manifested by thinking that someone is trying to give him ether & kill him: Not disposed to injure anyone: Tried to kill himself by throwing himself under Cars. propensity to suicide still active: Filthy & destructive in habits: No previous peculiarities manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: No further facts learned on personal examination:

Aug 19 On admission put upon B3 E (G&N. Apt. Complexion dark: hair dark, bald on top: eyes brown: Skin in good condition: Scar on lower lip & right side of face. one on right eye & one in center of forehead. one on L. middle finger several on legs: dirty teeth good: Behavior good.) Aug 19. Given bath; put to bed: said "he had been drinking; also had sunstroke. Temp. 101. P84: has impediment in speech. Is quiet and well-behaved. —

-23/24 Is up & works on ward - Complains of Dizziness (23rd) - and a feeling of nausea. Sep 6. Com-

Sep 6/17 -plains of headache and nausea; refused nourishment. Sep 17. Is despondent & melan-

" 30 -choly; suicidal. Sep 30. Patient's headache has stopped: he is feeling much better. Oct 1. was

Oct 1 transferred to B3. Dec 30. Seems somewhat improved. Jany 2/1900. Wt 130#. P100.

1900 Jan 2 Is suffering from bronchitis. Feb 28. Seems brighter & rational. June 4. Wt 128#: Patient

July 30 agreeable; well-behaved; rational; well, physically. July 30. Continues as at last note.

Aug 1 Is rational; neat & clean in habits: good physical condition: works on ward. —

5 Eloped from crowd, while outside.

Discharged

Personal and Medical History of

Personal and Medical History of E. H. Husbands.

Whole No. 5382
Residence, Hennepin Co. Minn.
Date Admission, August 19th 1899.
Admitted by Dr. O. C. Heyerdale hour, 7 Pm.
How Sent, F. C. Harvey J. of P. Hennepin Co.
Sex, male Age, 47 yrs.
Civil Condition, married
Children, one
Age Youngest Child, -
Occupation, merchant.
Degree Education, High school education.
Profession, Religion, Not a church member.
Habits, not intemperate.
Nativity, New York. (Father West Indies. Mother N.Y.)
Physicians Committing, President of State & Co. E. S. Strout & W. A. Jones.
Correspondents, A. B. Husbands (bro.) 424 Second Ave. So. Minneapolis, Minnesota.

No. of Year, 11
Insane Relatives, None.
Cause Exciting, Ill-health & overwork.
Cause Predisposing, unknown.
Form, Paresis
Accompanying Bodily Disorder, Epilepsy.
Suicidal or not, Not.
Date of this Attack, Sept 13 '98.
Duration, 11 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 47 yrs.
Time of Leaving, Sept. 15 '99
Time in Hospital, 27 days.
Result, Died Paresis.
Mrs. Jessie A. Husbands 3144 Pleasant Ave. Mpls. Minn.
Dr. E. S. Strout 3047 Nicollet Ave. Mpls.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 8/21/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Does not remember.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Illusive.
REASONING POWER, Ordinary Subjects, } Very much
Special Subjects, } mixed
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, Fairly nourished
WOUNDS, Abnormalities and condition of Skin, Scars on right arm, & on legs & chest. Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Somewhat coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal -
SIGHT, Impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Impaired vision
HEARING, Poor.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight tremor of hands & tongue.
PATELLAR REFLEX, Slightly exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, distinct Size, n.
Apex Beat, n. Regularity,
Regular.
ARTERIES,
Full & compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest fairly developed.
B. Sounds slightly increased on right side
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, Insomnia
BOWELS, Present Condition, Irregular

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 incoherent & irrational - Does not appreciate where he is, is very much excited & talks continually - Physically he is emaciated & not very strong - Nothing special to mention about him.

Personal and Medical History of E. H. Husbands.

1899

This patient was brought here by J.W. Phillips sheriff, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor parents. First symptoms of insanity manifested in Sept. '98. On Sept. 13 was examined in Probate Court, Hennepin Co. & during examination had a series of convulsions & was removed to his home. Examination was suspended & commissioner thought it advisable that patient be cared for by his friends at that time. First symptoms manifested by delusions of poverty, loss of business etc. Disease appears increasing. Variable:- from Nov. '98 to Jan. '99 was apparently recovered. Has since that time been more or less rational for short intervals. Derangement now manifested by expansive financial delusions; is depressed & emotional; shows fear of bodily harm because of being restrained: spent money needlessly & recklessly. Has threatened to harm members of family, but only under impulse. No filthy nor destructive habits. Three years ago became irritable, depressed, & character changed decidedly. Fifteen years ago had a fall on head, unconscious for 24 hrs. First epileptiform seizure Sept 13 '98. also Jany '99 June '99 and Aug. 7 '99. Series followed by excitement & confusion. Has been restrained at home by tying in bed. Treatment pursued mainly antispecifics as Lues has been suspected: also Change of occupation & residence. On personal examination face expressionless pupils contracted: speech inarticulate: tremors, exaggerated reflexes etc. Talks incoherently about treatment at home, of restraint "that they were trying to murder him" On admission put upon I.W.E. (G.H.N. Rpt. Complexion light: hair sandy, gray. part bald: eyes blue: Skin in good condition: Several old sores on both legs: Scars on right arm: 5 Teeth out upper jaw: one out lower jaw: Behavior good.) Aug 19th received on ward: Is irrational & incoherent Ideas exalted. While awake would not stay in bed: Aug 23 Quiet remains in bed most of time. Imagines himself in St. Paul. Is delirious, irrational & extremely restless: Filthy at times: Has hallucinations. Aug. 26. Quiet & well-behaved, slow to understand but answers intelligently. Acts peculiarly. 29 Mental condition appears improving. Trans. to A. Very anxious to go home.

Sept. 2. Patient very nervous: memory poor: quiet & well behaved. Does a little work on ward Sept 12 Obstinate: refused to go walking.

Sept 13 Appeared as well as usual in morning: assisted with work. When ready to go out for walk at 9:30 had a convulsion which persisted. Trans. to Infirmary. was unconscious Convulsions continued until 6:05 given turpentine enema: no results. Had 64 convulsions in all. Given atropine Temp at 3 P.M. 102°. Pulse 108. Perspiring freely. Convulsions controlled by chloroform - Hypodermics of atropine continued. Pulse weak unconscious & growing weaker. Sept. 14 8:30 A.M. No change: Respiration labored & very much weaker treatment continued

Personal and Medical History of

without apparent improvement. Convulsions continued. Sept 7 P.M. on Sept 15th Condition of body. Old scars on lower extremities: Slight bruise on back.

Died.

Personal and Medical History of Martin Berchard Jr. (or Batcher)

Whole No. 5383
Residence, Wabasha, Minn.
Date Admission, August 22nd 1899.
Admitted by Dr. A.T. Kilbourne hour, 5th P.M.
How Sent, M. Kennedy & off. Wabasha Co.
Sex, male Age, 24 yrs.
Civil Condition, single
Children, ——
Age Youngest Child, ——
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Not a ch. member.
Habits, Not intemperate.
Nativity, Wabasha Co. Minn. (Parents born in Switzerland)
Physicians Committing, W.B. Lincoln & W.F. Milligan M.D.
Correspondents, Martin Berchard Sr. Wabasha. Minn. c/o Chas. L. Stauff. — By B of C

No. of Year, 10
Insane Relatives, None
Cause Exciting, Injury to head.
Cause Predisposing, —
Form, Acute Melancholia; Dementia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, yes- attempted to shoot himself
Date of this Attack, 2 yrs. ago.
Duration, about 2 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 22 yrs.
Time of Leaving, 5th June 1902
Time in Hospital, 2 yrs 9 mos 15 dys
Result, Improved. Despt. Dec 17-02

EXAMINATION ON ADMISSION BY DR. Warnow. Date of 8/23/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Rather sluggish.
MEMORY, Past Events, fair
Recent Events, do Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Of persecution. Thought men were after him
Heard them in the night
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 & well.
Paternal Relatives, No history of insanity
Mother, living & well.
Maternal Relatives, No history of insanity.
Brothers and Sisters, none
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Diphtheria 8 yrs. ago. Struck on head 5 yrs. ago.
HABITS, Drinking and Smoking, Not to excess
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches
OCCUPATION, Healthy or not, Farmer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Good Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 214 ½ USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Bullet wound on frontal part of head. Scars on r. parietal region
Skin Sallow & sluggish
TONGUE, Coatings or Promptness of Movement, Slightly coated - delayed response.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size - responses normal.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked tremor.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, r.
Sounds not very distinct
ARTERIES,
Full
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, fair
BOWELS, Present Condition, irregular

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 very stupid & sluggish. Says he was tired of living & attempted to kill himself. Bullet was extracted by doctors (in frontal region) before coming to hospital. Physically patient appears very sallow & sluggish; cares little for his person & has the characteristics of a degenerate.

Personal and Medical History of Martin Berchard.

1899

This patient was brought here by Sheriff's Deputy G. G. Dickman, in poor physical condition, with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested two years ago, acted strangely. Aug 18 '99 undertook to commit suicide & threatened others with a pistol. Disease appears increasing: Not variable: Derangement now manifested by not talking much: at the time he shot himself he said he thought some one was trying to get in the house to kill him: No filthy nor destructive habits noted: No peculiarities previously manifested: Received a head injury 5 years ago: No confinement nor restraint employed: No treatment pursued. On personal examination has scar on
8/21/99 right occipital region, possibly depression. On admission put upon B³ E. (G. H. Wrs Esq.) Complexion dark: hair black: eyes dark brown: Skin in good condition: Several black moles on breast: Scar on forehead & two on top of head; also one on left thigh: Bruise under left arm: Slight hernia: Is clean: One tooth out upper jaw & one out lower. Behavior good: Exam. by S. Bair & J. Howe). —

Aug 21 Received on Ward. Is dull; deluded; stubborn about bathing: answers questions hesitatingly. —
" 23 Imagined he was to be hung, when examined by physician. Appetite poor: must be fed with tube.
Nov 30 1900 No change specially noticeable. Jany 13/1900. Complains of stiffness and pain in lower limbs: has
Jan 13 suppurating wound on right hand, caused by abrasion: infected by picking it with finger-nails.
" 15 Complains of severe pain in lower limbs. Transferred to TW. Knees appear to be stiff; without
Feb 10 pain. Is troubled with constipation. Feb 10. Condition improved: patient is up and around.
" 12/18 Transferred to B³. Feb 18. Stiffness suddenly came on: limbs become stiff & helpless — Must be
Mar 1/15 transferred to TW, again: put to bed. Mar 1. Wt 158#. Is still in bed. Mar 15. Patient extremely
" 26 noisy, during night & day. Is up and around now (Mar 26). Patient has voluntary retention:
" 31 requires catheterization. Mar 31. Transferred to B³. July 6. Wt 188#. P92. July 20. Vacci-
July 20/31 -nated successfully. July 31. Does no work: is very sluggish. Physical condition is good. —
Aug 31 1901 Rather dull: sits about on ward: Physical condition fair: Dec 1. 202#. P96. —
Jany 8/15 Is on electrical treatment. Jan 15. Refused to go down for treatment. — Jany 20. Treat-
20/31 -ment discontinued. Jany 31. Nothing special to report in patient's condition —
Feby 1 Wt 196#. Apl 11. Transferred to D². Began work on farm: seems to like it. July 31/1901. Has
July 31 worked regularly on farm, since Apl 4: has improved in physical condition; is also slightly brighter mentally: speaks more quickly, but still does not volunteer any conversation.
Aug 1 1902 very quiet & well-behaved: habits tidy. Aug 1. Wt 193#. Nov 2. Wt. 195#. Jany 31/02. Has
Jany 31 been in excellent health: shows some slight improvement, mentally: always well-behaved but acts foolishly. Is considerably demented. Feb 1/02 Wt. 205#.
June 5. Has been working regularly in Blacksmith shop. Appears somewhat brighter — seems rational. Taken home today by mother.

Personal and Medical History of

Personal and Medical History of Lewis G. Berge

Whole No. 5384

Residence, Sargent. Mower Co. Minn.

Date Admission, August 21st 1899.

Admitted by Dr. E. J. Wanous hour, 7:30 P.M.

How Sent, A. L. Page Ct. Com. Mower Co.

Sex, male Age, 28 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farming.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Norway - (Parents also born there)

Physicians Committing, C. H. Johnson - W. N. Kendrick

Correspondents, J. T. Gjerness, Sargent, Minn.

No. of Year, 14

Insane Relatives, None

Cause Exciting, Unknown

Cause Predisposing, Previous attack.

Form, Dubsite

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Yes. attempted by hanging -

Date of this Attack, Aug. 18' 1899.

Duration, 3 days.

No. of Attack, 2nd.

No. of Admission, 1st

Age First Attack, 28 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous. *Date of* 8/22/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Nothing obtainable.
Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Will not talk
Special Subjects, on any subject.
Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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,
" Irregular

Personal and Medical History of Lewis G. Berge.

5384

M. Lars (or Lewis) Berge

Copy of Order for Hearing Petition of Britha M. Berge for appointment of Britha M. Berge as guardian for Lars or Lewis G. Berge insane; served and service admitted March 8' 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION,

- r sluggish.

t - enlarged: response to light n. accom - ation.

COORDINATION, Arms, fair Legs, fair Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, present - of hands + tongue.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Very irritable - sounds loud - enlarged laterally + down - Apex 6. left nipple line Regular.

ARTERIES,
Compressed easily

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,
Chest flattened.
Expansion fair

Breath Sounds,
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, fair.

BOWELS, Present Condition, Irregular.

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 unconscious of his surroundings: is very much agitated + when asked anything answers by saying "I am crazy." Appears stupid. Not very well-nourished, irregular in his habits + cares little for himself. Has had but little development of mind.

Personal and Medical History of Le[illegible]

Whole No. 5384

Residence, Sargent. Mower Co. Minn.

Date Admission, August 21st 1899.

Admitted by Dr. E. J. Wanous hour, 7:30 P.M.

How Sent, A. L. Page Ext. Conv. Mower Co.

Sex, male Age, 28 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farming.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Norway - (Parents also born there)

Physicians Committing, C. H. Johnson - W. N. Kendrick

Correspondents, J. T. Gjerness, Sargent, Minn.

Insane [illegible]

Cause Exciting,

Cause Predisposing, Unknown

Form, Suicidal

Accompanying Bodily Disorder, None known

Suicidal or not, Yes. attempted by hanging

Date of this Attack, Aug. 18. 1899.

Duration, 3 days.

No. of Attack, 2nd.

No. of Admission, 1st

Age First Attack, 28 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous. Date of 8/22/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Nothing obtainable.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Will not talk

Special Subjects, on any subject.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, Not obtainable.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels,
" Irregular

Personal and Medical History of Lewis G. Berge.

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Very yellow + sluggish.

TONGUE, Coatings or Promptness of Movement, coated.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - enlarged: response to light +, accom - slow.

SIGHT, fair

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

HEARING,

COORDINATION, Arms, fair Legs, fair Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, present - of hands + tongue.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

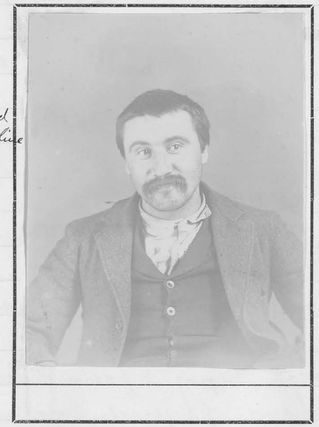
HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Very irritable - sounds loud - enlarged laterally + down - Apex 6. left nipple line
Regular.

ARTERIES,
Compressed easily

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest flattened.
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, fair.

BOWELS, Present Condition, Irregular.

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 unconscious of his surroundings: is very much agitated + when asked anything answers by saying "I am crazy." Appears stupid. Not very well-nourished, irregular in his habits + cares little for himself. Has had but little development of mind.

Personal and Medical History of Lewis G. Berge.

1899

This patient was brought here by Sheriffs deputy John K. Johnson Jr. in poor physical condition, with the following history:- No consanguinity, heredity nor intemperance in patient nor parents: First attack of insanity in fall of '98, lasting three months: First symptoms of present attack Aug. 18'99. Disease appears increasing: Not variable: Derangement now manifested by fear of his life: Not disposed to injure anyone: Habits filthy & destructive: Previous peculiarities self destruction & destruction of property" No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: No further facts ascertained on personal examination.
On admission put upon T.W. & Gt. N. Rit Complexion dark; hair black; eyes brown: Skin rough & dirty: A few small scratches on back & left arm: Is rather dirty: No teeth missing, some decayed: Behavior good: Exam by A6 Dom.)

Aug 31/99 Received on T.W: put to bed: seems very helpless. Aug 1st Is very restless & refuses nourishment. " 25 required 6 hours restraint Aug 2d: Fed by tube (4 feedings). Aug 3d Took nourishment " 31 regularly; ate good dinner. Aug 31. Acts very silly: laughs & talks to himself & makes peculiar Sep 1/3 noises - Sep 2. Up & dressed Sep 3. Visited by friend: would not talk to him. Sep 6. Was " 6 transferred to A3. Oct 10. much improved, mentally & physically: is very progressive. —
Feb. 1900 9 Patient attempted suicide by hanging: discovered with suspenders fastened around Feb. 21 neck, standing on bed, trying to tie the other end to ventilator. Feb 21. Visited by brother - " 23 Patient found with 3 feet of wire and a rope in his pocket: evidently making preparations to suicide - July 6. Wt 169#. P 76. July 21 - Vaccinated unsuccessfully. Aug 1/1900 Well - behaved: answers questions. Says "he is crazy" & laughs about it - Oct 31. Condition Continues the same. Dec 1. 167# P 72. Jany 16/1901. Detected nearly choked with Jany 16 piece of picture - wire around neck, trying to fasten wire to window - screen: says he 31 was only "fooling" - Jany 31. "no change: physical condition apparently good. —
Feby 1 Wt 164# P 72. — May 31. Irrational: silly in manner. Still says "he is crazy" May 31 Habits rather slouchy: health seems good. July 7 - Visited by Cousin - July 31. Physical Sep 30 condition good: no change mentally. Aug 1. Wt 160#. Oct 29. Visited by relatives — Nov 30 Nov 30. no change to note. Jany 31/01. Patient is quiet, but indifferent, laughs to himself: Jan 31. talks incoherently: calls himself "crazy" and is rather silly. Feb. 1/02 Wt. 170#. Feb. 8. Visited by friends. Feb. 16 Visited by cousin. June 23 Visited by mother. July 18. Transferred to annex. Aug 1. Wt. 154#. Sept. 14 Visited by mother. Nov. 12 Visited by friend.

1903
Jan. 31 Since removal to annex, patient has worked on farm quite well. Before that sat about idly, refusing to do anything; is delusional & silly in manner & talk; is quiet and peaceable. For few days in Dec. was depressed refused to eat, & complained that his head was full of worms. Otherwise health good.

Personal and Medical History of

Personal and Medical History of Iver Gilbertson

Whole No. 5385
Residence, Whalen, Minn.
Date Admission, August 21st 1899.
Admitted by Dr. R. A. Bebb hour, 9:10 Am.
How Sent, E.V. Farrington J. of P. Fillmore Co.
Sex, male Age, 37 yrs.
Civil Condition, married
Children, 4
Age Youngest Child, —
Occupation, Saloon keeper.
Degree Education, Common school.
Profession, Religion, Not a ch. member.
Habits, a steady drinker.
Nativity, Norway (Parents also born there.
Physicians Committing, J.H. Phillips + G.A. Love.
Correspondents, Mrs Iver Gilbertson (wife) Whalen Minn.

No. of Year, 15
Insane Relatives, None.
Cause Exciting, Whiskey -
Cause Predisposing, unknown
Form, Acute Melancholia, Alcoholic
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Has made threats.
Date of this Attack, 3 wks. ago.
Duration, 3 wks.
No. of Attack, 1st
No. of Admission, 1st 37 yrs.
Age First Attack,
Time of Leaving, Nov. 8. 1899
Time in Hospital, 2 m. 18 d.
Result, Discharged May 2. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 8/22/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Clear.
MEMORY, Past Events, Good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, No history of insanity.
Mother, living.
Maternal Relatives, No history of insanity
Brothers and Sisters, All well
Children 4 well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Typhoid 16 yrs. ago.
HABITS, Drinking and Smoking, Drinks to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, frontal + occip. headaches
OCCUPATION, Healthy or not, Saloon - man.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, poor Appetite, poor and Bowels, irreg.

Personal and Medical History of Iver Gilbertson.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 in. PRESENT WEIGHT, 159# USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar on left thigh. Skin fairly clear
TONGUE, Coatings or Promptness of Movement, prompt - Slightly coated.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, Good. Legs, good Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands.
PATELLAR REFLEX, Absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Weak Size,
Apex Beat, Regularity,
Size enlarged - Apex beat in nipple line. Regular
ARTERIES,
Easily compressible.
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, Good at times only.
BOWELS, Present Condition, Irregular

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 peculiarity which would manifest a degeneration. He has been a hard drinker + has suffered losses by fire which caused despondency + he feared people were doing him an injustice. Physically he is well developed + in good condition. Has a swelling of thumb which is causing him considerable pain - On opening it a pus cavity was found - periostitis.

1899

This patient was brought here by Deputy sheriff E. K. Blexrud, attended by Hans Gilbertson in fair physical condition, with the following history: No history of consanguinity or heredity: patient a steady drinker: First symptoms of insanity manifested three weeks ago by loss of sleep & delusions: Disease appears increasing: Not variable: Derangement now manifested by delusions that other men are intimate with his wife: saw one in bed with her: Has threatened to kill people on account of his delusions: No disposition to filthy or destructive habits shown: No peculiarities previously manifested: No severe diseases nor injuries to head: Restraint employed only one night: No treatment pursued. On personal examination has delusions & is very nervous. On admission put upon B³E (G.H.N. Rpt Complexion dark: hair black: eyes blue (a little sore) Skin in good condition: Thumb on right hand swollen. Scar on left leg above knee: 9 teeth out upper jaw: 6 out lower jaw: Behavior good: Exam. by S. Bair.)

Aug 21 Received on Ward: Thumb on right hand inflamed & swollen. Patient talks quite rationally: is very
Sep 10/30 nervous. Sept 10. Is improved: Sep. 30. Is rational and works on ward. Oct 4. Transferred to A²
Nov 5 Wt 167#. Patient is rational: is easily excited & is nervous: no delusions noted.
" 8 Visited by wife & taken home.

Discharged

Personal and Medical History of John J. Lien Jr.

Whole No. 5387

Residence, Mayfield, Minn.

Date Admission, August 26th 1899.

Admitted by Dr. A. J. Kilbourne hour, 3 PM.

How Sent, L.A. Leonard & off. Olmsted Co.

Sex, male Age, 39.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Blacksmith.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

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

Physicians Committing, J. G. Cross & A. J. Granger.

Correspondents, Bro. J. Lien Sr. Kasson (Jacket)

In case of discharge or death notify. McCaughey. Co. Atty.

No. of Year, 17

Insane Relatives, None. bro.

Cause Exciting, Unknown.

Cause Predisposing, Intemperance. Previous attack.

Form, Acute Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not suicidal.

Date of this Attack, About 10 days ago.

Duration, 10 days.

No. of Attack, 2nd

No. of Admission, 1st. In jail 3 mos.

Age First Attack, 39 yrs.

Time of Leaving, November 27 - 1900

Time in Hospital, 1 yr 3 mos 1 ds

Result, Improved - Discg May 1/1901

EXAMINATION ON ADMISSION BY DR. E. J. Lawrence *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Not good
Recent Events, do. Special Subjects,

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

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
present.

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,

ONSET, Gradual or Sudden, Sudden.

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

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had injected head - Masturbation

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chron. vertigo

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 PRESENT WEIGHT, 121½ USUAL WEIGHT, NUTRITION, fair

Copy of Notice for hearing petition of J. J. Lien Sr. for appointment of guardian for J. J. Lien Sr. issued in October, 1899 + filed with Commitment papers.

udition.

ye normal. responses normal.

Grasp,

do.

Reflexes,

SENSIBILITY,

HEART, No Murmurs, Strength, Good Sounds, Size, N.

Apex Beat, N. Regularity,

heart irritable.

ARTERIES,

full.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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, irregular

BOWELS, Present Condition, irregular

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 suffering from depression + melancholia due to financial losses + worry about business. Mentally he is poorly developed. Physical condition good tho of a very nervous disposition. Which is a characteristic of the family.

Personal and Medical History of John

Whole No. 5387

Residence, Hayfield, Minn.

Date Admission, August 26th 1899.

Admitted by Dr. A. F. Kilbourne hour, 3 P.M.

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

Sex, male Age, 39.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Blacksmith.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

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

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

Correspondents, Jno. J. Lien Sr. Kasson (father)

In case of discharge or death notify. McCaughey Co. Atty.

No. of Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing, Un

Form, Acute Me

Accompanying Bodily Disorder,

Suicidal or not, Not suicid

Date of this Attack, About 10 da

Duration, 10 days.

No. of Attack, 2nd

No. of Admission, 1 here. In jail 3 mo

Age First Attack, 39 yrs.

Time of Leaving, November 27 - 1900

Time in Hospital, 1 yr 3 mos 1 ds

Result, Improved - Disgd May 1/1901

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, not good

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, present.

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,

ONSET, Gradual or Sudden, sudden.

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

Father, living (well).

Paternal Relatives,

Mother, living - well.

Maternal Relatives,

Brothers and Sisters, brother deranged

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Had infected hand - Masturbation

HABITS, Drinking and Smoking, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chron. vertigo

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

GHT, 5 ft 5 PRESENT WEIGHT, 121½ USUAL WEIGHT, NUTRITION, fair

NDS, Abnormalities and condition of Skin, Skin in fair condition.

NGUE, Coatings or Promptness of Movement, Clear.

PUPILS, Equality, Size, Response to Light, and Accommodation, equal. size normal. responses normal.

SIGHT, fair

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.

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, good Size, N.

Apex Beat, N. Regularity,

heart irritable.

ARTERIES,

full.

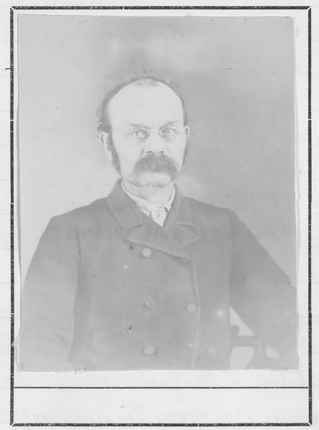
LUNGS, Chest, Symmetry, Expansion,

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, irregular

BOWELS, Present Condition, irregular

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 suffering from depression & melancholia due to financial losses & worry about business. Mentally he is poorly developed. Physical condition good tho of a very nervous disposition which is a characteristic of the family.

Personal and Medical History of John J. Lien Jr.

1899

This patient was brought here by sheriff Vine attended by Joel Tucker in poor physical condition, with the following history:- First symptoms of insanity manifested in March 1898, attack lasted about a month. First symptoms of second attack (present) shown about ten days ago. by insomnia & delusions of persecution. Disease appears increasing: Not variable: Derangement now manifested by delusions of persecution, restlessness & by rapid & incoherent conversation. Not disposed to injure anyone: No filthy nor destructive habits: Previous peculiarity, religious impressions: Received injury to head two years ago: Has been confined in Jail for about three months: No information concerning treatment. On personal examination is excitable & restless: Thinks he is
8/26/99 going to be killed. On admission put upon B³ E [G.H.U.Rpt] Complexion dark: hair dark, part bald: eyes blue: Condition of skin good: Scar on back, one on back of neck, one on right knee; one on middle finger of right hand: Is clean: 2 teeth gone from upper right jaw: 2 from lower left jaw Behavior good.)

Aug 26/31 Received on Ward: Is depressed & very melancholy: Aug 31. Visited by sister & mother. Sep 5. Again visited, by friends.
Sep 11 Visited by relative. Patient is still much depressed, & has delusions of persecution. Patient has been sleeping usually 6 to 7 hours nightly - occasionally out of bed: somewhat restless. Quiet & well-behaved, but still depressed. Received frequent
Oct 31 visits from relatives & friends. Oct 31. No special change to report in patient's condition. Is quiet & melancholy -
Nov 3/4 Wt 119#. P 92: Patient is quiet: seldom speaks: will not work: Nov 4. Patient rather eccentric: works on ward:
Dec 2/31 restless at times: talks to himself: Dec 2. Visited by relative. Dec 31. Was visited by relative, several times,
1900 Jan 31 during the month. Jan 31/1900. Received visits from relative, quite often, during month. Apl 22/1900. Received
Apl 22 on T.W. from B³, suffering from erysipelas, in the face. May 2. Has inflammation, in right arm,
May 2/7/8 below elbow: is of erysipelatous nature. May 7/1900. Passes blood from rectum. May 8. Given Clothes.
June 4 Bichloride bath & is got up on ward. May 13. Transferred to B³. June 4. Patient is well behaved: Works
July 6/31 on ward: clean and tidy. July 6. Wt 142# - July 31. Nothing special to report in patient's condition -
Aug 31 Usually well-behaved: assists on ward: physical condition good. Oct 13. Taken out by brother, -
Oct 13/16 to father's death. Oct 16. Returned - Nov 1. 132#. P 76. Patient is rather quick-tempered.
Nov 1/8/27 Is easily irritated. Nov 8. Visited by brother. Nov 27. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Ross Johnson

Whole No. 5388

Residence, St. Paul, Minn.

Date Admission, August 28th 1899.

Admitted by Dr. E. Z. Wanous hour, 7 P.M.

How Sent, Ew. Bazille J. of P. Ramsey Co.

Sex, male Age, 41 yrs.

Civil Condition, married.

Children, 3.

Age Youngest Child, –

Occupation, Pullman car cleaner.

Degree Education, Common school.

Profession, Religion, Danish lutheran.

Habits, Not intemperate.

Nativity, Denmark. (Parents also born there)

Became resident of State 18 or Co. 17 yrs ago.

Physicians Committing, Louis A. Nelson & J. C. Winkle.

Correspondents,

No. of Year, 18

Insane Relatives, None.

Cause Exciting, monomania &c

Cause Predisposing, –

Form, Acute Mania

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, About 6 weeks ago

Duration, 6 wks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 41 yrs

Time of Leaving, Aug 5. 1900.

Time in Hospital, 11 m. 8 d.

Result, Disc. Nov. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Aug 29. 99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Not good.

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, Fair

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, Present

HALLUCINATIONS, do.

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. cause unknown.

Paternal Relatives, No history of insanity

Mother, Dead – Cancer.

Maternal Relatives, No history of insanity.

2 Brothers and 3 Sisters, 3 children – healthy.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), No previous sickness –

HABITS, Drinking and Smoking, Some.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Car cleaner

Detail Date, Duration, and Character of Previous Attack, if any, None

Sleep, good Appetite, do and Bowels, do.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 155½ # USUAL WEIGHT, NUTRITION, fairly well-nourished

WOUNDS, Abnormalities and condition of Skin, Varicose veins on left leg. Skin in sluggish condition

TONGUE, Coatings or Promptness of Movement, Coated & large.

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

SIGHT, Good

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

HEARING, good

COORDINATION, Arms, some impairment Legs, some impairment Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

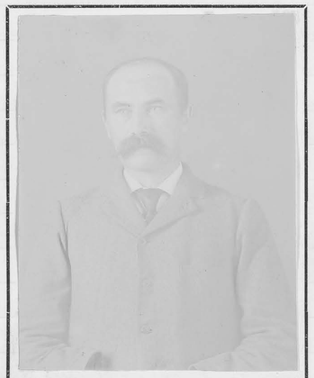
SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, weak Size, size somewhat enlarged.

Apex Beat, Regularity, Apex beat under sixth rib. Regular

ARTERIES, Full.

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, poor

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 presents usual peculiarities of acute mania: Has delusions of persecution and is very much agitated. Physically he is fairly well nourished & in good condition.

Personal and Medical History of Ross Johnson

1899

This patient was brought here by Sheriff's deputy H. Hanson, in fair physical condition with the following history:- No consanguinity; heredity nor intemperance in patient nor parents. First symptoms of insanity manifested six weeks ago by delusions of persecution: Disease appears stationary: Variable with rational intervals: Derangement now manifested by claiming that people are talking about him; threatens to publish in papers his actions: says he is accused of indecent exposure of his person: Not disposed to injure anyone No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: Has been under a physician's care for six weeks with no improvement of condition. On personal examination patient found to be a monomaniac on subject of prosecution for indecent exposure of person.

8/28/99 On admission put upon B3E (G.H.N. Rpt. Complexion light: eyes blue: hair brown bald. Eyes blue: Skin in good condition: One scar above left knee + one over right eye: One tooth out left lower jaw: 2 snags on right lower jaw: 4 snags right upper jaw: 2 teeth out left lower jaw: Behavior good) ——

Aug 28 Received on ward: patient quiet: rather peculiar in behavior: deluded: Sep 7. "Imagines his wife is
Sep 7 in the House". Frequently tries to get away, while out. Oct 31. Expressed himself thus; neigh-
Oct 31 bors' boys would come around the house, at night, and, by some means, which I cannot understand, were able to know exactly what was going on in the house, + I could hear them talking about it": "has had cold-sweats, which also were due to their influence".

Nov 30 1900 Works on ward: is some brighter: does not realize his condition. Is confused "by spells" —
Feby 28 Somewhat brighter, but otherwise no special change. May 1. Still talks about his delusions.
Jul 6/31 Wt 182# P72. July 31. Condition as last generally described; on the whole, however, seems improved
Aug 1 Is well-behaved: talks readily + rationally: habits neat + clean: good physical condition
4 Taken home by wife. ——

Discharged

Personal and Medical History of

Personal and Medical History of John Kelly.

Whole No. 5389.

Residence, 288 Richmond St., St. Paul, Minn.

Date Admission, August 29th 1899.

Admitted by E.J. Wanous M.D. hour, 7 P.M.

How Sent, E.W. Bazille Sheriff Ramsey Co.

Sex, male Age, 21 yrs.

Civil Condition, single.

Children, — —

Age Youngest Child, — —

Occupation, Laborer.

Degree Education, Somewhat deficient.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Minn. (Father Ireland.

Residence of C. 19 yrs.

Physicians Committing, C. J. Downey & E.A. Brockardt.

Correspondents, Mr. Lw. Kelly 288 Richmond St. St. Paul. (Father)

No. of Year, 19.

Insane Relatives, None.

Cause Exciting, Dementia (?)

Cause Predisposing, —

Form, Syphilitic Dementia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, not.

Date of this Attack, 18 mos. ago.

Duration, 18 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 19 yrs.

Time of Leaving, July 12. 1900

Time in Hospital, 10 mo. 13 d.

Result, Dism. Nov. 7. 1900. Improved

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, do. 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,
Indifferent.

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, Living. well.

Paternal Relatives, none

Mother, Died Consumption.

Maternal Relatives, No history of insanity,

Brothers and Sisters, health good.

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

HABITS, Drinking and Smoking, Drinks excessively; smokes some.

HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.

OCCUPATION, Healthy or not, Farming

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

Sleep, Fair Appetite, Fair and Bowels, regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ PRESENT WEIGHT, 148# USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Enlargement at right sterno clavicular articulation.
Eruption over body.

TONGUE, Coatings or Promptness of Movement, Clear.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal- large -

SIGHT, Good -

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

HEARING, Good -

COORDINATION, Arms, R Legs, On one foot - unsteady Grasp, Eyes shut quite steady.

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

PATELLAR REFLEX, Absent. Other Reflexes,

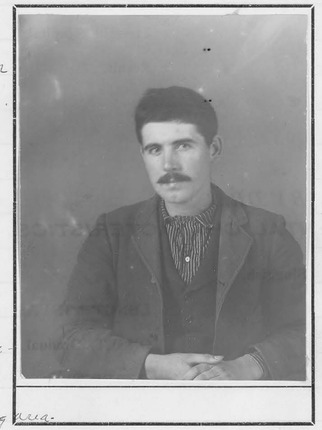
ARTICULATION, Slurred, Hesitating, Slow, Slurred & slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Normal

Apex Beat, Normal Regularity, Irritable.



ARTERIES,
Compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Sym. Bulging right side -
Expansion Fair -
Considerable resonance over bulging area.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fair -

BOWELS, Present Condition, irregular

Give condensed statement of 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 marked signs of depression & melancholia - condition caused probably by specific trouble, of which he gives a history. Physically he is fairly well nourished & in good condition.

Personal and Medical History of John Kelly.

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 patients: First symptoms of insanity manifested in Chicago about 18 mos. ago in Chicago, showed symptoms + was picked up: Disease appears increasing: Not variable. Now sits quiet: does not talk on any subject, thinks he has been drugged. 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 brooding, has insomnia, loss of appetite, has delusions: On admission put upon B³ E. (G. H. U. Rpt. Complexion dark: hair black: eyes brown: Vaccination scar on left arm: slight bruise along spinal column about six inches long: Small scar on left knee: looks like a birthmark: Is clean: Teeth one missing from upper jaw: Behavior good: T. 99. P. 64. R. 16.) ——

Aug 29 Received on Ward: Is melancholy; answers questions quite rationally. Oct 3. Patient tries to get away from Crowd. Oct 30. Is becoming somewhat brighter. Jany 30/1900 Wt 181#. P 80.

Oct 3/30 1900

Jany 30 Seems brighter; works on ward + takes part in amusements. Mar 31. Continues to make some improvement. Is quiet + well-behaved. July 6. Patient continues quiet + well-behaved: sociable + improved, generally. July 12. Sent home.

Mar 31

July 6/12

Discharged

Personal and Medical History of

Personal and Medical History of William Lipke

Whole No. 5390
Residence, Faribault, Minn.
Date Admission, August 30 1899.
Admitted by Dr E. Z. Wanous. hour, 11 am.
How Sent, James Hunter J of P. Rice Co.
Sex, male Age, 81
Civil Condition, married.
Children, four -
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Temperate - uses tobacco.
Nativity, Germany (Parents also born there.)
Physicians Committing, W. H. Bobelliard & M. L. Mayland
Correspondents, Herman Haupt. Gen. Del. Faribault, Minn.

No. of Year, 20
Insane Relatives, Sister.
Cause Exciting, Old age with possible history of apoplectic attack
Cause Predisposing, Previous attack
Form, Senile Dementia
Accompanying Bodily Disorder, —
Suicidal or not, Not.
Date of this Attack, February 1899.
Duration, 6 months.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 74 yrs.
Time of Leaving, Jan. 1. 1900
Time in Hospital, 4 m. 1 d.
Result, Died. Senility. Oedema of lung

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Sept 1 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused.
MEMORY, Past Events, Does not remember.
Recent Events, do Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive. nothing obtainable.
REASONING POWER, Ordinary Subjects, Do.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Do.
DELUSIONS, Systematized, Transitory, Special Subjects, Do.
HALLUCINATIONS, Do.
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 obtainable.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Do
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 PRESENT WEIGHT, 135# USUAL WEIGHT, NUTRITION, Poor -
WOUNDS, Abnormalities and condition of Skin, Old discoloration of clavicle at sternum.
TONGUE, Coatings or Promptness of Movement, Slightly coated
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Very poor.
COORDINATION, Arms, not obtainable Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Exaggerated of hands - present - of tongue.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
S. Sounds weak.
ARTERIES,
Sclerotic.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest flattened
Expansion poor
S. sounds exaggerated
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, not obtainable -

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).

Very little information obtainable from patient as he will not answer coherently: He is very restless & runs about a great deal. Condition due to old age. Physically is not in good condition.

Personal and Medical History of William Lipke.

1899

This patient was brought here by Sheriff HB Thompson attended by Herman Haupt, in fair physical condition, with the following history:- No information concerning consanguinity; Sister insane: First attack of insanity seven years ago, lasted two months: First symptoms of present attack in Feb. 99. became dizzy and unable to walk: Disease appears increasing; is variable with regular rational intervals: Picks up things and throws them around: Talks about Germany and religion: At times seems disposed to harm people: Is not very particular in habits & wears clothing: No severe diseases nor injuries to head sustained. Has never been in confinement nor restraint but at times wants to walk away. No treatment pursued: On personal examination is very talkative, mind wanders. On admission put upon B3 E. (Gen Ept. Complexion light: hair gray, slightly bald: eyes blue: skin in good condition: small scar on back & one on left shoulder. Is clean: Behavior restless)

Aug 30 Received on B3. Is very stubborn, feeble & unsteady on feet. Sept 2. Does not seem to improve in any respect. Sept 14. Patient growing weaker & more confused. Sept 16. Received cut over left eye, by falling against chair, being pushed by patient Kelly. Sept 19. Transferred to IW. =
Sept 1/14/16 " 19 " 20 Is out of bed frequently & very restless; must be retained in protective sheet. —
Oct 1/31 Wt 119#. Oct 31. No change noted, physically or mentally. Nov. Wt 117#. Is very restless:
Nov 1 throws off bed-clothing: patient very filthy in habits. Dec 27. Visited by relatives -
Dec 7/25/99 Patient fell: struck left eye, cutting small gash; some discoloration. Dec 29. Patient is
1900 Jany 1 dull and stupid: is fed by nurses. Jany 1/1900. Patient failing rapidly. Died at 145 am.

Died

Personal and Medical History of

Personal and Medical History of John Oelschlager.

Whole No. 5391

Residence, Winona Co., Minn.

Date Admission, August 30 1899.

Admitted by E. J. Wanous hour, 4 P.M.

How Sent, H.L. Buck Supt. Winona Co.

Sex, male Age, 51 yrs.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Laborer

Degree Education, Common school.

Profession, Religion, Protestant.

Habits, Was used liquor some.

Nativity, Germany (Parents also born there)

Physicians Committing, Paul B. Blair & H.G. McGaughey

Correspondents, Brother Peter Oelschlager - address not known.

No. of Year, 21

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, –

Form, Hypochondriasis, Mania acute

Accompanying Bodily Disorder, none mentioned

Suicidal or not, not.

Date of this Attack, January 1899.

Duration, 7 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 51 yrs.

Time of Leaving, 11th December 1901.

Time in Hospital, 2 yrs 3 mos 11 days

Result, Transferred to Hastings Asylum

H.G. McG.

EXAMINATION ON ADMISSION BY DR. Wanous. Date of Sept 1 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair.

Recent Events, Fair. 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,
Somewhat 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,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Chronic alcoholic

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Common laborer.

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

Sleep, Poor Appetite, Fair and Bowels, Regular.

Personal and Medical History of John Oelschlager.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ PRESENT WEIGHT, 147# USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Left eye gone: Scars on left elbow & wrist. Scrofulous scars on face & right arm. Condition of skin very sluggish.

TONGUE, Coatings or Promptness of Movement, Slightly coated.

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

SIGHT, Not good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Enucleation of left eye 13 yrs. ago.

HEARING, Affected.

COORDINATION, Arms, fair. Fingers & more trifling movements. Legs, impaired – Occasionally unsteady. Grasp, – Eyes shut. Romberg sways.

TREMORS, Hands, Tongue, Facial Muscles, General, Very marked of hands – of tongue – of facial muscles.

PATELLAR REFLEX, Only slightly marked. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, quite clear Size, N.

Apex Beat, N Regularity, Irritable

ARTERIES,
Full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest depressed on right side.
Expansion poor.
B. sounds normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, Sp. g. 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 dull & somewhat confused. He shows several scars due to scrofula. When a child lost one eye lately and shows signs of degeneration. Shows only a small amount of intelligence. Physically is emaciated, sluggish & not at all well. Mental condition is probably due to hereditary causes.

Personal and Medical History of John Ochschlager.

1899

This patient was brought here by sheriff Chas. Fuhrmann in fair physical condition, with the following history:- No history of consanguinity nor heredity: has used liquor some: First symptoms of insanity manifested in January 1899 - had delusions of persecution: threatened others & carried a knife: Disease appears increasing: is variable: Derangement now manifested by thinking fellow inmates in poor house are crazy & trying to injure him & persecute him: Habits are filthy: No previous peculiarities known: No serious disease but lost his eye 13 yrs. ago. No confinement nor restraint employed: Treatment pursued not beneficial. On personal examination is excited, talkative, incoherent. Wasps. On admission put upon B3 E (Ward Pat. Complexion dark: hair black: eyes brown: skin in good condition: Vaccination mark on right arm. Great toe crooked. Left arm badly scarred about elbow and wrist: scar on back 1½ in. long. Deep scar just above left ankle. Face badly scarred: is dirty: 13 teeth in upper jaw & 12 in lower: behavior good. 8/30/99

Aug 30. Received on board B3. Right eye enucleated: "imagines, if a certain spot on head is touched, he will lose the other eye": refuses to have head examined: Speaks in a loud whisper; afraid of being heard. Sep 10. No special change noted. Sep 30. Melancholic, by intervals; not as delusional. Oct 3. Wt 165#. P qo. Dec 10. Patient, lately, has "hysterical spells": cries & groans as if in agony. Thinks patients are talking about him & wronging him. Dec 29. Very much distressed & fearful. Transferred to TW. Dec 31. Has been benefitted by change. Patient complains of severe pain in abdomen. Feb 6/1900. Wt 167#. P 82. May 31. No change specially noticeable. July 9. Right hand and fore-arm swollen from sprain caused by falling. Transferred to Annex. July 29. Vaccinated, unsuccessfully. Aug 1. Weight 166½ lbs. Transferred to Dr. Sep 11. Has been in bed, several days, complaining of lame back (apparently lumbago). Is up today. Jany 31/1901. No apparent change: mentally, very deluded, depressed & hysterical. Thinks that people are trying to kill him, & abuse him in various ways. Is very stubborn and becomes very much excited if talked to. Physical condition fair. Wt 160½ lbs. Mar 31. Patient very delusional & hysterical: "thinks somebody is after him" - becomes very much excited, at times: at others, very stupid & will not speak: habits slouchy. Apl 15. Mental condition somewhat improved: asked to go out to work. Apl 25. Went to work in Stone-quarry. July 2. Wt 161#. July 31. No change to note: Continues to work quite tidy in habits. Aug 1. Wt 163#. Oct 3. Has been out, working regularly, but quit today. Nov 1. Wt 163#. Dec 1. Tooth extracted. Dec 11. No change: very nervous & hysterical, but otherwise, well-behaved. Today, transferred to Hastings State asylum.

Personal and Medical History of

Personal and Medical History of Michael Flaherty.

Whole No. 5397
Residence, St. Paul, Minn.
Date Admission, August 30th 1899.
Admitted by Dr. E. J. Ivanovo hour, 7 P.M.
How Sent, Ex. Ward Bazelle 3. ofc. Ramsey Co.
Sex, male Age, 60+
Civil Condition, married
Children, five
Age Youngest Child, —
Occupation, Laborer.
Degree Education, None
Profession, Religion, Catholic.
Habits, not intemperate.
Nativity, Ireland. (Parents also born there)
Physicians Committing, Asst. Dr. Leavitt & Ward Kelly.
Correspondents, John Flaherty No 7 Mt Airy st St Paul.

No. of Year, 22
Insane Relatives, None.
Cause Exciting, Old Age
Cause Predisposing, —
Form, Senile Dementia
Accompanying Bodily Disorder, Hemiplegia-Rt.
Suicidal or not, Not.
Date of this Attack, ?
Duration, ?
No. of Attack, First.
No. of Admission, First.
Age First Attack, ?
Time of Leaving, Mar. 7. 1900
Time in Hospital, 6 m. 7 d.
Result, Died. Senile dementia.

EXAMINATION ON ADMISSION BY DR. Ivanovo *Date of* Sept 1 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused
MEMORY, Past Events, Not good
Recent Events, do Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull.
REASONING POWER, Ordinary Subjects, poor
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
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, 2 or 3 weeks.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, No history of
Paternal Relatives, insanity
Mother, Obtainable.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, Some
HEADACHES, VERTIGO, OR CONVULSIONS, Chronic headache
OCCUPATION, Healthy or not, Laborer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, poor, irregular Troubled with insomnia

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ PRESENT WEIGHT, 118½ lbs USUAL WEIGHT, NUTRITION, Fairly well-nourished
WOUNDS, Abnormalities and condition of Skin, Contraction of cords of right fingers, also of right leg. 3rd finger left hand stiff.
TONGUE, Coatings or Promptness of Movement, Anaemic.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal size.
SIGHT, Somewhat impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Fair
COORDINATION, Arms, Impaired Legs, Impaired Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of Hands.
PATELLAR REFLEX, Exaggerated on right - not so much on left Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, rather weak Size, N
Apex Beat, N Regularity, Somewhat irregular
ARTERIES,
Hard.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest flattened
Expansion poor
B. sounds normal

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Not good
BOWELS, Present Condition, Irregular

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 restless & talks a great deal. Goes into rooms & strips beds. Has some delusions. Condition due to senility. Physically he is poorly nourished, arteries sclerotic & in generally poor condition.

Personal and Medical History of Michael Flaherty.

1899.

This patient was brought here by Sheriff's deputy H. Hanson - with the following history: No information concerning consanguinity nor heredity: No history of intemperance in patient nor his parents: Disease appears increasing; is not variable: Derangement now manifested by wandering away from home & when kept in confinement in house tries to escape: Not disposed to injure anyone: No filthy nor destructive habits: No knowledge of previous peculiarities: Has had an attack of hemiplegia: No confinement nor restraint employed: No treatment pursued: No further particu-
8/30/99 lars noted on personal examination: On admission put upon Infirmary (G.H.N. Rpt Complexion light: hair & eyes gray: Skin in fair condition: Right arm & left leg stiff: 3rd finger on left hand stiff: left wrist enlarged & crooked: several scars on lower limbs: Bruise on right knee: is dirty: No teeth: Behavior good)

Aug 30 Received on T.W. Put to bed: bruise on right knee & swollen ankle: contracture of right hand, and arm: left hand stiff. Patient is restless; frequently gets out of bed: cannot stand; condition
Oct 5 due to senility. Oct 5. Patient fell out of bed; struck elbow & cut gash 1½ in. long; sutured
Nov 1/15 by physician. Nov 1. Wt 112#. Patient very feeble. Nov 15. Had sudden rise of temperature,
Dec 31 1900 to 101° - put on light diet. Dec 31. Fell out of bed, causing laceration on forehead. Jany 19/1900.
Jan 19 Has several small bed-sores on back. Feb 22. Refused nourishment; appears to be failing -
Mar 1/2 Patient continues to fail. March 2. Failed rapidly & died today.

— Died —

Personal and Medical History of

Personal and Medical History of A. P. Reed or John Doe #6.

Whole No. 5393	No. of Year, 23
Residence, unknown	Insane Relatives, unknown
Date Admission, August 30th 1899.	Cause Exciting, ✓
Admitted by Dr E. Z. Wanous. hour, 7 P.M.	Cause Predisposing, ✓
How Sent, Frank T. Wilson P. of P. Wash. Co.	Form, Syphilitic Insanity
Sex, male Age, ? Between 50-55	Accompanying Bodily Disorder, ✓
Civil Condition, unknown.	Suicidal or not, ✓
Children, "	Date of this Attack, ✓
Age Youngest Child, "	Duration, ✓
Occupation, "	No. of Attack, ✓
Degree Education, "	No. of Admission, 1 here
Profession, Religion, "	Age First Attack, unknown
Habits, "	Time of Leaving, Sept. 14. 1899.
Nativity, "	Time in Hospital, ~~2 mo.~~ 15 d.
Residence Physicians Committing, F. G. Landeen & G. E. Clark.	Result, Discharged Nov. 1. 1899 Improved.
Correspondents,	Taken back to Wisconsin - OK fm

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Sept 2 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, not good.
Recent Events, Special Subjects,

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

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Nothing obtainable.

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),
Syphilis

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Common laborer.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5½ PRESENT WEIGHT, 138# USUAL WEIGHT, NUTRITION, Well nourished

WOUNDS, Abnormalities and condition of Skin, Eruption on body

TONGUE, Coatings or Promptness of Movement, Slight deviation. responds slowly.

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

SIGHT, Good.

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

HEARING, Good.

COORDINATION, Arms, Legs, Very unsteady. ~~Grasp,~~ Oh one foot very unsteady. Eyes shut-Sways

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Mitral present Murmurs, Strength, First prolonged Sounds, Size,
Apex Beat, Regularity,
Size slightly enlarged. Apex beat near apex line. Irregular

ARTERIES,
Easily compressible

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, 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 stupid: cannot answer questions put him & has many signs of dementia. Gives a history of specific trouble which has caused his present condition physically he has some heart changes, not marked however. Sluggish & only fairly well nourished.

Personal and Medical History of S. P. Reed. on John Doe #6.

1899

This patient was brought here by Sheriff's deputy John Lund, in fair physical condition, with the following history:- No information of any kind concerning patient in papers beyond fact that he shows a general lack of intelligence, and wanders about exposed to want of food and shelter. No further facts noted on personal examination.

8/30/99 On admission put upon B3E (G.H.N. Rpt Complexion light: hair light brown: eyes blue: Skin in fair condition: Two vaccination marks on left arm: Is dirty: One tooth out left lower jaw: 2 from upper jaw: Behavior good.)

Aug 30 Received on ward (7 30 P.M.): Answers questions fairly intelligently: Seems quite demented: Sep 3 Is on

Sep 13 mercurial ointment treatment. Sept 13. Patient seems to have made slight improvement - Has been resting fairly well at night, sleeping - 6 to 7 hours: occasionally restless & out of bed: Habits fairly clean & neat. Is quiet.

Sept 14 Patient taken back to Wisconsin -

Discharged

Personal and Medical History of

Personal and Medical History of Ole Hanson Father

Whole No. 5394
Residence, Rice Co. Minn
Date Admission, September 11 1899.
Admitted by Dr. R. A. Bebb hour, 4 P.M.
How Sent, James Hunter J. of P. Rice Co.
Sex, male Age, 70 yrs.
Civil Condition, married -
Children, eight.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school
Profession, Religion, Lutheran.
Habits, not intemperate.
Nativity, Norway.
Physicians Committing, J. S. Seeley + F. M. Rose.
Correspondents, Mr. N. P. Hanson (son) Box 224 Faribault. Minn.

No. of Year, 14
Insane Relatives, brother, daughters, niece.
Cause Exciting,
Cause Predisposing, heredity + previous attacks.
Form, Chronic Mania
Accompanying Bodily Disorder, —
Suicidal or not, yes - cut his throat.
Date of this Attack, one month ago.
Duration, one month.
No. of Attack, fourth -
No. of Admission,
Age First Attack, 64 yrs.
Time of Leaving, Feb. 9. 1900
Time in Hospital, 4 m. 29 d.
Result, Died Enteritis

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Sept - 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Quick.
MEMORY, Past Events, Not good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects, Has attempted suicide.
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, 1 mo. ago
ONSET, Gradual or Sudden, ~~gra~~ Sudden -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption). Has been a hard drinker -
Father,
Paternal Relatives,
Mother,
Maternal Relatives, Niece insane -
Brothers and Sisters, Brother insane
Daughters insane -
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Sunstroke (?)
HABITS, Drinking and Smoking, To excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any, Attacks in '93, '94 + '95 -
Sleep, Appetite, and Bowels, Not regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8½ PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Not good.
WOUNDS, Abnormalities and condition of Skin, double hernia - scars on right knee. Skin fairly well nourished -
TONGUE, Coatings or Promptness of Movement, No coating. responds promptly.
PUPILS, Equality, Size, Response to Light, and Accommodation, normal. responses fair.
SIGHT, Not good -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, normal - Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred + hesitating -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, weak Size, n.
Apex Beat, Regularity,
ARTERIES, Sclerotic
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
C. Sym. emaciated + depressed.
Expans. limited
B. sounds short.
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, Insomnia.
BOWELS, Present Condition, Irregular.

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 here before. He is extremely agitated, talks all the while + is very troublesome. Has been a hard drinker + his condition is is one of alcoholic dementia. Physically he is only fairly well nourished + not very strong. Has a weak heart + sclerotic condition of arteries.

Personal and Medical History of Ole Hanson Sather.

1899

This patient was brought here by Sheriff's deputy J. B. Thompson attended by Mr Hans Ulvens, in feeble physical condition, with the following history:- No history of consanguinity: Brother, daughter & niece insane: First attack of insanity occurred in 1893. Patient has been here three times before: from June 23/93 to July 27/93 See Vol. 23 Fol. 397 No. 3389. From Oct. 11/94 to Dec 10/94 See Vol. 29 Fol. 61 No. 3868 and from 10/4/95 to Sept. 15/96 See Vol. 31 Fol. 257 No. 4218.
First symptoms of present attack manifested about one month ago: Disease appears increasing: Is variable but with no rational intervals: Derangement now manifested by refusal to eat, wanders is sullen, & full of hallucinations: Is disposed to harm others: Tried to cut throat: Is not very neat in habits: before accession of disease was passionate, avaricious & odd: Claims to have received sunstroke: Has received no treatment since leaving hospital: On personal examination it was found that he had not been in condition to run at large since his first commitment On admission put upon B³ E (G.H.N. Rpt. Complexion light: hair & eyes gray: Skin in good condition: Right thigh calomed: 3 moles on right breast: Right ear split: scar ~~on~~ reaching almost from ear to ear. 2 scars on lower part of back: One on right hip & 2 on r. leg. Is clean: 3 teeth out upper jaw: 5 out lower jaw: Behavior noisy.)

Sept 11 - 25 '99. Summary 14 da record. Patient very noisy, troublesome & destructive most of time: Irrational & incoherent & deluded in manner: & extremely restless day & night. Habits very filthy: Appetite good. Sept 16. Visited by relatives: has ulcer on leg. Trans. to Infirmary & put in protection sheet. Sept 29. Trans to B³. No change in mental condition

Oct 3/22 Wt. 131# Pulse 72. Oct. 22. Struck by another patient causing cut on

Nov 18/30 nose & cheek. Nov. 18 Visited by friends Nov. 30 No change or improvement. Is constantly restless, filthy & destructive: rest very much

Dec 2/29 broken. Dec. 2 Wt. 128# Pulse 82. Dec. 29 Has diarrhoea: On medicine

31 q.h.s. Dec. 31 Transferred to Infirmary Temp. 100⁶ Pulse 96. Continued in about same condition with periods of severe diarrhoea for which

1900 he received treatment & was kept in bed. Is restless, noisy &

Jan 6/31 destructive. Jan 6. Visited by daughter Jan. 31 No improvement mentally: Has been very restless & destructive & in restraint at intervals. Physical condition failing: has almost constant diarrhoea.

Feb 3 Treatment not effectual. Feb 3. Visited by niece: patient has diarrhoea which does not yield to any form of treatment & he is gradually failing: very emaciated: is very

9 restless and destructive: incoherent: appetite quite good: Feb 9. Constipated and complains of abdominal pain. Is failing rapidly.

Died at 9³⁵ P.M.

Personal and Medical History of

Personal and Medical History of Carl Anderson

Whole No. 5397
Residence, Houston Village, Minn.
Date Admission, September 13 1899
Admitted by Dr. O.G. Hyerdale hour, 3 P.M.
How Sent, L. Budahl J. of P. Houston Co.
Sex, male Age, 69.
Civil Condition, Widowed.
Children, None.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Can read a little.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Sweden. (Parents born in Sweden)
Physicians Committing, Dr. Thune + Robt. G. Ferguson.
Warrant of State to remain $275
Correspondents,

No. of Year, 27
Insane Relatives, Four daughters insane.
Cause Exciting, Unknown
Cause Predisposing,
Form, Senile Dementia
Accompanying Bodily Disorder, Injury to back from fall.
Suicidal or not, Not.
Date of this Attack, 2 years ago.
Duration, 2 yrs.
No. of Attack, Several.
No. of Admission, 1st
Age First Attack, About 65 years
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Mavous *Date of* Sept 16 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Dull.
MEMORY, Past Events, Poor.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

HALLUCINATIONS, absent.
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.

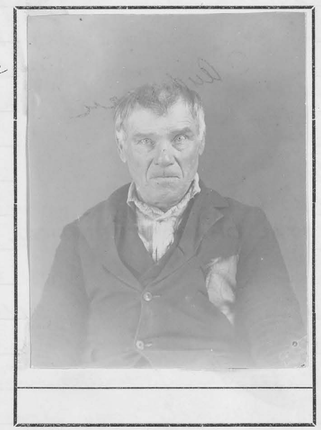
HISTORICAL.

LENGTH INVASION, 2 yrs.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Nothing of favorable.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
4 daughters. insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Complains of pain in back due to a fall while climbing a ladder.
HABITS, Drinking and Smoking, Drinks.
HEADACHES, VERTIGO, OR CONVULSIONS, absent.
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any, Has had several attacks the past 2 yrs. at irregular intervals
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 in PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Complains of backache. Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated. slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Normal. equal.
SIGHT, fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, fair.
COORDINATION, Arms, normal. Legs, impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Slight of hands + tongue.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred. slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Apex Beat, Regularity, not strong / nor / C.



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

ARTERIES, Sclerotic.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Not very full. Expansion poor. B. sounds exaggerated
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, fair
BOWELS, Present Condition, Regular

Give condensed statement of 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 fear of persecution + has at times manifested very alarming symptoms. Physically he is fairly well nourished + in good condition. Complains of pain in back due to recent injury. Teeth all bad.

Personal and Medical History of Carl Anderson

1899

This patient was brought here by Sheriffs deputy M. H. Forsyth attended by Uels Nelson in fair physical condition, with the following history: Nothing known concerning consanguinity nor heredity, but has four insane daughters: Has had frequent attacks of insanity during past three years first symptoms manifested by fears & evil forebodings: Disease appears stationary, is variable: Derangement now manifested by fear that someone is after him: Is disposed to injure others: No filthy nor destructive habits: Was peculiar before accession of disease, so much so that wife left him because she was afraid of him: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination is in fairly good physical condition except for injury to back, caused by fall. On admission put upon B3 E/GHN. Rpt. Complexion light: hair & eyes gray: Skin in good condition: Small scar on nose: 2 on left leg: Bruise on right little finger: Is dirty: Deformity of waist, apparently from wearing belt: Four teeth & seven snags in upper jaw: One tooth & three snags in lower jaw: Behavior good.

Sep 13 Patient received on B3. Speaks little English; has lame back; when he stoops, has trouble to
" 17/20 straighten up. T 99. P 76. Sep 17. Is quiet & well-behaved Sep 20. Memory of recent
" 26 events seems poor. Sep 26. Continues well-behaved; speaks with those who understand
Oct 3 him. Does no work. Oct 3. Wt 145#. P 80. Nov 30. Attempted to hide and leave crowd. —
1900 Jan 2/31 Wt 154#. P 92. Jan 31. Perhaps hallucinatory & delusional; will hide under beds and refuse
Feb 5 to come out: "Seems afraid some one is after him". Feb 5. Does light work. Mar 3. At-
Mar 3 tempted Elopement. June 6. Jumped through window in hallway, while going to
July 9 dinner. Transferred to B1. July 9. Extremely noisy at night. "Thinks he is to be burned
" 20 up." — July 20. Vaccinated successfully. — Aug 1. 146# — Jany 31/1901. Very
1901 little change. Is quite confused, irrational & does nothing. "Thinks that people are
Jany 31 trying to kill him". Becomes excited: gets up frequently, at night. Is stubborn, and fights with nurses. Constantly asking to go home. Physically, is quite well. —
Feby 1 Wt 154# P 76. Apl 25. Eloped. June 21. Was Returned to B1. June 29. Attempted
June 29 to escape, by getting into a basement-window. July 29. Struck nurse with a
July 29 spittoon, when asked to go to bed. July 31. No change. Is restless, confused and
31 deluded. "Thinks people are after him": up, frequently, during the night. Asks to go
Sept 15 home. Health usually good. Frequently tries to escape. Sep 15. Transferred to TW —
Complained of pain in side: said that B. C. Allen struck him in ribs: (no apparent
23 injuries): Is much confused: Is constipated & given cathartics — Sep 23. Up, onward.
25 apparently, as well as usual. Sep 25. To B1. Nov 1. Wt 142# — Jany 31/02. No change,
1902 Jany 31 mentally. During day, is quiet, but attempts to elope, at every opportunity: at night, is confused, frequently crawling under beds, and, at times, attacking nurse: also destructive.

Personal and Medical History of

Feb. 1/02 Wt. 149#. Aug. 26 Eloped and was returned Sept. 1.

1913 Jan 31. Has had good health during year. Has been very restless — when outside requires constant watching — as he tries to run away. At night fears someone is after him, crawls under beds, and fights when attempts are made to get him out. These are quite regular occurences. Secrets stones and knives and other objects, with which he tries to injure nurses. Talks of his imaginery persecutors; asks to go home; talk is quite irrational.

Personal and Medical History of Russell C. Munger.

Whole No. 5399

Residence, St. Paul, Minn.

Date Admission, September 14' 1899.

Admitted by Dr. EZ. Warnow hour, 7 PM.

How Sent, E.W. Bazille & of P. Ramsey Co.

Sex, male Age, 67.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Music dealer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Uses a good deal of liquor but not to excess.

Nativity, Conn. (Parents also born there)

Became resident of State (or U.S.) in 1857

Physicians Committing, Ed. Wharton & B.F. Paxton

Correspondents,

No. of Year, 29

Insane Relatives, None.

Cause Exciting, Unknown. probably age

Cause Predisposing, Unknown.

Form, Senile Dementia

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, 64 yrs.

Time of Leaving, November 25th 1901

Time in Hospital, 2 Yrs 2 Mo 11 Ds

Result, Died: Senile Dementia

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* Sept. 16 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Not very good

Recent Events, Confused. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, Confused.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,

Absent.

HALLUCINATIONS, do

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, 3 years.

ONSET, Gradual or Sudden, Gradual.

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

Father, dead.

Paternal Relatives, No history of insanity.

Mother, dead.

Maternal Relatives, No insanity.

Brothers and Sisters, One brother living & well.

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

None

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Music dealer.

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

Sleep, Appetite, and Bowels, Good

Medical History of Russell C. Munger

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 175# USUAL WEIGHT, NUTRITION, Good.

and condition of Skin, Has slight hernia - skin in good condition.

promptness of Movement, None - prompt.

Response to Light, and Accommodation, Equal - size normal. - responses good.

t, Arcus Senilis, or other troubles,

normal Legs, normal - Grasp,

e, Facial Muscles, General, slight of hands & tongue.

Absent, Other Reflexes,

, Hesitating, Slow, normal.

Paretic, Sad, Etc.

h, Sounds, Size, R.

al.

y,

Expansion,

cal

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

Sugar,

ls,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 incoherent, talks irrationally & is much mixed. Memory failing & very neglectful in personal appearance. Trouble came on gradually & is probably senile dementia. Physically he is fairly well nourished; has a hernia.

SENT TO ROCHESTER.

Russell C. Munger Committed to the Insane Hospital.

Russell C. Munger was yesterday committed to the Rochester hospital for the insane. As set forth in the Pioneer Press yesterday, he was examined Wednesday in the probate court and was allowed to go, pending the arrival of his brother from Duluth, Roger S. Munger. Mr. Munger arrived yesterday and after investigating the matter decided taat it would be best to have his brother placed in the hospital where he will be given the best treatment. Mr. Munger is sixty-seven years old and came to St. Paul in 1857.

The physicians found symptoms of general progressive dementia, exhibited in failing memory, childishness and care-

Duluth, Minn., Special, Nov. 25.—Russell C. Munger, whose death is reported from Rochester, Minn., was once very wealthy, as a result of real estate holdings in West Duluth. This part of his fortune was swept away by the panic of 1893-97.

R. C. Munger.
Pioneer St. Paul music dealer, who died Monday. —Photo by Zimmerman.

PIONEER MUSIC DEALER.

Russell C. Munger, Many Years a Resident of St. Paul.

Russell C. Munger, who died Monday evening at the Rochester hospital, was a pioneer music dealer of St. Paul. Roger S. Munger, a brother, came down from Duluth yesterday to make arrangements for the funeral at 3 o'clock Friday from 312 Wabasha street.

Mr. Munger was born in Madison, Conn., in 1837. For a short time he lived in New Haven, Conn., and afterwards moved to Iowa City. He came to St. Paul in 1856, and started several musical organizations. Later he opened a music store on East Third street. He bought real estate in St. Paul and West Duluth. The shrinkage in the values of property hampered his business, and in 1897 he retired. He was prominent in Masonic circles. He was not married.

Personal and Medical History of Russell C. Munger.

Whole No. 5399

Residence, St. Paul, Minn.

Date Admission, September 14th 1899.

Admitted by Dr. E.J. Warnow hour, 7 P.M.

How Sent, E.W. Bazille & ofP. Ramsey Co.

Sex, male Age, 67.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Music dealer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Uses a good deal of liquor but not to excess.

Nativity, Conn. (Parents also born there) Became resident of State 1849 in 1857

Physicians Committing, E.W. Wharton & B.F. Paxton.

Correspondents,

No. of Year, 29

Insane Relatives, None.

Cause Exciting, Unknown. probably

Cause Predisposing, Unknown.

Form, Simple Dement

Accompanying Bodily Disorder, None me

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, 64-yrs.

Time of Leaving,

Time in Hospital, 2 Y

Result, Died: Ce

EXAMINATION ON ADMISSION BY DR. Warnow 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Not very good—

Recent Events, Confused. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, Confused.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,

Absent.

HALLUCINATIONS, do

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 INVASION

ONSET, Gradual or S

HEREDITY (Questi y, Epil-

epsy, Paralysi mption).

Father, d

Paternal Relativ ity.

Mother, dead-

Maternal Relatives, No insanity.

Brothers and Sisters, One brother living + well.

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

None

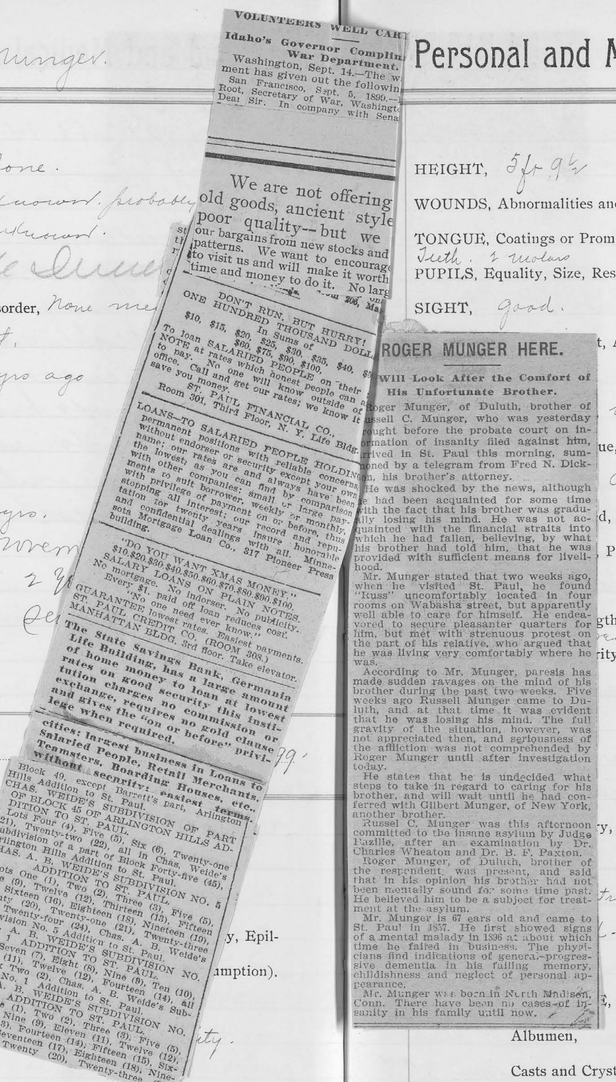
HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Music dealer.

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

Sleep, Appetite, and Bowels, good



VOLUNTEERS WELL CARE

Idaho's Governor Complim War Department.

Washington, Sept. 14.—The w ment has given out the followin San Francisco, Sept. 5, 1899.— Root, Secretary of War, Washingt Dear Sir. In company with Sena

We are not offering old goods, ancient style poor quality—but we our bargains from new stocks and patterns. We want to encourag to visit us and will make it worth time and money to do it. No larg

DON'T RUN, BUT HURRY! ONE HUNDRED THOUSAND DOLL In Sums of $10, $15, $20, $25, $30, $35, $40, $ To loan SALARIED PEOPLE HOLDIN NOTE at rates which PEOPLE can to pay. No one names—no one knows call and get our rates; we know it offices. You can save you money. get our rates; we know it save you money. ST. PAUL FINANCIAL CO., Room 301, Third Floor, N. Y. Life Bldg.

LOANS—TO SALARIED PEOPLE HOLDIN permanent positions with reliable concern without endorser or security. Loans made in your own name; one payment each month; the lowest rates are always have been and are as low as you can always have ours with other companies; small by comparison to suit convenience of payment—weekly or monthly; stopping place of borrower, small or large, par- ticulars and our record before this public. Pioneer Press Building. All interest; our record and reputation for twenty years insures all. Minne- sota Mortgage Loan Co., 317 Pioneer Press building.

"DO YOU WANT XMAS MONEY"— $10, $20, $30, $40, $50, $60, $70, $80, $90, $100. SALARY LOANS ON PLAIN NOTES. No mortgage. LOANS $80, $70, $60, $50, $40, $30, $20, $10. Every $1 paid on loan reduces cost. GUARANTEED one of lowest ever known. ST. PAUL CREDIT CO., 410 MANHATTAN BLDG., 3rd floor. Take elevator. (ROOM 308.)

The State Savings Bank, Germania Life Building, has a large amount of home money to loan at lowest rates on good security this insti- tution charges no commission or exchange, requires no gold clause or and gives the option on or before legs when required. privil-

cities; largest business in Louns to salaried people. Retail Merchants, Boarding Houses, etc., with short security; easiest terms.

Book 49 except Barrett's part; easier terms. Addition to St. Paul's part; CHAS. WEIDE'S SUBDIVISION OF PART OF BLOCK 45 OF ARLINGTON HILLS AD- DITION TO ST. PAUL, all in Chas. Wide's Subdivision of Lots Four (4), Five (5), Six (6), Twenty-one (21), Twenty-two (22), all in Chas. Wide's Arlington Hills Addition to St. Paul. CHAS. A. B. WEIDE'S SUBDIVISION NO. 5 OF ADDITION TO ST. PAUL. Lots One (1), Two (2), Three (3), Five (5), Nine (9), Twelve (12), Thirteen (13), Fifteen (15), Sixteen (16), Eighteen (18), Twenty (20), Twenty-one (21), Twenty-three (23), Twenty-four (24), all in Chas. A. B. Weide's Addition to St. Paul. CHAS. A. B. WEIDE'S SUBDIVISION NO. 4 OF ADDITION TO ST. PAUL. Lots Seven (7), Eight (8), Nine (9), Eleven (11), Twelve (12), Fourteen (14), all in Block Two (2), Chas. A. B. Weide's Subdivision No. 1 Addition to St. Paul. CHAS. A. B. WEIDE'S SUBDIVISION NO. 2 OF ADDITION TO ST. PAUL. Lots One (1), Two (2), Three (3), Five (5), Eight (8), Nine (9), Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), Fifteen (15), Six- teen (16), Seventeen (17), Eighteen (18), Nine- teen (19), Twenty (20), Twenty-three (23)

ROGER MUNGER HERE.

Will Look After the Comfort of His Unfortunate Brother.

Roger Munger, of Duluth, brother of Russell C. Munger, who was yesterday brought before the probate court on in- formation of insanity filed against him, arrived in St. Paul this morning, sum- moned by a telegram from Fred N. Dick- son, his brother's attorney.

He was shocked by the news, although he had been acquainted for some time with the fact that his brother was gradu- ally losing his mind. He was not ac- quainted with the financial straits into which he had fallen, believing, by what his brother had told him, that he was provided with sufficient means for livelihood.

Mr. Munger stated that two weeks ago, when he visited St. Paul, he found "Russ" uncomfortably located in four rooms on Wabasha street, but apparently well able to care for himself. He endea- vored to secure pleasanter quarters for him, but met with strenuous protest on the part of his relative, who argued that he was living very comfortably where he was.

According to Mr. Munger, paresis has made sudden ravages on the mind of his brother during the past two weeks. Five weeks ago Russell Munger came to Du- luth, and at that time it was evident that he was losing his mind. The full gravity of the situation, however, was not appreciated then, and seriousness of the affliction was not comprehended by Roger Munger until after investigation today.

He states that he is undecided what steps to take in regard to caring for his brother, and will wait until he had con- ferred with Gilbert Munger, of New York, another brother.

Russel C. Munger was this afternoon committed to the insane asylum by Judge Fazille, after an examination by Dr. Charles Wheaton and Dr. B. F. Paxton.

Roger Munger, of Duluth, brother of the respondent, was present, and said that in his opinion his brother had not been mentally sound for some time past. He believed him to be a subject for treat- ment at the asylum.

Mr. Munger is 67 ears old and came to St. Paul in 1857. He first showed signs of a mental malady in 1896 at about which time he failed in business. The physi- cians find indications of general progres- sive dementia in his failing memory, childishness and neglect of personal ap- pearance.

Mr. Munger was born in North Madison, Conn. There have been no cases of in- sanity in his family until now.

Personal and Medical History of Russell C. Munger

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ PRESENT WEIGHT, 175# USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Has slight hernia - skin in good condition.

TONGUE, Coatings or Promptness of Movement, None - prompt.

Teeth. 7 molars

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

SIGHT, good.

t, Arcus Senilis, or other troubles,

normal Legs, normal - Grasp,

ue, Facial Muscles, General, slight of hands + tongue.

Absent, Other Reflexes,

d, Hesitating, Slow, normal.

Paretic, Sad, Etc.

gth, Sounds, Size, ½.

eat.

rity,

y, Expansion,

tical

-

, 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 is incoherent; talks irrationally + is much mixed. Memory failing + very neglectful in personal appearance. Trouble came on gradually + is probably general dementia. Physically he is fairly well nourished; has a hernia.

Personal and Medical History of Russell C. Munger

Whole No. 5399

Residence, St. Paul, Minn.

Date Admission, September 14' 1899.

Admitted by Dr. E. Z. Wanous hour, 7 P.M.

How Sent, E. W. Bazille J. of P. Ramsey Co.

Sex, male Age, 67.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Music dealer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Uses a good deal of liquor but not to excess.

Nativity, Conn. (Parents also born there.)

Because resident of State & Co. in 1857

Physicians Committing, C. A. Wharton & B. F. Paxton.

Correspondents,

No. of Year, 29

Insane Relatives, None.

Cause Exciting, Unknown, probably

Cause Predisposing, Unknown.

Form, Simple Insane

Accompanying Bodily Disorder, None me

Suicidal or not, Not.

Date of this Attack, 3 yrs ago

Duration, 3 yrs.

No. of Attack, 1st

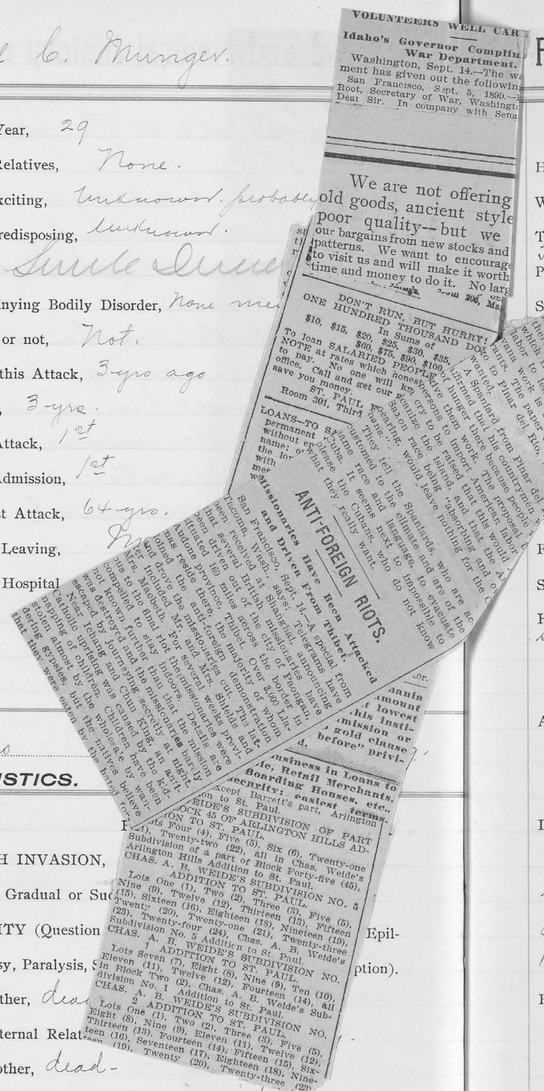
No. of Admission, 1st

Age First Attack, 64 yrs.

Time of Leaving, Mo

Time in Hospital

Result,


VOLUNTEERS WELL CAR
Idaho's Governor Complin
War Department.
Washington, Sept. 14.—The wa
ment has given out the followin
San Francisco, Sept. 5, 1899.—
Root, Secretary of War, Washingt
Dear Sir. In company with Sena

We are not offering
old goods, ancient style
poor quality—but we
our bargains from new stocks and
patterns. We want to encourage
to visit us and will make it worth
time and money to do it. No larg

DON'T RUN, BUT HURRY!
ONE HUNDRED THOUSAND DOLLARS
In Sums of
$10, $15, $20, $25, $30, $35,
$60, $75, $90, $100,
To loan SALARIED PEOPLE
NOTE at rates which honest
to pay. No one will
office. Call and get our
save you money.
ST. PAUL
Room 301, Third

LOANS—TO SALARIED
permanent
without
name;
the
with
mer

ANTI-FOREIGN RIOTS.
Missionaries Have Been Attacked
and Driven From Thibet.
San Francisco, Sept. 14.—A special from
Tacoma, Wash., says: Telegrams have
been received at Shanghai announcing
that several British missionaries have
been driven out of the city of Paongan,
Attacked 160 miles across the border in
Andone province, Thibet. Over 2,000 Lia-
ns reside there, the majority of whom
Mrs. Mabeth, For several weeks previ-
ous to the final riot the missionaries were
not known further than that the mission
was destroyed and the missionaries
escaped by journeying secretly at night.
Nearly Ichang and Chun King, an anti-
Catholic uprising was caused by the kid-
napping of children. Children have been
stolen almost by the wholesale by wan-
dering gypsies, but the natives believe
that they were eaten by the hatch

Cubans Man
sonal
Hawana, Sept.
editorially today
Cubans is absu
many parts of the
there is great want
which the Cubans are
labor to leave the coun
ants. The paper asks wh
to Pinar del Rio, where
wanted.
A Spaniard from Pinar del
Rio is commanded
to hunger there because people
have them work. The proposal
to import American labor
is raised that this would
scarce the island, and that the A
Saxon race being "absorbing and
Cuba" would leave nothing for the C
They fell the Spaniards, who are ac
tomed to the climate and are of the
same race and language, to evacuate
Cuba. It seems next to impossible to
please the Cubans, who do not know
what they really want.

Business in Loans to
Retail Merchants,
Boarding Houses, etc.
Security: easiest terms.
Except Barrett's part, Arlington
ion to St. Paul.
BLOCK 45 OF ARLINGTON HILLS AD-
DITION TO ST. PAUL.
Lots Four (4), Five (5), Six (6), Twenty-one
(21), Twenty-two (22), all in Chas. Weide's
Subdivision of a part of Block Forty-five (45),
Arlington Hills Addition to St. Paul.
CHAS. A. B. WEIDE'S SUBDIVISION NO. 5
ADDITION TO ST. PAUL.
Lots One (1), Two (2), Three (3), Five (5),
Nine (9), Twelve (12), Thirteen (13), Fifteen
(15), Sixteen (16), Eighteen (18), Nineteen (19),
Twenty (20), Twenty-one (21), Twenty-three
(23), Twenty-four (24), Chas. A. B. Weide's
Subdivision No. 5 Addition to St. Paul.
CHAS. A. B. WEIDE'S SUBDIVISION NO.
1 ADDITION TO ST. PAUL.
Lots Seven (7), Eight (8), Nine (9), Ten (10),
Eleven (11), Twelve (12), Fourteen (14), all
in Block Two (2), Chas. A. B. Weide's Sub-
division No. 1 Addition to St. Paul.
CHAS. A. B. WEIDE'S SUBDIVISION NO.
2 ADDITION TO ST. PAUL.
Lots One (1), Two (2), Three (3), Five (5),
Eight (8), Nine (9), Eleven (11), Twelve (12),
Thirteen (13), Fourteen (14), Fifteen (15), Six-
teen (16), Seventeen (17), Eighteen (18), Nine-
teen (19), Twenty (20), Twenty-three (23)

EXAMINATION ON ADMISSION BY DR. Wanous

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Not very good

Recent Events, Confused. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, Confused.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,

Absent.

HALLUCINATIONS, do

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 INVASION,

ONSET, Gradual or Suc

HEREDITY (Question Epil-

epsy, Paralysis, ption).

Father, dead

Paternal Relat

Mother, dead.

Maternal Relatives, No insanity.

Brothers and Sisters, One brother living & well.

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

None

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Music dealer.

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

Sleep, Appetite, and Bowels, good

Personal and Medical History of Russell C. Munger

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 175# USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Has slight hernia. Skin in good condition.

TONGUE, Coatings or Promptness of Movement, None. prompt.

Teeth. 2 molars

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

SIG ood.

nus, Squint, Arcus Senilis, or other troubles,

Good.

TION, Arms, normal Legs, normal. Grasp,

ORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.

TELLAR REFLEX, Absent. Other Reflexes,

RTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, None Murmurs, Strength, Sounds, Size, U. second sound very weak.

Apex Beat, Regularity,

Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical

Expansion good.

B. 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 incoherent; talks irrationally & is much mixed. Memory failing & very neglectful in personal appearance. Trouble came on gradually & is probably general dementia. Physically he is fairly well nourished; has a hernia.

Personal and Medical History of Russell C. Munger.

1899

This patient was brought here by Sheriff's deputy H Hanson, attended by John Powers, in good physical condition, with the following history:-
No history of consanguinity, heredity nor intemperance in parents- Patient since business failure in Fall of '96 has drank considerably but not to become at any time intoxicated - used no narcotics: First symptoms of insanity manifested in 1896, by incoherence in talk, inability to concentrate mind on business: Disease appears increasing: Not variable: Derangement now manifested by failing memory, childishness; neglect of personal appearance: Is not disposed to injure anyone: Is filthy in personal care + surroundings: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination presents symptoms of and appearance of general progressive dementia: On admission put upon B^3E (G.H.U. Rpt. Complexion light: hair gray: eyes blue: Skin in good condition: Two moles on left shoulder + several on right: Wart on breast: Scar on left knee: Slight scar on back: One tooth out left upper + two out right upper jaw: One out left lower jaw: Behavior stubborn + inclined to be ugly.)

Sep 14 Received on Ward (B^3). memory, on past events, fair; on recent, very poor: is careless in dress,
" 15 and personal appearance. Sep 15. Complains of feeling tired and wants to lie down: appears
" 16/17 nervous and worried. Sep 16. Confused; cant remember where he slept. Sep 17. Complains
" 27 of feeling bad, but gives no symptoms. Sep 27. Visited by friends + was transferred to IW,
" 28 and put to bed. Sep 28. Complains of eye-sight: unable to see. Oct 6. Visited by friends.
Oct 6 Eyes are under treatment. Nov 6. Is up on ward. Nov 25. Patient grows more demented.
Nov 25 Occasionally strikes other patients, without provocation. Feby 21/1900 Visited by friends.
1900 Feby 21 Condition shows no improvement. May 23. Transferred to B^2. July 24. Patient has
July 24 infected foot. Transferred to IW. Augt 4. Patient is up + around again. Aug 31. Sleeps a
Aug 31 great deal, during day. Is very untidy and filthy: very unsteady on feet. Transferred to A^4.
Sep 9 Received slight discoloration of eye by falling against bench. Oct 7. Visited by friend.
Nov 1 Wt 193# - Is badly demented: cannot find his bed or place at the table.
Dec 5 Has abrasion on right cheek: cause unknown: Jany 31/1901. No change noticed.
1901 Jany 31 Still very untidy + filthy. March 31. Is demented: does not appreciate surroundings.
May 14/25 Eye discolored: (Cause unknown): May 25. Transferred to IW. July 31. Patient is troubled
July 31 with incontinence of urine: Scrotal Dermatitis. Augt 1. Wt 181# - Nov 1. Speech is
Nov 1/24 sluggish: he is unsteady in walking: is rather filthy in habits + demented - Nov 24. Patient had been about a good deal, as usual, until today, when he had a "sinking spell" + was put to bed.
Temp: sub-normal. (During afternoon, as low as 96°) - Failed during day.
25 Died at 8^45 PM: (had been comatose, all the day).

Died

Personal and Medical History of

Personal and Medical History of John Coughlin (Val John Wright)

Whole No. 5400

Residence, St. Paul, Minn.

Date Admission, September 15th 1899.

Admitted by Ex. Warnock M.D. hour, 7 P.M.

How Sent, Exc. Bazille & Asst. Ramsey Co.

Sex, male Age, 35 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, very little.

Profession, Religion, Not a church member.

Habits, very intemperate.

Nativity, Minn. (Father Ireland - Mother U.S.) Became resident of State U.S. at birth.

Physicians Committing, Dr. Chas Wirth + Eugene Hubbell)

Correspondents, Mrs. Ellen Coughlin (mother) Billings, Mont. Capt M. J. O'Connor (Uncle) St. Paul

No. of Year, 30

Insane Relatives, Unknown

Cause Exciting, Unknown (drink?)

Cause Predisposing, Numerous previous attacks.

Form, Chronic Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, attempted Hanging

Date of this Attack, unknown

Duration, "

No. of Attack, many

No. of Admission, 5

Age First Attack, about 20

Time of Leaving, 13th May 1901

Time in Hospital, 1 Yr 7 mos 28 Ds

Result, Transferred to Hastings Asylum

P.E.P.

EXAMINATION ON ADMISSION BY DR. Warnock Date of 9/15/99

MENTAL CHARACTERISTICS.

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

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, died - old age -

Paternal Relatives,

Mother, living.

Maternal Relatives,

6 Brothers and 5 Sisters, All well.

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

Received injury 10 yrs ago causing scalp wound -

HABITS, Drinking and Smoking, Drank to excess -

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

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

2 yrs - Asylum -

Sleep, Appetite, and Bowels,

WILD MAN FROM BORNEO, HE SAYS

9/14/99

SHADOW FALLS HERMIT FIGHTS HIS RESCUERS.

With a Noose Made From His Undershirt He Tries to Hang Himself to a Tree on the Grounds of St. Thomas Seminary — He Fights Prof. Conway and the Students Who Cut Him Down—He Has Been Living in a Bark Hut at Shadow Falls—Examined as to His Sanity.

The "Wild Man From Borneo"—at least he said that he was the "Wild Man From Borneo"—was captured yesterday forenoon by Prof. Conway and six students of St. Thomas seminary, and he spent the rest of the day in a straight jacket in a padded cell of the county jail. The man, half naked, was trying to hang himself, with a noose improvised from his undershirt, to a tree in the grounds of St. Thomas seminary, and he probably would have succeeded but for the timely arrival of Prof. Conway, physical instructor of the seminary, who climbed the tree and cut him down. The man was then unconscious, but he regained his senses very shortly. Prof. Conway, who is a college foot ball player of no mean note, was trying to help the man walk to the seminary buildings when the stranger became violent. He fought viciously, and one after another of the students went to Prof. Conway's assistance until six of them managed to overpower the man and hold him on the ground. Meanwhile an emergency telephone call was sent to the Prior avenue police station and Lieut. Budy and four policemen came in a double-seated spring wagon. There was another desperate struggle before the man could be put in the wagon and then he was held in the bottom and taken to the county jail.

At the jail it required the services not only of the policemen, but of the two jail attendants to get the man into a straight jacket. He began to yell the moment that he saw it and asserted that he would not allow the deputies to put him in the "harness." After being thus trussed up so that he could not move hands or feet, and his case being considered urgent, Judge Bazille temporarily moved the probate court to the county jail and there the man was examined by the judge and Physicians Eugene Hubbell and Carl Wirth. The physicians were not certain whether the man was suffering from alcoholism or was insane, and decided to postpone the examination until 9:30 o'clock this forenoon.

During the examination the man talked to the doctors in English, German and Norwegian, and he said that he was born in Ireland. He gave the names of John Holzapfel, James L. Wickes, John Schulz, Krieger, Coughlin, McArthur and about a dozen others, besides insisting that he was the "Wild Man From Borneo" and asserting that he had just escaped from Barnum's circus.

He is a tall, strong, powerfully-built man about forty years of age. He had a week's growth of beard and a stubby, sandy-colored mustache and hair of the same color that looked as though it had been closely cropped not long ago. At St. Thomas' seminary it was learned that the man has been living in a bark hut in the rocks of the river bank near Shadow Falls. He had been there about two weeks and he has been a great bother to many householders by his begging for food and money and by strange actions, alarming to women and children. He has begged breakfast almost regularly during that time of students at the seminary, and he was fed again yesterday forenoon before he tried to hang himself.

Some of the students were watching the man from the windows of the seminary. They saw him climb a small oak tree and slide out on a limb about eight feet above the ground. He then took off his shirt and threw it on the ground, and, pulling off his undershirt, tied the sleeves in a hard knot about his neck, so that the knot pulled across the windpipe. He fastened the shirt around the limb and dropped down, his feet dangling about two feet above the ground.

When they realized what the man was doing the students went to his assistance. The man had on overalls, pretty ragged, an old flannel shirt and undershirt and a pair of shoes, which he had evidently picked up somewhere. His bark hut on the bank of the river was investigated, but beyond a few crumbs of bread and scraps of meat nothing was found. He had slept on a bed of hay, and a fire outside showed where he had cooked or kept himself warm. It is thought that the man may have escaped from an asylum. He told the physicians who examined him that he came from Minneapolis, then he said that his home was in Toledo and that he came from Wisconsin.

9/15/99

BACK TO THE HOSPITAL.

"Wild Man From Borneo" Is Returned to Rochester.

The "Wild Man From Borneo," as he called himself, who was saved from hanging Wednesday forenoon by Prof. Conway and students of St. Thomas seminary, was identified yesterday as John Coughlin, who has been three times an inmate of the Rochester hospital for the insane. He was more rational yesterday when examined again in the probate court and furnished the information which led to his identification by verification of the insane records of the state. He was discharged last year and has periodical attacks of insanity, during which he develops a suicidal mania. He was taken to the asylum yesterday afternoon.

John Coughlin.

CHARACTERISTICS.

USUAL WEIGHT, Thumb?) NUTRITION, Good.

on left leg - right limb amputated. Skin clear - no coating -

mptness of Movement, prompt.

esponse to Light, and Accommodation, Equal - size normal.

, Arcus Senilis, or other troubles,

Legs, unsteady Grasp,

ue, Facial Muscles, General, Marked -

Other Reflexes,

d, Hesitating, Slow, Normal -

Paretic, Sad, Etc.

gth, Sounds, Size,

ity,

lear

y, Expansion,

rical -

t -

rmal -

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

Sugar,

ystals,

EXAMINATION,

noglobin,

and Character,

ion,

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

te of previous mental grade, and any physical impairment). Patient is suffering from acute

has been here several times previously - is very destructive o

r at large. Physically fairly well nourished & in good con-

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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 John

Whole No. 5400

Residence, St. Paul, Minn.

Date Admission, September 15th 1899.

Admitted by Eg. Warnous M.D. hour, 7 P.M.

How Sent, Exc. Bazille & agt. Ramsey Co.

Sex, male Age, 35 yrs.

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Very little.

Profession, Religion, Not a church member.

Habits, Very intemperate.

Nativity, Minn. (Father Ireland - Mother U.S.)
Because resident of State 5 yrs at both.

Physicians Committing, Drs Chas Wirth & Eugene Hubbell)

Correspondents, Mrs. Ellen Coughlin (Mother) Billings, Mont.
Capt M. J. O'Connor (Uncle) St. Paul

No. of Year,

Insane Relativ

Cause Exciting

Cause Predispo

Form,

Accompanying

Suicidal or not,

Date of this At

Duration,

No. of Attack,

No. of Admissio

Age First Attacl

Time of Leaving

Time in Hospita

Result,

EXAMINATION ON ADMISSION BY DR. Warnous 9/99

MENTAL CHARACTERISTICS

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

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 INVAS

ONSET, Gradual

HEREDITY (Que

epsy, Paraly

Father, dec

Paternal Rel

Mother, li

Maternal Rel

6 Brothers and

PROMINENT DISI

Head Injuries

Received injury to

HABITS, Drinking

HEADACHES, VE

OCCUPATION, Hea

Detail Date, Duration

Sleep, Appetite, and

nity, Epil-

sumption).

nstroke,

if any,

Asylum

D.K.P.

---

son avenue, and discontinuing gas lamp on northeast corner of Irvine Park, be and the same is hereby referred to the Board of Public Works to investigate and report.

Is this improvement proper and necessary? If so, send the council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10732—By Ald. Reeves—

It is hereby ordered by the Common Council of the City of St. Paul:

That the matter of erecting and maintaining five (5) gas lamps on Chestnut street, between West Seventh and Washington streets, located as follows, be and the same is hereby referred to the Board of Public Works to investigate and report.

Is this improvement proper and necessary? If so, send the council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10733—By Ald. Reeves—

It is hereby ordered by the Common Council of the City of St. Paul:

That the matter of removing gasoline lamp No. 1199 from the northeast corner of Grace and Oneida streets to 150 feet north of said corner; also removing lamp No. 1200 to the west side of Oneida street, 300 feet north of Grace street, be and the same is hereby referred to the Board of Public Works to investigate and report.

Is this improvement proper and necessary? If so, send the council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10734—By Ald. Murphy—

It is hereby ordered by the Common Council of the City of St. Paul:

That the matter of placing one gasoline lamp on the northeast corner of Rice street and Minneapolis avenue, be and the same is hereby referred to the Board of Public Works to investigate and report.

First—Is this improvement proper and necessary?

Second—Give the Council an estimate of the expense thereof, and state whether one-half of the cost thereof is to be paid into the city treasury before the contract is let.

Third—Can real estate to be assessed for said improvement be found benefited to the extent of damages, cost and expenses necessary to be incurred thereby?

Fourth—Is such improvement asked for upon the petition or application of the owners of a majority of the property to be assessed for such improvement?

Fifth—Send the Council a plan or profile of said improvement, as required by law, if you report in favor of the same.

Sixth—Send the Council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10735—By Ald. Sanborn—

It is hereby ordered by the Common Council of the City of St. Paul:

That the matter of placing and maintaining one gas lamp on Virginia avenue, between Iglehart street and Marshall avenue, be and the same is hereby referred to the Board of Public Works to investigate and report.

Is this improvement proper and necessary? If so, send the Council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10737—By Ald. Reeves—

It is hereby ordered by the Common Council of the City of St. Paul:

That the matter of placing and maintaining one gasoline lamp opposite No. 287 Harrison avenue, be and the same is hereby referred to the Board of Public Works to investigate and report.

Is this improvement proper and necessary? If so, send the Council a proper order directing the work to be done.

Adopted by the Board of Aldermen, Aug. 15, 1899.

Yeas—Ald. Allard, Bell, Blomquist, Donahower, Kenny, Knauft, Murphy, Reeves, Sanborn, Shepard, Mr. Vice President—11.

Nays—0.

Adopted by the Assembly, Sept. 7, 1899.

Yeas—Messrs. Albrecht, Benson, Craig, Denny, Kirke, Nelson, Thompson, Warner, Mr. President—9.

Nays—0.

Approved Sept. 11, 1899.

Bd F No. 10768—By Ald. Bell—

Resolved, That the Board of Public

Personal and Medical History of John Coughlin.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8¾ PRESENT WEIGHT, 179# USUAL WEIGHT, Thereb? NUTRITION, good.

WOUNDS, Abnormalities and condition of Skin, Bad ulcer on left leg. right limb amputated. Skin clear.

TONGUE, Coatings or Promptness of Movement, prompt. no coating.

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

SIGHT,

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

HEARING,

COORDINATION, Arms, Legs, unsteady. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,
Sounds strong relatively normal & regular

ARTERIES, full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical - Expansion good - B. sounds - normal.

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

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

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 suffering from acute mania - has been here several times previously - is very destructive & dangerous to be at large. Physically fairly well nourished & in good condition.

Personal and Medical History of John Coughlin

1899

This patient was brought here by Sheriff's deputy H Hanson, attended by G. P. Ritt in good physical condition with the following history: No information given concerning heredity or consanguinity - This is patient's fifth admission to this hospital First - Feb 18 to July 26 '90 (See Vol. 13, Fol 31 No. 2291.) 2nd Dec. 20 '94 to Apr 10 '95 Vol 29. Fol 189 No. 3945 - 3rd (Jas Coughlin 22) Jan 4/96 to May 10/96 Vol. 33 Fol 5 - 3945 4th June 21/97 to Apr. 1/98 Vol. 37. Fol. 37 No. 4791 (John Wright) For information concerning present attack see clipping attached; Derangement manifested by violent acute mania - attempted to hang himself. Has been in Jail in straight jacket for 24 hours. No treatment pursued. On personal examination talks incoherently: gives many different names: Is very violent. On admission put upon B3E. (G.H.N. Rpt. Complexion sandy: hair brown eyes blue: Skin in good condition Thumb on left hand off at second joint. Tip of middle finger of right hand has been mashed: Ulcer on left leg. Eight teeth missing from upper & five from lower jaw Behavior good.) ——— "

Sep 15 Patient received on B3. Is rather reticent but answers questions: has a varicose
" 16 ulcer on leg. Sep 16. Seems confused, but well-behaved; sits in one place and seldom speaks
" 30 Has seemed to improve - Nov 4 Wt 225# P80. Nov 15. Was transferred to A2 -
Nov 21 Out working with Berg (Carpenter). Dec 18. Complained of limb aching: is very lame.
Dec 18 Ulcer does not improve under treatment. Jany 29/1900. Put to bed on T.W. Jany 31. Leg has
1900 Mar 1/8 improved, in bed. Mar 1. Wt 245# P74. - March 8. Out working with carpenter.
June 1 Wt 260# - Complains of leg being very sore. Is still under treatment. July 20. Was
July 20/31 vaccinated successfully. July 31. Physical health seems quite good, (but for ulcer). -
Aug 31 Behavior good. Is out working with carpenter. Patient is still troubled with varicose ulcer, fre-
Sep 27 quently causing him considerable trouble. Sep 27. Ate light breakfast: afterwards, had vomiting "spell".
Complains of having slight chill. Transferred to T.W.: put to bed. Is very restless: breathing seems
Oct 4 labored: complains of chest and neck being sore. Oct 4. Patient well: given clothes: transferred
Nov 1 to A2. Nov 1. Wt 269#. Is again at work with the carpenter. No delusions obtainable. —
Dec 27/28 Patient transferred to T.W. & prepared for operation. Dec 28. Had about 12 inches of external
30 sphenous vein excised & ulcer skin-grafted. Dec 30. Complained of severe pain in stomach
1901 Jan 12 and bowels. Jany 12/1901. Is up & about. Ulcer in operated area, entirely healed: operation
21/30 successful. Jany 21/1901. Transferred to A2. Jany 30. Leg entirely well. Patient goes out
Feby 1/28 with crowd for daily exercise. Feby 1 Wt 261# P76. Feby 28. Is agreeable: varicose ulcer of
Mar 30 leg entirely healed. March 30. Condition about same. Apl 30. No special change noted.
May 13 Transferred to Hastings Asylum. -

Personal and Medical History of

Personal and Medical History of Willis A. Prince

Whole No. 5403

Residence, Stillwater, Minn.

Date Admission, September 18' 1899.

Admitted by Dr. Ed. Warrens hour, 7 P.M.

How Sent, Frank D. Wilson Supt. Washington Co.

Sex, male Age, 37 yrs.

Civil Condition, Single.

Children,

Age Youngest Child, –

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Presbyterian.

Habits, Not intemperate.

Nativity, Mass. (Parents also born in New England States)

Physicians Committing, B.F. Merrill & I.G. Clark.

Correspondents,

No. of Year, 33.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Syphilitic Insanity

Accompanying Bodily Disorder, Cerebral Paresis.

Suicidal or not, not.

Date of this Attack, Four years ago

Duration, Four years.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 33 yrs

Time of Leaving, Dec. 11th 1899

Time in Hospital, 1 m 23 d

Result, Died. General Paresis.

EXAMINATION ON ADMISSION BY DR. Warrens *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Dont remember things.

Recent Events, do Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, Nothing obtainable.

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, living. well.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

Specific trouble

HABITS, Drinking and Smoking, Drinks & smokes to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Hotel clerk.

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

Sleep, Appetite, and Bowels, Very irregular.

Personal and Medical History of William A. Prince

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, Skin very red.

TONGUE, Coatings or Promptness of Movement, Slight coating - slow -

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

SIGHT, poor

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

HEARING, poor.

COORDINATION, Arms, Legs, Grasp,

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

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Cannot be understood.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Weak Size,

Apex Beat, Regularity, displaced because of sac depressed Irregular.

ARTERIES, Easily compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds, Not symmetrical Expansion poor. Rales over chest.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Insomnia -

BOWELS, Present Condition, Irregular

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 demented - Can obtain nothing from him - Is untidy - in a very bad Mental condition. Cause Specific as per history. given by his relations. Physically in very poor condition.

Personal and Medical History of Willis A. Prince.

1899

This patient was brought here by Sheriff's deputy H. B. Prince in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested four years ago by cerebral haemorrhage: Disease appears increasing: Not variable: Is now unable to talk: Mind is a blank: Not disposed to injure anyone: Habits filthy & destructive: No peculiarities previously manifested: No information concerning severe diseases nor injuries to head: Has been kept at home for two years: Has received Iodides, mercury & tonics, no effect. On personal examination is in a terminal stage of Cerebral Paresis. On admission put upon Infirmary. (G.H.N. Rpt. Complexion light: hair & eyes gray: Skin in good condition: Small scratch on both elbows: one on right little finger: One scar on left wrist: also on right thigh: Is clean: 6 teeth out upper jaw: & five out lower jaw: some of others badly decayed: Has deformity of chest: Behavior good: Exam by A.C. Dorr.)

Sep 18/19 Patient received on Ward (I.W.). Put to bed. Sep 19. Noisy all night: very nervous: limbs very incoordinate.
20/24 speech incoherent. Sep 20. Is very restless & confused: frequently tries to get out of bed. Sep 24. Must be fed by
29 nurses; cannot hold dishes. Sep 29. Patient very excited & has to be watched to remain in bed. Seems to be failing.
Oct 1/2/11 Wt 116#. patient weak & failing. Oct 2. Slept none, all night. Oct 11. Patient is filthy & soils bed frequently. Is
Nov 4/8 troubled with Insomnia. Nov 4. Patient is noisy, most of the time. Nov 8. Fell from bed, over bed-board,
22 bruising left eye. Nov 22. Has several bed-sores. Dec 1. Wt 92#. Is gradually failing. Is entirely
Dec 1/9 helpless; fed by nurses. Is filthy: very restless. Dec 9. Patient continues failing. Temp.r rises.
11 Continued to fail and died at 5 am.

Died

Personal and Medical History of

Personal and Medical History of John G. Dubois.

Whole No. 5404

Residence, Ramsey Co. Minn.

Date Admission, September 18th 1899.

Admitted by Dr. E. Z. Wanous hour, 7 P.M.

How Sent, E.W. Bazille J. of P. Ramsey Co.

Sex, Male Age, About 45.

Civil Condition, Unknown. Single

Children, —

Age Youngest Child, —

Occupation, Laborer

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Illinois (Father U.S. Mother England)

Physicians Committing, President of State & Co for 6 yrs. W.D. Kelly + O'Mahl.

Correspondents, no correspondent.

No. of Year, 34

Insane Relatives, None.

Cause Exciting, Unknown

Cause Predisposing, "

Form, Chronic Mania (?) Defective

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 2 or 3 days ago.

Duration, 2-3 days

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 45 yrs. old.

Time of Leaving, 13th May 1901.

Time in Hospital, 1 yr 7 mos 25 Ds

Result, Transferred to Hastings Hospital

OK. PM

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Not good.

Recent Events, do Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, 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 or 3 days.

ONSET, Gradual or Sudden, Sudden

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

Father,

Paternal Relatives, Nothing obtained

Mother,

Maternal Relatives,

Brothers and Sisters,

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

Pleurisy. Has been losing in weight, the past year.

HABITS, Drinking and Smoking, Drinks & smokes to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, absent.

OCCUPATION, Healthy or not,

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

Sleep, Good Appetite, Fair and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 111½ USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, Skin poorly nourished.

TONGUE, Coatings or Promptness of Movement, slight coating.

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

SIGHT, only fair.

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

HEARING, Good

COORDINATION, Arms, Normal Legs, normal. Grasp,

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

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Loud

Apex Beat, Regularity,

Size enlarged.

ARTERIES,

Easily compressed.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest flattened

Expansion poor

B. sounds normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Insomnia

BOWELS, Present Condition, irregular

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. Talks to himself a great deal. Thinks he is "Corbett" & is always trying to fight. He is poorly developed mentally & has very little reasoning power. Physically he is very poorly nourished & has been continually losing in weight - probably has a beginning phthisical condition - No dullness perceptible.

Personal and Medical History of John G. Dubois

1899

This patient was brought here by sheriff's deputy G.P. Pitt in poor physical condition with the following history:- No history of consanguinity, heredity nor intemperance: First symptoms of insanity manifested two or three days ago by hallucinations: Disease appears increasing: Now manifests derangement by hallucinations: Not disposed to injure anyone: No filthy nor destructive habits noted: No information concerning previous peculiarities, severe diseases nor head-injuries: No confinement nor restraint employed: no treatment pursued.
On personal examination no further facts noted. On admission put upon B3 E 6 G.H.N. Rpt Complexion light: hair dark gray: eyes blue: Mole on back: Vaccination on left arm: Scars on right hip + left leg: Bruise on left leg: Is dirty: Two teeth out left upper + one out right upper jaw: Complains of soreness in left side: Behavior good: Exam. by M Fahey.)

Sept 18 to Oct 1 1899. Summary 14 da. record - Patient nervous + restless, noisy at times. Talks to himself. Is incoherent + irrational + erratic in behavior: Sept 22. Attempted to elope: Goes out for exercise: Is cleanly in habits: dress untidy: Causes little trouble: Appetite fairly good. (Summary continued.) — Oct. 31 No change: Nov 2 # 123½ Pulse 84. Dec 2. Wt 121. Pulse 88. no improvement: Has been quite stubborn + at times pugnacious

1900 Jan 2 Very talkative. Jan. 2 1900. Wt. 121 Pulse 88. Still restless + noisy: silly

Feb 2 + deluded. Febr. Wt 125#. P 80. Mar 31. No change is specially noticeable. —

July 30/31 Vaccinated. July 31. Very little change, during period. Is in a condition of constant mild mania: very talkative; foolish in manner + conversation: mischievous, but rarely is violent: slovenly in habits. Works some in ward dining-room. Is somewhat emaciated.

Aug 1/19 but seems in fair physical health. Aug 1. Wt 118#. Aug 19. Had trouble with H. B. Craig: received cut over left eye: is noisy, talkative, troublesome. Does no work: Tries to say "cute" things.

Oct 31 Is working in dining-room + on ward: Conversation more sensible. Dec 31. No change to note

1901 Jan 31 Still no change. Feby 1. Wt 123#. Apl 30. Continues to work in dining-room: mental condition

Apl 30 somewhat improved. May 13. Condition unchanged: manner silly: is talkative, rather irra-

May 13 -tional: habits slouchy: well-behaved. Was, today, transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Andrew L. Fedge.

Whole No. 5406	No. of Year, 36
Residence, Oakland Tp. Minn.	Insane Relatives, maternal aunt.
Date Admission, September 21st 1899.	Cause Exciting, unknown.
Admitted by Dr. O. C. Heyerdale hour, 7 P.M.	Cause Predisposing, "
How Sent, H. Blackmer J. of P. Freeborn Co.	Form, Choreic Insanity
Sex, male Age, 49.	Accompanying Bodily Disorder, none mentioned.
Civil Condition, married	Suicidal or not, Not.
Children, 9.	Date of this Attack, 2 yrs ago.
Age Youngest Child, –	Duration, 2 yrs.
Occupation, Farmer.	No. of Attack, 1st
Degree Education, Can read English & Norwegian.	No. of Admission, 1st
Profession, Religion, Not a church member.	Age First Attack, 47 yrs.
Habits, Not intemperate.	Time of Leaving,
Nativity, Wisconsin (Parents born in Norway.)	Time in Hospital,
Physicians Committing, A. C. Wedge & J. P. von Berg.	Result,
Correspondents, Wife, Mrs. Andrew L. Fedge, Oakland, Freeborn Co. Minn.	

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Sept. 15 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, Absent.

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, 2 yrs.

ONSET, Gradual or Sudden, Gradual.

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

Father, died – cholera

Paternal Relatives, No history of insanity.

Mother, living – well.

Maternal Relatives, Maternal aunt insane

5 Brothers and Sisters, 2 bros. dead (dead) 2 children.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Has a choreaic movement of arms & legs.

HABITS, Drinking and Smoking, Smokes & drinks to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.

OCCUPATION, Healthy or not, Farming.

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

Sleep, Appetite, fair and Bowels, irregular

Has insomnia

5406

M Andrew L. Fedge.

Copy of Order for Hearing Petition of Anna Fedge for appointment of Anna Fedge as guardian for Andrew L. Fedge insane; served and service admitted June 1900

(Papers filed with commitment papers.)

Andrew L. Fedge.

ACTERISTICS.

UAL WEIGHT, NUTRITION, fairly well nourished

responds readily.

size normal. responses good.

COORDINATION, Arms, Impaired Legs, Impaired Grasp,

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

PATELLAR REFLEX, both exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, good Size, N.

Apex Beat, Regularity,

ARTERIES,

Full & easily compressed.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical

Expansion fair

B. sounds clear.

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Insomnia.

BOWELS, Present Condition, Irregular

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 suffering from a choreaic condition which has been present for some time – he has been failing mentally & the conditions present an aspect of choreaic insanity. Physically he is poorly nourished & only fairly developed mentally

Personal and Medical History of Andrew L. Fedge.

Whole No. 5406
Residence, Oakland Tp. Minn.
Date Admission, September 21st 1899.
Admitted by Dr. O.C. Heyerdale hour, 7 PM.
How Sent, H. Blackmer J. of P. Trebon Co.
Sex, male Age, 49.
Civil Condition, married
Children, 9.
Age Youngest Child, –
Occupation, Farmer.
Degree Education, Can read English & Norwegian.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Wisconsin (Parents born in Norway.)
Physicians Committing, A. L. Wedge & J. P. M. Berg.
Correspondents, Wife, Mrs. Andrew L. Fedge, Oakland Trebon Co. Minn.

No. of Year, 36
Insane Relatives, Maternal aunt.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Chronic Insane.
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, 47 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wanous Date of Sept 8 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Quick.
MEMORY, Past Events, good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
Absent.
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, 2 yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died – cholera
Paternal Relatives, No history of insanity.
Mother, living – Well.
Maternal Relatives, Maternal aunt insane
Brothers and Sisters, 5 (1 dead) 2 bros 2 sisters 7 children.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has a choreaic movement of arms & legs.
HABITS, Drinking and Smoking, Smokes & drinks to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.
OCCUPATION, Healthy or not, Farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, Fair and Bowels, irregular
Has insomnia

Personal and Medical History of Andrew L. Fedge.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ in PRESENT WEIGHT, 171 lb USUAL WEIGHT, NUTRITION, fairly well nourished
WOUNDS, Abnormalities and condition of Skin, None
TONGUE, Coatings or Promptness of Movement, Slight coating. responds readily.
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, Impaired Legs, Impaired Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands & tongue.
PATELLAR REFLEX, both Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, good Size, N –
Apex Beat, Regularity,
ARTERIES,
Full & easily compressed.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds clear.

CRANIAL MEASUREMENTS.

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

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

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

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 suffering from a Choreaic condition which has been present for some time – he has been failing mentally & – the conditions present an aspect of Choreaic insanity – Physically he is poorly nourished & only fairly developed mentally

Personal and Medical History of Andrew L. Fedge.

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, maternal aunt insane: First symptoms of insanity manifested two years ago; had some involuntary motions of fingers & some mental derangement: Disease appears-? - Is variable: at times rational for several days: Has shown disposition to injure others: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination Involuntary motions of fingers, restless most of time delirious at times.
On admission put upon B3 E (G.H.N. Rpt. Complexion light: eyes blue: Hair light brown: Skin in good condition: Vaccination marks on left arm: Tips of left second & third fingers off. Is clean: Three teeth out right and one out left upper jaw: Behavior good: Temp. 100 P. 92 R. 24.)

Sep 21 Received on B3. Given bath: talks quite readily & rationally. Is troubled with Choraea. Incoordinate in gait; muscles of limbs and arms twitch & move involuntarily. Temp 100. P 92
24/24 Is constipated; memory seems somewhat impaired. Sep 24. Patient still complains of consti-
25 -pation: has hemorrhoids. Sep 25. Transferred to T.W. Put on arsenic treatment, with increasing
Oct 9/17 dosages. Oct 9. Patient shows some slight improvement. Oct 17. Visited by wife - Nov 1. Wt 150#
Nov 1/18/24 Nov 18. Patient up on ward. Nov 24. Visited by friends. Patient has made some improvement.
Dec 15 Transferred to B2. Jany 31/1900. Seems growing some brighter, but choraic movements continue.
1900 Mar 1/13 Wt 165#. P 72. Patient seems some brighter: Incoordination somewhat improved. Mar 13. Visited
Apl 6 by son and Taken home. Apl 6. Was Returned from home - July 1. Wt 166# - July 17. Patient
July 1/17/31 vaccinated: no results - July 31. Mental condition is growing worse. Is more demented & incoherent.
Aug 1 Wt 167#: Oct 16. To A1. Oct 20. Patient is confused & restless at night. Transferred to B2.
Dec 20 Tried to run away from crowd. Jany 8/1901. Transferred to B1: had matches in his pocket.
1901 Jany 8/31 which he had taken from a nurse. Jany 31. Physical condition has remained about stationary. Is choreic in movements; possibly increasing. Is growing much more stupid, mentally: talks but little: very slow of comprehension. Stands about in everybody's way -
Feby 1 Is quite restless, at night. - Feby 1. Wt 165#. Mar 8. Struck by E. Kiese & knocked
Mar 8 down: no marks. May 1. Wt 181#. May 31. Condition shows no improvement.
Jul 31 Mental condition gradually deteriorating: speaks but little & does not volunteer con-
-versation: is becoming quite demented: habits rather slouchy: choreic movements continue, about as usual; physical condition otherwise quite good: always well-
Aug 1 -behaved: wanders about the ward aimlessly. Works none. Aug 1. Weight 183#.
Dec 12 To D3. Jany 31/02. Patient gradually growing more demented: talks very little: very
1902 Jany 31 slow in responding to questions. At times, has "Crying Spells": says "he is homesick" - Is quite dirty and slovenly in habits: choreic movements slightly more pronounced.
Feb. 1/02 Wt. 181#. June 26. Visited by friends. Aug 1
Wt. 168#. Nov. 20 Visited by son.
1913 Jan 31 Patient has been unable to do any work;

Personal and Medical History of

has had no acute illness; but the chorea has been increasing in severity slowly; is very restless; stubborn & excitable; is becoming very demented and filthy in habits.

Personal and Medical History of Dennis Mc Nally

Whole No. 5207

Residence, Stewartville, Minn.

Date Admission, September 26th 1899

Admitted by Dr. O. L. Heyerdale hour, 3.20 P.M.

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

Sex, male Age, 33 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Teamster.

Degree Education, None.

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Minn. (Parents born in Ireland.

Physicians Committing, Became a resident of State & Co. 33 yrs ago. C.L. Allen & C.L. Granger.

Correspondents, Mother Mrs Mc Nally. Pleasant Grove. Minn.

No. of Year, 1st

Insane Relatives, None. brother

Cause Exciting, unknown

Cause Predisposing,

Form, Acute Delusional

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, not.

Date of this Attack, 3 days ago

Duration, 3 days.

No. of Attack, 2nd.

No. of Admission, 1st

Age First Attack, 33 yrs

Time of Leaving, May 29, 1901

Time in Hospital, 1 yr — 8 mos. 3 das.

Result, Unimproved Died since leaving. (Died July 9/1901)

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused.

MEMORY, Past Events, poor

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

dull.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,

None —

HALLUCINATIONS, none

ILLUSIONS, ds.

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, 3 days.

ONSET, Gradual or Sudden, Sudden.

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

Father, living.

Paternal Relatives No history of insanity.

Mother, living.

Maternal Relatives, No history of insanity.

Brothers and Sisters, One brother insane.

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

None.

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farming

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

Last spring.

Sleep, Appetite, and Bowels, Very irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Skin poorly nourished.

TONGUE, Coatings or Promptness of Movement, Responds slowly - some coating.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal — size normal - responses good -

SIGHT, not very good.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, has a habit of fixing eyes on something + gazing indefinitely.

HEARING, Good.

COORDINATION, Arms, Impaired Legs, Impaired Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands + tongue -

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating + slow

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Strong Size, Apex Beat, Regularity, Size enlarged laterally + down irritable -

ARTERIES, Compressible + full -

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, fair.

BOWELS, Present Condition, irregular

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 extremely maniacal at times; presents disinclination to running away from his bed. At times unconscious of his surroundings + hard to control. Physically he is in fair condition, not well nourished + very untidy in habits.

Personal and Medical History of Dennis Mc Nally.

1899

This patient was brought here by sheriff's ~~deputy~~ E.H. Vine attended by Francis Parks, in fair physical condition, with the following history:- No history of consanguinity, heredity or intemperance in parents or patient: First symptoms of insanity manifested last spring, had an attack which lasted about two weeks: First symptoms of present attack appeared three days ago by peculiar actions & irritability: Disease appears increasing: Is variable: Derangement now manifested by acute mania: destroys clothing, screams; troubled with insomnia Has attempted injury to others: Is filthy & destruction in habits: Previous to accession of disease, manifested peculiarities of temper: No severe diseases nor injuries to head sustained: Was confined to jail at Stewartville: No information regarding treatment.
No further facts noted on personal examination.
On admission put upon Infirmary W (G.H.U. Rpt. Complexion light hair light brown: eyes blue: Condition of skin good: Scars on right leg below knee, & on first finger of left hand: sore on left foot. Bruise on R. upper arm black & blue; bruise on left upper arm. Is clean: One tooth out left upper jaw: Very much excited & inclined to be pugnacious, was put in protection sheet.)

Sep 26 Received on TW. Temp. 101 P86. Patient very violent; maniacal; very noisy; irrational: put to
27 bed, in protection sheet. Sep 27. Visited by friends: patient quiet; until 8 P.M. when he was very
29 restless & confused for 1 hour. Memory of recent events impaired. Sep 29. Frequently out of bed.
Oct 9 "Imagines some one is calling him". Oct 9 Patient enquires for clothing: wants to be up.-
10/13 apparently quite rational. Oct 10. Still in bed: very melancholy. Oct 13. Is very despondent.
26/27 Oct 26. Visited by relatives. Oct 27. Dressed & up on ward. Nov 1. Wt 120#. P68. Patient assists
Nov 1 on ward. Stands around, when doing nothing: Goes out with crowd: Is rather slow & unsteady on his
13/25 feet. Nov 13. Stopped working on ward. Nov 25. Patient throws himself on floor. Dec 1. Is melancholy:
Dec 1 remains in his room. Given cold-spray: treatment without benefit. Jany 14/1900 Patient put
1900 Jan 14/15/16 to bed: put on 1/20 strych. hypod. T.I.D. Jan 15. Fed by nurses. Jany 16. Presses hands on stomach
Feb 17 as if in pain. Feb 17. Visited by Dr. Burns. Mar 25. Hypodermics discontinued. Is somewhat
Mar 25 improved, physically: no change, mentally. Apl 1. Patient requires occasional cathartic.
May 3 Visited by mother. June 9. Refused nourishment, all day. June 14. Patient vomited.-
June 16 Vomited after breakfast. July 17. Vaccinated, unsuccessfully. Condition remains about same.
Aug 1/15 112#. Aug 15. Patient never speaks: appears to be blind: will run into things when moving
Sep 18 from place to place. Sep 18. Is weak: refuses food: was put to bed: frequently vomits after
Dec 1 taking nourishment. Dec 1. 101#: bowels constipated. Jany 1/1901. 99½ lly. Both mental &
1901 Jany 1/24 physical condition show failure. Is frequently visited by brother. Jany 28/1901. Coughs and
31 expectorates a great deal - Jany 31. Stomach washed daily. Patient still continues to fail.
Feby 1 Patient seems very much depressed & physically emaciated: was visited by mother.
Mar 11/31 He expectorates a great deal. Mar 11. Visited by brother. Mar 31. Patient is filthy.

Personal and Medical History of Dennis Mc Nally

1901 cont'd
Mar 31 Continues to grow weak & expectorates a great deal.
(Feby 1. Temp 100. R 22. P90. Lies quietly in bed: appears to be praying, most of the time. Speech irrational: has to be urged to take food: gastric lavage daily: Whiskey 1 oz T.I.D. Feb 17. Lavage discontinued - Feb 23-24. Visited by brother.)
Apl 1 Very gradually failing: constant low fever: appetite poor: is thoroughly emaciated.
May 1 Inclined to constipation, requiring enemas & cathartics - May 1. Wt 90 lbs P106. R 24. Coughs & expectorates considerably. Is gradually failing: continuous hectic fever.
29 Still failing: very emaciated & weak. Taken home by brother.

Discharged

Personal and Medical History of John P. Smith

Whole No. 5408

Residence, Mayeppa, Minnesota.

Date Admission, September 28' 1899.

Admitted by Dr. E. J. Warner hour, 7 P.M.

How Sent, M. Kennedy Dep't. Wabasha Co

Sex, male Age, 48 yrs.

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Farmer-maker.

Degree Education, Light.

Profession, Religion, Catholic.

Habits, not intemperate.

Nativity, Germany (Parents also born there.)
Became a resident of State 5 yrs ago - , of Co. 4 yrs. ago

Physicians Committing, M.D. Kirkpatrick & W. H. Cramer.

Correspondents,

No. for Year, 38

Insane Relatives, None.

Cause Exciting, Injury & business trouble.

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder, Deformity of right knee.

Suicidal or not, not

Date of this Attack, 6 mos ago.

Duration, 6 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 48 yrs.

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
of being poisoned; of persecution & over religion

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, Gradual.

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

Father, Not known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, yes

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farmer-maker.

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, 127 lbs USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Deformed knee. Skin poorly nourished.

TONGUE, Coatings or Promptness of Movement, prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - enlarged - responsive to light fair - to accom. normal

SIGHT, fair

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

HEARING, good.

COORDINATION, Arms, Normal. Legs, leg deformed Grasp,

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

PATELLAR REFLEX, lost. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, fair N

Apex Beat, Regularity,
Regular

ARTERIES,
full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion not very 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, fair

BOWELS, Present Condition, Irregular

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). The patient has been worrying about financial affairs. Has delusions of persecution & talks religion a great deal. Probably acute dementia following business losses. Physically fairly nourished has only a poor mental development. Has a depressed knee caused by a fracture which has not connected.

Personal and Medical History of John P. Smith

1899.

This patient was brought here by Sheriff's Deputy P.C. Clemen, in fair physical condition, with the following history:- No consanguinity. Heredity nor intemperance known: First symptoms of insanity manifested about six weeks ago. Became melancholy & thought he was being poisoned: Disease appears increasing: Is variable: Derangement now manifested by delusions on religion & of persecution: Is disposed to injure others: No filthy nor destructive habits; Was greatly worried over business before accession of disease: Has Arthretis deformans: Was confined one day in cell: Has received no treatment: On personal examination has marked deformity of right knee: Is pale & haggard. On admission put upon B3E/ G.H.U. Rpt. Complexion dark: hair black part gray, eyes brown: Condition of skin good: First finger, left hand stiff. Right knee has been broken & is badly deformed: Breast bone deformed: Bruise on right foot: No teeth gone: Behavior good but slightly noisy. T 101.4 P. 128 R 28.

Sep 28 Received on ward. T 101. P 128. Given bath. Slept none, during night: says "there were rats & snakes
29 in the room". Sep 29. Patient pugnacious: had trouble with patient Johnson. Transferred to C'.—
Oct 3 for 1 day. Returned to TW & put in protection sheet. Oct 3. very noisy: irrational: Destructive: again
7/11 in protection sheet. Oct 7. Threw breakfast dishes at nurse. Oct 11. Dressed and put in muffs.
12/24 Attacked nurse without provocation Oct 24. Upper lip swollen; cut on mucous surface by biting it.
Nov 1/4 Wt 114#. Patient very stubborn, noisy, shouting & talking to himself. Nov 4. While out of protection,
Dec 1 struck head against wall, bruising same quite badly. Dec 1. Wt 123#. Patient quiet & noisy, "by spells":
14 must be kept in muffs at intervals. Dec 14. Must be put in protection. Still noisy & stubborn at times.
1900 Jan 3/23 Cut on ball of foot: cause unknown. Jan 23. Patient given clothes: kept in "Bay" - very maniacal
Mar 1 and destructive: must be returned to protection sheet, occasionally. Mar 1. Received cut over left eye,
26 striking against radiator: same dressed & bandaged. Mar 26. Patient up & dressed. In "bay" most
Apl 1 of time, talking to imaginary persons. Is very hallucinatory. Apl 1. Transferred to B'.—
May 1/31 Wt 135#. P 112. May 31. Patient has been fairly well, all through May. June 2/3/4. Very noisy
June 2/3/4 all day; also through nights: given hypnotics. July 20. Patient was vaccinated.—
July 29/31 Noisy, part of each night. - Aug 1. 129# - Oct 23. Visited by friend. Oct 31. Very little change.
Oct 31 Is very noisy: constantly talking incoherently: gesticulating & going through strange motions:
habits very slouchy and, at times, filthy. Physical condition rather poor: very restless, at
1901 Jan 31 night as a rule. Jany 31/1901. No change: still remains noisy. Does not go out for exercise
Feby 1 on account of leg. Habits very filthy. Feby 1. Wt 145#. P 120. May 1. Wt 151#. P 100
July 31 Physical condition rather poor: gradual failure mentally: will occasionally answer
questions rationally, but is almost constantly noisy & restless: sleep much broken.
apparently has hallucinations & delusions: can understand but little, he says-
at times, pounds himself on the head with his hands, in his excitement: habits untidy.
Aug 1 Wt 123#. Sep 18. Transferred to T.W.: Extremely noisy & destructive: complaining of pain
Sep 18 in bowels: is also very weak & has slight fever: much constipated & given cathartics.—
26 Retention of urine: catheterized: (repeated for several days). Nov 1. Wt 108½# Still continues

Personal and Medical History of John P. Smith

1901

Nov 16 Extremely noisy & restless: bed sore on hip: Nov 16. Visited by friend. Dec 3. Up, on ward:
Dec 3 not much improvement, physically, but seems to get along better, when up. Has been almost
constantly noisy, restless & destructive: frequently pounding face & head: for which he was
1902 Jany 31. frequently put in muff: very filthy. Jany 31/02. Last note holds good, at this date.
Jan 31/03 Always restless; pounds his face, on account of deformed limb is
unable to be out much. No essential change during the period.
Is much demented.

Personal and Medical History of Fenton J. Foster

For 5410 see page 345

Whole No. 5411

Residence, Ohnsted Co. Minn.

Date Admission, October 3. 1899.

Admitted by C. L. Chapoe hour, 7 P.M.

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

Sex, male Age, 21 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. (Father N.Y. – Mother N.Y.)

Physicians Committing, Became a resident of State, etc. 21 yrs. ago. H. H. Witherstine & C. T. Granger

Correspondents, M. L. Foster Dover. Minn.

No. of Year, 41

Insane Relatives, Father insane.

Cause Exciting, Unknown

Cause Predisposing, –

Form, Present Mania

Accompanying Bodily Disorder, –

Suicidal or not, Not.

Date of this Attack, 4 weeks ago.

Duration, 4 wks.

No. of Attack, Several.

No. of Admission, 1st

Age First Attack, 18 yrs.

Time of Leaving, May 12. 1900

Time in Hospital, 7 m. 9 d

Result, Disc. Nov. 6. 1900. Recovered

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Sept 15 '99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair Poor.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects, do.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, None

HALLUCINATIONS, Absent.

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, 4 wks.

ONSET, Gradual or Sudden, Gradual.

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

Father, insane 2 attacks acute mania committed suicide –

Paternal Relatives, Father's brother committed suicide

Mother, living – sound – somewhat nervous –

Maternal Relatives, 2 mother's sisters insane.

Brothers and Sisters, 1 sister died meningitis melancholy for some months before death.

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

HABITS, Drinking and Smoking, yes.

HEADACHES, VERTIGO, OR CONVULSIONS, absent.

OCCUPATION, Healthy or not, Farmer.

Detail Date, Duration, and Character of Previous Attack, if any, Similar attacks appeared 3 yrs ago & have come on at irregular intervals

Sleep, Appetite, and Bowels, Sleep poor. App. fair. Bowels irregular

Personal and Medical History of Fenton J. Foster

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 139# USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin, None – Skin clammy & ill nourished

TONGUE, Coatings or Promptness of Movement, badly coated & responds slowly.

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, Normal – Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands & tongue.

PATELLAR REFLEX, Retarded – Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, fair N –

Apex Beat, Regularity, Irritable

ARTERIES, Easily compressed – Not very full –

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, Insomnia

BOWELS, Present Condition, Irregular

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 maniacal at times & is disposed to destroy things. Has practiced self abuse to excess – Has seemed a hard drinker & condition is probably due to general dissipation. Physically is very irregular in habits: Not very well nourished & very careless about himself. Has had a fair amount of mental development. Mother's sister Alice West – here.

Personal and Medical History of Fenton J. Foster.

1899

This patient was brought here by Deputy Sheriff John Posz - in good physical condition, with the following history:- No history of consanguinity, heredity or intemperance in patient nor parents: First attack of insanity manifested about three years ago. Has had attacks at irregular intervals ever since, lasting about two weeks: First symptoms of present attack manifested about four weeks ago by incoherent conversation. Disease appears increasing: is variable: with regular rational intervals: At present is very much confused, conversation incoherent. Not disposed to injure anyone: Habits filthy & destructive in habits: Father was insane: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: In personal examination is very quiet at present. On admission put upon B^3 E. Complexion dark: hair dark: eyes gray: Skin in good condition: Vaccination scars on left arm: scar on right knee: & on left side of back: Several teeth with gold & silver fillings: Behavior good.

Oct 3 Received on B^3. Patient is dull & melancholic: very restless through night and slept none. —
4/5 Extremely noisy, troublesome and destructive: silly in speech and behavior. Oct 5. Patient is troublesome,
7 maniacal. Transferred to T.W. & put to bed: put in protection sheet, for short time. Oct 7. Given
9/13/14 cold baths daily. Oct 9. Visited by brother. Oct 13. Noisy, part of day. Oct 14. Noisy & restless, all
Nov 1/19 night: very irrational; filthy. Nov 1. Wt 119#. Patient still silly & destructive. Nov 19 visited by
28 friend. Nov 28. Gotten up, dressed and taken out for walk. Endeavors to open screens. —
Dec 2/4 Transferred to C^1. Patient Wright struck him on back with broom. Dec 4. Patient struck nurse
6/17 when asked to sit down. Dec 6. So restless: urinated on heater. Dec 17. Visited by brother. -
1900 Jan 1/31 Wt 130# P 54. Jany 31. Patient's mental condition shows no change: he remains more quiet.
Feb 16 Patient's behavior good. Transferred to B^2. Apl 30. Mental condition some improving & he is
Apl 30 gaining physically. May 12. Has continued to make some improvement —
May 12 Allowed to go home, with brother, today.

Discharged

Personal and Medical History of

Personal and Medical History of Edward Johnson. 143

Whole No. 5412

Residence, Red. Minn.

Date Admission, October 5th 1899.

Admitted by Dr. O. C. Heyerdale hour, 4 P.M.

How Sent, E.V. Farrington Sh.F. Fillmore Co.

Sex, female Age, 23 yrs.

Civil Condition, single

Children, none.

Age Youngest Child, –

Occupation, Farm laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Uses tobacco.

Nativity, Minn. Parents born in Norway

Physicians Committing, J.H. Phillips & G.A. Lee M.D.

Correspondents, John Johnson Red. Fillmore Co. Minn.

No. of Year, 42

Insane Relatives, One brother committed suicide while insane.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Threatens suicide.

Date of this Attack, About one month ago.

Duration, One month.

No. of Attack, Second.

No. of Admission, 3rd

Age First Attack, 18 yrs.

Time of Leaving, May 27th 1901

Time in Hospital, 1 Yr 7 mos 22 Ds

Result, Recovered: Discharged Nov 27/1901.

EXAMINATION ON ADMISSION BY DR. Watsons Date of 10/8/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair

Recent Events, do. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, drinks & uses tobacco.

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, 5ft. 7 PRESENT WEIGHT, 134½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Has several boils on body. Skin sluggish.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, good -

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

HEARING, Good.

COORDINATION, Arms, Normal Legs, normal Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, yes.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Normal

Apex Beat, Regularity,

Irritable.

ARTERIES,

Full & compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion fair
Breath sounds resonant

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fair.

BOWELS, Present Condition, loose

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 committed before. Says he has had to work too hard. Is very excitable & very noisy on ward. Physically is not well nourished walks stooped & lung expansion is poor

Personal and Medical History of Edward Johnson.

1899

This patient was brought here by sheriff E. K. Blexrud in fair physical condition with the following history:- No history of consanguinity one brother committed suicide while insane: First symptoms of insanity manifested about five years ago: Patient has had several attacks & has been here twice before from Dec 6/94 to Nov. 13/95 (Vol. 29 Fol. 161 No. 3924) and from Aug 23/97 to Feb 11/99 (Vol. 37 Fol. 173 No. 4851). First symptoms of present attack were manifested about one month ago: Runs away: Will not work: Has not been able to sleep lately: Talks incessantly. Disease appears increasing: Not variable: Derangement now manifested by talking of killing himself: Does not sleep; talks all the time: Is very passionate & quick tempered: Not disposed to injure anyone: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed since leaving hospital - On personal examination shows all the appearance of mania. On admission put upon B³ (G.H.N. Rpt. Complexion dark: hair black: eyes gray: Skin in good condition: Vaccination scar on left arm, scar over right eye: scar on right leg. Boil on right leg above knee: Is dirty: One tooth gone from upper left jaw, 2 from left jaw; one on lower right decayed. Behavior good. —

Oct 5/6 Received on B³ Ward. Given bath: converses readily: fairly intelligent: Oct 6. Very uneasy & restless:
7/9 Paces hall. Oct 7. Still restless: talks somewhat at random. Oct 9. Patient remarks "too hard work the
14/19 cause of his being here". Oct 14. Assists on ward. Oct 19. Assisting in kitchen: still rather restless,
Nov 24 and somewhat talkative: no apparent delusions. Nov 4 Wt 141# P 80. Patient talks and laughs,
1900 Jan 31 a great deal, when alone (perhaps hallucinatory). Jan 31/1900. Patient has "spells" of depression.
Feb 20 Complains of severe pain in groin, on right side: some swelling & inflammation: remains in bed.
26 & hot fomentations applied. Feb 26. Transferred to I.W. Mar 1. Swelling opened & dressed by
Mar 1/10/15 physician. Mar 10. Patient is able to be up & around - Mar 15. Transferred to B³. Mental con-
Apl 10/15 dition seems improved Apl 10. Visited by friend. Apl 15. Is working with Expressman —
May 21 Transferred to A²: has a parole of grounds. July 1. Wt 154# P 76. July 20. Vaccinated; suc-
July 31 cessfully. July 31. Still working with Expressman: Mental condition improved. Habits neat & clean.
Aug 30 Has parole: works with express-man. Physical condition good: Nov 6. Wt. 157# P 74. —
Nov 6 Patient is, perhaps, a little weak-minded: Physical condition good - Jany 31/1901. No further
1901 Jan 31 change to report. — Feby 1 Wt 146# P 76. - March 31. Patient works regularly with
Mar 31 Expressman. Is quite reliable about his work. Apl 30. Mental condition still improving.
May 29 Is much improved & went home today.

Discharged

Personal and Medical History of

Personal and Medical History of William D. Larkin.

Whole No. 5413

Residence, St. Paul, Minn.

Date Admission, October 5th 1899.

Admitted by Dr O.C. Heyendale hour, 7 P.M.

How Sent, E.W. Bazille Dept. Ramsey Co.

Sex, male Age, 29.

Civil Condition, married.

Children, none.

Age Youngest Child, —

Occupation, Hard wood finisher.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Intemperate.

Nativity, Ohio. (Parents born in U.S.)

Physicians Committing, Talbot Jones. Herbert Davis. Became a resident of State 7 yrs ago. of Co. 6 yrs ago

Correspondents, Mrs Mary Bailey 524 Lorne Ave. St. Paul. Minn. (Mother)

No. of Year, 45

Insane Relatives, none.

Cause Exciting, Epilepsy & excessive use of alcohol.

Cause Predisposing,

Form, Alcoholic Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Jumped from window.

Date of this Attack, 3 mos ago

Duration, 3 mos.

No. of Attack, Several.

No. of Admission, 1st

Age First Attack, 24 yrs.

Time of Leaving, Oct. 24. 1899

Time in Hospital, 19 d.

Result, Discharged Feb. 6. 1900 Recovered.

EXAMINATION ON ADMISSION BY DR. Watsons Date of Oct. '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,

Systematized

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, 3 wks,

ONSET, Gradual or Sudden, Sudden.

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

Father, living & well.

Paternal Relatives, No history of insanity

Mother, living well.

Maternal Relatives, No history of insanity.

Brothers and Sisters, well.

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

HABITS, Drinking to excess and Smoking, moderately

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Car shops.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7½ in. PRESENT WEIGHT, 135 lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Leg broken Skin fairly clear.

TONGUE, Coatings or Promptness of Movement, Slight Coating

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, Marked.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity,

Normal & regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

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,

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 on a protracted spree and is suffering from delirium tremens. Physical condition good except that he is very unsteady from his dissipation & the shattered condition of his nervous system.

Personal and Medical History of William D. Larkins.

1899.

This patient was brought here by John A. Mork in good physical condition with the following history:- No history of consanguinity or heredity: Patient very intemperate. Has had several attacks during the last four or five years of about two weeks duration: First symptoms of present attack manifested about three weeks ago, by insane remarks & conduct: Suicide appears increasing: Is variable with irregular rational intervals: Derangement now manifested by delusions as to sight & hearing. Is disposed to injure others: Attempted suicide by jumping from window. No filthy nor destructive habits: Was peculiar before accession of disease: Has Epilepsy: No confinement nor restraint employed: No treatment pursued. On personal examination has scarron scalp from injury: Is extremely irritable: Conduct violent. On admission put upon Infirmary East 4th N Rpt Complexion light: hair brown: eyes blue: Skin in good condition: Right leg has been broken: Is clean: Teeth good: Behavior good.

Oct 5/ Received as Ward (IW) and put to bed. Is excited, perhaps intoxicated: very nervous: Oct 6. Still very
7 nervous: seems quite rational: given 1 oz whiskey: 1/30 Strychnia, every 4 hours: to be given alternately:
24 given extra diet. Oct 7. Is up on ward: is still very nervous: works on ward: whiskey discontinued & strychnia increased. Oct 24. Patient is rational & much improved, physically.

Taken Home by relatives.

Discharged

Personal and Medical History of

Personal and Medical History of Charles F. Norman.

Whole No. 5414
Residence, Unknown
Date Admission, October 6th 1899.
Admitted by Dr Ra. Bebb hour, 4:30 PM.
How Sent, J.A. Leonard Jr of P. Olmsted Co.
Sex, male Age, 40
Civil Condition, married.
Children, Three
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Educated.
Profession, Religion, Presbyterian.
Habits, Not intemperate.
Nativity, Sweden. (Parents also born there
Physicians Committing, Chas F. Granger & C Graham
Correspondents,

No. of Year, 44
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, Unknown
Form, Paranoia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Unknown
Duration, "
No. of Attack, "
No. of Admission, 1 here -
Age First Attack, Unknown
Time of Leaving, 13th May 1901.
Time in Hospital, 1 yr 7 mos 7 ds
Result, Remained @ Hastings Hospital

P.C. 9pm

EXAMINATION ON ADMISSION BY DR. Clarous *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear
MEMORY, Past Events, good
Recent Events, " Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal
DELUSIONS, Systematized, Transitory, Special Subjects,
Probably systematized - Delusions 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, 2 yrs.
ONSET, Gradual or Sudden, Gradual.
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),
None.
HABITS, Drinking and Smoking, No.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, Farm Land.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, fair.

10/5/99

THE WILD MAN.

Seen at Genoa Last Night by Aaron Glasby—Supposed to Have Escaped From Iowa Hospital—Sheriff Vine and Officer McDermott go After Him.

Aaron Glasby, who lives at Genoa, came to the city this morning, bearing the information that a wild man made his appearance at that place last evening. He was seen by several persons, and an effort was made to persuade him to accept the shelter of a friendly house. He refused to do this, and would not even go into a barn, saying he was used to sleeping in straw piles and preferred them. Mr. Glasby had quite a talk with the fellow and learned that he is a Swede, and his first name is John, also that he came from Iowa. He is thought to have escaped from an insane hospital of the state from which he claims to hail. This morning he was seen again about a mile from Genoa, at the old saw mill. From the description given of the man who has been hovering about Park Island it is thought to be the same. Judge Leonard issued a warrant for his arrest, and Sheriff Vine and Assistant Marshal McDermott went out to Genoa this morning, to effect his capture. They will probably return this evening with their man.

FACIAL EXPRESSION,
SENSIBILITY,
HEART, No Murmurs, Strengt
Apex Beat, Regularit
apparently extends a
Regular.
ARTERIES,
full & compr
LUNGS, Chest, Symmetry
Breath Sounds,
Chest sym. go
Expansion "
B. Rounds no
EXAMINATION URINE
Albumen,
Casts and Cry
OPHTHALMOSCOPIC E
BLOOD, Corpuscles, Hæm
SLEEP, Present Amount a
BOWELS, Present Conditi
Give condensed sta
degree of invasion, estima
mentally - sa
since have be
to my shrewd
is Mel-mour

342

Letter received from H. Halvorson, Jr., Toland, Wis. regarding Chas. Norman states that he came to his place Apr. 11th, 1895 from North Cape, where he had worked a month. Stated that he was Swedish and had come from Denver, Col., where he had a wife and three children, and a fourth expected. Had with him an essay he had written,- an argument against the free and unlimited coinage of silver, at the ration of 16 to 1. He said he had been at some newspaper office trying to get it published, but they would not accept it from him. Claimed that later on the newspapers published articles that really had the same material, all taken from his original production, and that he should have had the credit for beating the free silver element, and that the work he had done for the Government was worth $20,000,000.00. He claimed that the free silver politicians were after him and persecuting him for the article he had written, and that he left Denver and abandoned his family and friends, so as not to be killed by the silver men out there. He said of course he knew he imagined all this, but when he did imagine a thing, he knew it was right. He left his family in Oct. 1894 and had been here (in Wisconsin) about three months when he got the delusion that his family were dead. He said he imagined it, and then he knew it was so. He did not want to work steadily,- was always expecting something to " turn up" He expected that the Government would pay him for the great work he had dome, claiming he had offered to settle for 20% of the sum of $20,000,000 which he supposed the work was worth. He claimed later on that he was a great statesman and a millionaire. Upon corresponding with his friends in Colorado, it is found that they did not consider him deranged at the time he left home. He now has a wife and four children and a sister in Colorado, and a brother in Michigan, or did have three years ago.

Norman stayed with Mr. Halvorson until Oct., 1896. Was quite rational on all subjects, except politics and his family. Always feared that someone was after him to harm him. He claimed to own 160 acres of land in Kit Carson County, Col. on which he lived and was quite well to do at one time, but for several years they had a succession of dry summers so that all their crops failed and he had to leave, and moved to Denver.

STILL CON
Some of the be
Clothing ever
...Publ
CALL AN
Kitzman &
THE MODEL CLOT

Personal and Medical History of Charles F. Norman.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, none - skin clear.

TONGUE, Coatings or Promptness of Movement, no 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, normal. Legs, do. Grasp,

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

PATELLAR REFLEX, sluggish. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, somewhat hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Clear Size,

Apex Beat, Regularity,
apparently extends downward
Regular.

ARTERIES,
full + compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest sym. good.
Expansion "
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,

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 fairly well developed mentally - says he wrote an article for "Brown Sun" which attacked individuals who since have been after him. When found he was walking up + down by room. Is very shrewd in evading questions put to him. + peculiar in manner. Physically is well-nourished + in good condition.

Personal and Medical History of Charles F. Norman

1899.

This patient was brought here by sheriff's ~~deputy~~ Vine attended by Wm. Button in fair physical condition with the following history: No knowledge concerning consanguinity: No heredity nor intemperance in patient nor in parents: Nothing known concerning attacks: Disease appears stationary: Derangement manifested by delusions of persecution: Patient not disposed to injure anyone (See note) No filthy nor destructive habits noted: No information concerning previous peculiarities severe diseases, injuries to head: Nor concerning confinement nor treatment. On personal examination has delusions of persecution.

(Note Patient supposed to be man who has been hiding on Park Island for about ten days past. frightening women & children by chasing them at night - see slips attached.)

10/6/99 On admission put upon B³E. (G.H.N. Rpt. Complexion light: hair light brown: eyes gray: skin in good condition: 3 white spots on right thigh: 3 on left thigh 3 on neck. Scars on L. middle finger & R. first finger: Body clean: 2 teeth out L. upper & one out R. upper jaw: Behavior good.)

Oct 6/8 Patient quiet & well-behaved: answers questions intelligently. Oct 8. Remarks "that he has a "secret
10 mission", but will not disclose it, till the proper time comes". Oct 10 Amuses himself by playing games.
19 Does no work: rather guarded in conversation. Oct 19. Again says "he was engaged in secret work".
Nov 4 Wt 156#. P 86. Jany 31/1900. No special change to note. Still speaks of his "secret mission" -
1900 Apl 6 Patient is more confused & complains. May 1. Appears despondent: talks very little: will do no work.
July 6/31/3 Wt 161#. P 72. July 27/1900. Vaccinated unsuccessfully. July 31. Condition remains about the same.
Aug 31 Is well-behaved: has various delusions. "Thinks he has a mission in the world". At times, is quite rational. When in "spell", will not work. — Jany 1/1901. 164# P 72. —
1901 Jany 31 No further change to note. Feby 1. Wt 163#. P 72. March 31. Is quiet: appears to
Mar 31 be depressed: Delusional: works on ward. May 13. Transferred to Hastings Asylum
May 13 along with some other patients. —

Personal and Medical History of

Personal and Medical History of Russell Robin McCord.

For 5411 See Folio 329.

Whole No. 5410

Residence, Minneapolis Minn.

Date Admission, September 29. 1899.

Admitted by Dr E. Z. Wanous hour, 7 P.M.

How Sent, F.C. Harvey J. of P. Hennepin Co.

Sex, male Age, 32 yrs.

Civil Condition, married.

Children, 2 -

Age Youngest Child, -

Occupation, Travelling salesman.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Patient drank before 20. occasionally since.

Nativity, Maryland - (Parents also born there -

Physicians Committing, President of State Co. P. O. Beard & W. A. Jones.

Correspondents, Mrs Russell McCord. 12 Florence Court, Minneapolis, Minn.

No. of Year, 40

Insane Relatives, Father died apoplex. Mother died menopause maternal uncle insane after accident.

Cause Exciting, over anxiety (?)

Cause Predisposing, Previous attacks.

Form, Paresis

Accompanying Bodily Disorder, Convulsion Feb. 1st.

Suicidal or not, not suicidal -

Date of this Attack, Fall of 1898.

Duration, About 1 yrs.

No. of Attack, several.

No. of Admission, 1 hen - at St. Peter also -

Age First Attack, 22 yrs.

Time of Leaving, Nov. 2. 1899

Time in Hospital, 1 m. 4 d

Result, Died. General Paresis

EXAMINATION ON ADMISSION BY DR. E. Z. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Not good.

Recent Events, do. Special Subjects,

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

REASONING POWER, Ordinary Subjects, } None
Special Subjects,
Own Mental State,

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

ONSET, Gradual or Sudden, Gradual.

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

Father, died - apoplexy.

Paternal Relatives, no history of insanity.

Mother, died - at menopause.

Maternal Relatives, uncle insane.

Brothers and Sisters, no history of insanity.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had convulsion about Feb 1st.

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Travelling salesman.

Detail Date, Duration, and Character of Previous Attack, if any,
Committed to St. Peter Feb 1'99 to May 1'99.

Sleep, Appetite, and Bowels,

Personal and Medical History of Russell Robin McCord

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 160 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin clear

TONGUE, Coatings or Promptness of Movement, no coating - responds readily.

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

SIGHT, not good.

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

HEARING, good.

COORDINATION, Arms, Good Legs, normal. Grasp,

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

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, clear Size, n.

Apex Beat, n. Regularity,
Regular.

ARTERIES,
Full & compressible.

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, Insomnia.

BOWELS, Present Condition, Irregular

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 had three attacks & always recovered after being retained in bed for a time. His condition is probably due to nervous exhaustion. at intervals through the day he seems quite rational then falls back into his stupor when he seems much depressed & very melancholic Physically he is in good condition, fairly well nourished. Has refused nourishment since here. He has a fair mental development.

Personal and Medical History of Russell Robin Mellard.

1899

This patient was brought here by sheriffs deputy P. J. McGaarahen attended by J.W. Phillips, in good physical condition, with the following history. No history of consanguinity, one maternal uncle insane after accident. Father died apoplexy. Mother died at menopause. First symptoms of insanity manifested ten years ago: First symptoms of present attack in Fall of 1899. Was committed to St. Peter State Hospital on Feb 21'99 & remained until May 4'99. Symptoms of insanity manifested by irritability, sleeplessness, depression & constant mental activity: Disease appears increasing: is variable: Talks rationally for a few hours at a time then becomes incoherent. Derangement manifested at time of first attack by expansive ideas, fears of personal safety; second attack - by fears, depression, delusions of danger, outbursts of excitement & violence, fear of injury & suspicions of designs upon him. Has threatned family but never injured anyone. Was always a man of violent temper & of late has been irritable & depressed. About Feb. 1'99 he had a convulsion, not observed. Was at St. Peter, as above noted, & has been in county jail a few days. Has received systematic treatment; prior to first attack (in Fall of '98) was four or five months in East resting. On personal examination talks slowly, in evident fear but coherently. expressed consciousness of mental disorder, is tremulous depressed & quiet. The past five days has indicated fear of danger, avoided strangers, wandered away from home. Was sent to St. Barnabas Hospital for observation & became violent & excited.

9/23/99 On admission put upon B³ & hyf. E. (G.H.U. Rpt) Complexion dark: hair black: eyes black: skin in good condition: Bruises on right arm. 1 on left shoulder. 1 on left knee. Is clean: Has several gold crowned teeth. Behavior good.

Sep 29/30 Received from B³ & put to bed in IW. Sep 30. Out of bed several times, during night: talks little: irrational: memory poor. Oct 2. Had "hysterical spell": was much excited: struggled violently in endeavor to
Oct 2 quiet him. Oct 3. Put in protection-sheet. Oct 5. Patient quiet: has twitching, jerking movements
3/5 of arms and knee: was put on eggnog & regular diet. Oct 23. Is constipated: given salts: appears
23 weak & growing faint: refuses nourishment. Oct 26. Extremities a bluish color, due to poor
26 circulation: hot sandbags applied & given special nurse. Oct 28. Patient bruised limbs by
28 falling out of bed. Oct 30. Refused all nourishment: some pus, with blood, discharged from ear: blood
30 also from rectum. Oct 31. Requires catheterization: another hemorrhage from bowels. Visited by wife.
31 Nov 1 Catheterized again: passed considerable blood from rectum, during the day: also some discharge from ear.
Nov 1 Has been failing. Died at 4 AM. (Body is marked on shoulder & arms; bed-sores on both hips; abrasions on both knees: also on ankles. — caused from injuries sustained by falls out of bed, from time to time). -

Died

Personal and Medical History of

Personal and Medical History of Peter Brady.

George Dickey was received at the prison to-day from Faribault county to serve eight years for forgery.
Mpls. Journal
1-22-1900

Whole No. 5418
Residence,
Date Admission, October 16th 1899.
Admitted by hour,
How Sent, Jas. H. Quinn Judge of D.C. Faribault Co.
Sex, male Age,
Civil Condition, —
Children,
Age Youngest Child, —
Occupation, —
Degree Education, —
Profession, Religion, —
Habits,
Nativity,
Physicians Committing,
Correspondents,

No. of Year, 48
Insane Relatives,
Cause Exciting,
Cause Predisposing,
Form, Not Insane
Accompanying Bodily Disorder,
Suicidal or not,
Date of this Attack,
Duration,
No. of Attack,
No. of Admission,
Age First Attack,
Time of Leaving, Nov. 17. 1899
Time in Hospital, 1 mo.
Result, Discharged Feb. 7. 1900 Not Insane

No information given in papers.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish
MEMORY, Past Events, Good
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, good -
Special Subjects, "
Own Mental State, Cried & said he was not insane -
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Apparently depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
None.

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, 1 mo.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Not obtainable - would not
Paternal Relatives, tell their whereabouts.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None
HABITS, Drinking and Smoking, Not to excess
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
No.
Sleep, Appetite, and Bowels,
Normal.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6 PRESENT WEIGHT, 140# USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin somewhat sluggish.
TONGUE, Coatings or Promptness of Movement, Clear - responds promptly -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size & responses normal.
SIGHT, reads with glasses -
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, normal -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, N Size, N
Apex Beat, W Regularity, W

ARTERIES,
full & compressible

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good.
B. Sounds normal

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

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, irregular - has been using mild laxatives -

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). On beginning examination patient very much depressed & mind fixed. Would not answer questions or pay any attention to anything asked him. Finally expressed himself thus "Boys I am not crazy, I know what I am talking about & what I am doing as well as you do" He then told his story and answered questions intelligently - Physically well developed with all organs normal. Had a slight rise of temperature during first week.

Personal and Medical History of Peter Brady. al George Dickey

1899

This patient was brought here by Sheriff Sandy MacDonald, only accompanying paper being an order from J.H. Quinn Judge of District Court of Faribault Co, stating that patient forged a check for $100.00 on Aug 30 '99. & is now insane & incapable of understanding proceedings and ordering that he be committed to this Rochester State Hospital to be kept until he recovers his reason; at which time Sheriff McDonald is to be notified. No information given concerning his personal history. On admission put upon B3 E (G.H.N. Rpt. Complexion sandy: hair grayish brown: eyes light blue: Skin dirty: Vaccination marks on left arm: Blotches about hips & back: Has vermin: Has but four teeth in upper jaw; four gone from lower: Behavior good)

Oct 16 Received on ward: talks quite rational: is quiet: rather unsteady on legs; claims he is not insane, but victim of persecution. Says "he cant read or write", but afterwards asked for spectacles. "Could not read without them"

30 Talks some and seems quite rational. Is emotional: cried several times, during the day: Oct 30. No special change noticeable. Temperature (during the 14 days) has fluctuated some (98^{6} 99^{8} 100^{0}) — bowels & urine regular; appetite, on a few days, only fair, but generally good: sleep occasionally disturbed but, most of time, 7 to 8 hours. Behavior quiet. At times depressed. Worries and cries over his troubles;

Nov 4/12 Works some on ward. Nov 4. Wt 153#. P84. Nov 12. Said "he would rather die than go back to face

17 Charge against him": cried and seemed much depressed, during day. Nov 17. Found not insane, and taken away by Sheriff.

Discharged

Personal and Medical History of

Personal and Medical History of Oliver Anderson

Whole No. 5419.
Residence, St. Paul, Minn.
Date Admission, October 23 1899.
Admitted by Dr. E. J. Warnow hour, 7 P.M.
How Sent, E.W. Bazille & of P. Ramsey Co.
Sex, male Age, 22 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, — —
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Minn. (Parents born in Norway) Because a resident of state at birth - left 15 yrs ago.
Physicians Committing, Wm. J. Kelly & Chas. Wirth.
Correspondents, Mrs O. Anderson 270 Ouida St. St Paul.

No. of Year, 49
Insane Relatives, Unknown.
Cause Exciting, Sunstroke.
Cause Predisposing, unknown.
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Attempted to shoot himself.
Date of this Attack, 10 days ago.
Duration, 10 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 22 yrs.
Time of Leaving, December 31st 1901
Time in Hospital, 2 yrs 2 mo 8 d
Result, Died: Tuberculosis pulmonalis

EXAMINATION ON ADMISSION BY DR. E. J. Warnow *Date of* 10/24/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Sluggish
MEMORY, Past Events, fair
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, depressed.
DELUSIONS, Systematized, Transitory, Special Subjects, 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, 4 yrs.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living well.
Paternal Relatives, brother insane
Mother, living well
Maternal Relatives, No history of insanity.
5 Brothers and 2 Sisters, Well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None.
HABITS, Drinking and Smoking, to excess
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, irg.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6ft 3 PRESENT WEIGHT, 165 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar to right of apex - bullet wound. Skin anaemic
TONGUE, Coatings or Promptness of Movement, prompt - slight coating.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - eye normal - response normal.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, Imp. Legs, Imp. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating; Slow, hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Some sounds mak. N.
Apex Beat, Regularity, No
irritable & rapid.
ARTERIES,
flabby & easily compressed.
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, fair
BOWELS, Present Condition, Irregular

Teeth - 5 molars & 1 bicuspid decayed.

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 lead a dissipated life has been a hard drinker; is of a nervous temperament. Was told he had heart trouble which caused him much worry, bringing on despondency & melancholia. at which time he attempted suicide. Physically patient is fairly well nourished Anaemic; has a very irritable heart & very restless - Bowels irregular & digestion poor

Personal and Medical History of Oliver Anderson.

1899

This patient was brought here by Sheriff's deputy H. Hanson, attended by Joseph Cluffy, in fair physical condition, with the following history:- No history of consanguinity: Nothing known concerning heredity: Patient intemperate: First symptoms of insanity manifested about ten days ago by attempting suicide: Disease appears increasing: Is variable: Derangement now manifested by attempts at self-destruction. Is disposed to injure others: destroys furniture: No peculiarities previously manifested: Received sunstroke last Summer. No confinement nor restraint employed: No treatment pursued. No further facts noted on personal examination.

On admission put upon B3E (GHN. Apt Complexion light: hair light brown: eyes blue: Skin in good condition: One scar on first finger of right hand: 3 vaccination marks on left arm: Scar on back of right hand: Is fairly clean: Has wound on left side over heart. says it is a v.c. bullet wound inflicted by him. F.R.S. Asst. H.N.)

Oct 23 Patient received on B3: given bath. Is stubborn & talks but little: pays little attention to surroundings.

25 Refuses to get out of others' way. Nov 3. Paces hall: is still stubborn. Dec 4. Wt 170#. P107. Is very unsteady.

1900 Jan 25 Transferred to B1. Feb 2. Talks to self in a low tone; inclined to be troublesome. Mar 6. Had trouble

Mar 6/13 with nurse; also with patient: Kicked Simpson on stomach. Mar 13. 14. 15. 18. Had trouble with

Apl 6 other patients. Apl 6 Broke door in toilet-room. Expectorates on floor & on windows. June 19. visited

July 20/31 by friends. July 20. vaccinated. July 31. Condition shows no special change in any way.

Aug 1 Wt 170# — Oct 31. Rather thin in flesh, but appears in fairly good physical health. —

Oct 31 Does nothing. Walks to & fro, as the yard; expectorates everywhere: surly & contrary: strikes those who get in his way. Talks to himself & whistles & sings, at times. Answers questions

Nov 1 in a rather facetious manner. Nov 1. 167# — Jany 31/1901. very slight change. Does

1901 Jany 31 nothing: habits slovenly & dirty: rarely converses. Feby 1. Wt 175#. Pulse 90.

May 1 Wt 168#. P101. June 28. Transferred to D2. July 31. Physical condition failing gradually. —

July 31 went out to work on farm, a short time, but appeared too weak to do much. Coughs some: appears tuberculous: rather slouchy in habits; expectorates on floor: manner surly: & conversation

Aug 10 irrational: has "delusions of persecution", "poisoning &c": behavior good. Aug 10. Physical condition poor: is failing: coughs considerably: expectorates: takes but little exercise.

12 Transferred to TW. Sputum examined & numerous tubercular bacilli found: has

26 constant hectic fever & is emaciated. Eats quite well: bowels regular. Aug 26. Con-

31 -stipated: given cathartic: on extra diet: Aug 31. Patient is gradually failing. —

Sept 1/21 Wt 130#: Sept 21. visited by sister: Dec 30. Patient has lain quietly in bed: not

Dec 30 complaining of much pain or discomfort: but coughing considerably, with profuse expectoration. Has failed gradually, and died today at 12 o'cl. —

(Pulmonary Tuberculosis)

— Died —

Personal and Medical History of

Personal and Medical History of Albert T. Moore.

Whole No. 5422
Residence, Wyckoff - Minnesota.
Date Admission, October 28th 1899.
Admitted by Dr O.C. Heyerdale hour,
How Sent, E.V. Farrington J. of P. Fillmore Co
Sex, male Age, 27.
Civil Condition, single.
Children, -
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Presbyterian
Habits, not intemperate.
Nativity, Minn. (Father Vt. Mother Canada)
Physicians Committing, J.H. Phillips & W.E. Richardson
Correspondents, Father - J.M. Moore, Wyckoff, Minn.

No. of Year, 52
Insane Relatives, none.
Cause Exciting, masturbation.
Cause Predisposing, previous attacks.
Form, adolescent Insanity
Accompanying Bodily Disorder, Epilepsy
Suicidal or not, attempted by poisoning.
Date of this Attack, ?
Duration, ?
No. of Attack, ?
No. of Admission, 1 here - at St. Mary's Rochester.
Age First Attack, 22 yrs.
Time of Leaving, May 31 - 1900
Time in Hospital, 7 m 3 d.
Result, Disc. Nov. 1. 1900. Improved.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Oct 29 '99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Clear.
MEMORY, Past Events, good
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. Correct.
REASONING POWER, Ordinary Subjects, good.
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, 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, sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living, in fair health
Paternal Relatives, no history of insanity.
Mother, dead - cause unknown.
Maternal Relatives, no history of insanity
Brothers and Sisters, well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Sunstroke in 1894.
HABITS, Drinking and Smoking, no
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.
OCCUPATION, Healthy or not, farming.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, fair Appetite, poor and Bowels, regular

Personal and Medical History of Albert T. Moore.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8 in. PRESENT WEIGHT, 138# USUAL WEIGHT, NUTRITION, anaemic
WOUNDS, Abnormalities and condition of Skin, Has a deformed foot - caused by injury when young - Skin sluggish.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses normal
SIGHT, fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of tongue, hands & facial muscles.
PATELLAR REFLEX, quite marked. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, Clear Size, N.
Apex Beat, Regularity, irritable.
ARTERIES, Easily compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Chest symmetrical. Expansion good. B. sounds normal.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,

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

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

Give condensed statement of 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 despondent for some time, believing himself to be sick & too timid to consult a doctor relative to his imaginary genital trouble. So in a neurasthenic condition & on seeing a bottle of opium in his room attempted suicide tho not taking enough to kill him. Physically he is anaemic, poorly nourished & very nervous.

Personal and Medical History of Albert T. Moore.

1899

This patient was brought here by Roy Moore, brother, as Sheriff's deputy & Martin Ralph. In good physical condition, with the following history. No history of consanguinity nor heredity known. First symptoms of insanity manifested five years ago became despondent took laudanum with intent to commit suicide. Disease appears stationary. Is variable with irregular rational intervals. Derangement now manifested by despondency. Not disposed to injure anyone. Not filthy nor destructive in habits. Before accession of disease joined several churches, attempted to preach without making any preparation. No intemperance in family or patient. No confinement nor restraint employed. Has been to several physicians & to St. Marys Hospital but without any results. On personal examination is melancholy & depressed.

10/28/99 On admission put upon B3E (Gyn Rpt. Complexion dark. hair & eyes brown. Skin in good condition. Vaccination marks on left arm (3) scar on left breast & one on inside of instep. Is clean. Left foot crippled & sore to touch. One tooth gone from either side of lower jaw.) —

Oct 28/99 received on Ward (B3). Is very quiet & melancholy. T 99.6 P 88. Oct 29 Seems despondent. —

30 Assists on ward. talks rationally. is well — behaved. Still melancholy. Nov 30 Still assists on ward.

Nov 30 1900 had Spell. resembling Convulsion. muscles rigid. was unconscious. does not struggle. (perhaps

Jan 27 hysterical). Jany 27/1900. Wrestling with patient (Loken 2). Sprained ankle of right foot. Transferred

29 to IW. put to bed & hot compresses applied. Jany 29. Put in plaster cast. given clothes and put on crutches.

Feb 14 Transferred to B3. May 1 Wt 147# P 72. Well-behaved. agreeable. assists on ward. Talks freely & rationally.

May 31/99 May 31. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of John Callahan.

Whole No. 5486
Residence, Waseca, Minn.
Date Admission, November 6' 1899.
Admitted by Dr. O.C. Heyerdale hour, 3 PM.
How Sent, Geo. A. Wilson J. of P. Waseca Co.
Sex, male Age, 40
Civil Condition, married.
Children, five.
Age Youngest Child, –
Occupation, Cattle buyer.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not intemperate.
Nativity, Wisconsin (Parents born in Ireland. Became resident abt 1870 State of Ga in 1869)
Physicians Committing, Dr. Swartwout & Dr. McMahon
Correspondents, Mr Mary Callahan, Waseca, Minn.

No. of Year, 56
Insane Relatives, Father & brother.
Cause Exciting, worry over a law suit.
Cause Predisposing, Heredity.
Form, Acute Delusional Insanity
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Nov. 1' 1899.
Duration, 6 days.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 40 yrs.
Time of Leaving, Dec 16. 1899 (Jan 1900)
Time in Hospital, 2 months
Result, Discharged Aug. 8. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Symons *Date of* Nov 7' 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Rather confused at times.
MEMORY, Past Events, fair
Recent Events, not good Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State, Says he is all right.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Exalted at times.

DELUSIONS, Systematized, Transitory, Special Subjects, afraid he is being poisoned.

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, a few days.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Dead, killed by accident (insane)
Paternal Relatives, No history of insanity
Mother, living well.
Maternal Relatives, no history of insanity.
Brothers and Sisters, Well. (1 bro. insane)
Children all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None remembered "always well"
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Cattle buyer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Regular Appetite, Good and Bowels, Regular

John Callaghan.

May 14' 99. Received injury in R.R. accident. Struck end of caboose breaking nose on hinge. Was unconscious - afterward attended by Dr. Keyes of Winona. Head & nose ached for a long time after injury. Lost 20 – 30 lbs. in weight - not in bed much but lay around all summer - Had never been sick before.

Claim agent offered him $150.00 He wanted $1000. at first, afterward $500.00. They sent him check for $300 which he refused saying he would take $350. A lawyer advised him to ask for $5000.

Before coming here thought people wanted to "do him up" was afraid to take medicines offered him. Thinks he was probably irrational. Thinks condition was due to fever & he was in pretty bad shape when admitted but says he is entirely free from delusions now & can see that worries were imaginary.

John Callahan.

HARACTERISTICS.

USUAL WEIGHT, NUTRITION, Emaciated -
ead flattened - dilated descending colon - skin sluggish -
breath foul responds slowly.
ual - sig normal - responses slow.

normal Grasp,
of hands & tongue quite marked -
Other Reflexes,
g & slow.

CRANIAL MEASUREMENTS.

Circumference Horizontal,
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,

Breath Sounds,
Chest symmetrical
Expansion fair.
B. sounds normal.

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Irregular
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 thinks he is all right says he is "troubled at night with seeing things" Rather incoherent in his statements & dates his trouble to injury received & the lawsuit which it caused. Has some rise of temperature - has lost much in weight & is much emaciated - slight enlargement of spleen - dilated descending colon; constipated - anorexia and insomnia are present. Trouble may be due to high temperature.

Personal and Medical H[illegible]

Whole No. 5426

Residence, Waseca, Minn.

Date Admission, November 6 '[illegible]

Admitted by Dr. O.C. Heyerdale h[illegible]

How Sent, Geo. A. Wilson J. of P. W[illegible] [illegible]Scholen

Sex, male Age, 40 [illegible], none mentioned.

Civil Condition, married. [illegible], not.

Children, five. [illegible]te of this Attack, Nov. 1, 1899.

Age Youngest Child, – Duration, 6 days.

Occupation, Cattle buyer. No. of Attack, 2nd

Degree Education, Common school. No. of Admission, 1st

Profession, Religion, Roman Catholic. Age First Attack, 40 yrs.

Habits, Not intemperate. Time of Leaving, ~~Dec~~ Jany 6. ~~1899~~ 1900

Nativity, Wisconsin (Parents born in Ireland. Time in Hospital, 2 month

Became resident of State & Co. in 1869

Physicians Committing, M. Swartwoudt & D.J. McMahon Result, Discharged Aug. 8. 1900

Correspondents, Mrs. Mary Callahan, Waseca, Minn. Recovered

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Nov 7 '99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Rather confused at times.

MEMORY, Past Events, fair

Recent Events, not good. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State, says he is all right.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
afraid he is being poisoned.

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, a few days.

ONSET, Gradual or Sudden, sudden.

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

Father, dead, killed by accident (insane)

Paternal Relatives, No history of insanity

Mother, living well.

Maternal Relatives, no history of insanity.

Brothers and Sisters, well. (1 bro. insane)

Children all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None remembered "always well"

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Cattle buyer.

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

Sleep, irregular Appetite, poor and Bowels, quite regular

[illegible]ersonal and Medical History of John Callahan.

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 3½ PRESENT WEIGHT, 171# USUAL WEIGHT, NUTRITION, Emaciated.

WOUNDS, Abnormalities and condition of Skin, Left side of head flattened. dilated descending colon. Skin sluggish.

TONGUE, Coatings or Promptness of Movement, heavily coated breath foul responds slowly.

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

SIGHT, fair

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

HEARING, good.

COORDINATION, Arms, normal Legs, normal Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Tremors of hands & tongue quite marked.

PATELLAR REFLEX, slow. normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, weak Size, n.

Apex Beat, Regularity,
Very rapid & regular.

ARTERIES,
full & compressible.

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, Irregular

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 thinks he is all right says he is "troubled at night with seeing things" Rather incoherent in his statements & dates his trouble to injury received & the lawsuit which it caused. Has some rise of temperature - has lost much in weight & is much emaciated - slight enlargement of spleen - dilated descending colon - constipated - anorexia and insomnia are present. Trouble may be due to high temperature.

Personal and Medical History of John Callahan.

1899

This patient was brought here by Sheriff's deputy Ryan, in fair physical condition, with the following history:- No consanguinity: Father + brother insane: No intemperance in patient or parents: First symptoms of insanity manifested Aug. 20'99 lasting one day: First symptoms of present attack Nov. 1'99. Suspected family of administering poison: Disease appears increasing: Not variable: Derangement now manifested by violence, threatens bodily injury to neighbors + family + suspects others of trying to kill him: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injury to head: No confinement nor restraint employed: Would not take medicine: On personal examination is violent: threatens attendants + is much reduced in weight. On admission put upon B³ East (G.H.N. Rpt. Complexion light: hair brown: eyes blue: skin clean: Vaccination marks on left arm: small birthmark on left breast: small scars on both legs below knees. Is clean: 3 teeth out either side upper jaw Has a cluster of warts on left breast.) ——— " ———

Nov 6 Received on Ward. Talks readily + rationally. Temp 101. P 112. Is in bed. Has delusions of persecution,
9 and is melancholy. Nov 9. Seems much confused + excited: noisy + restless, all day. Nov 10. very restless all night.
11/14 Visited by friend. Delusions come on "by spells". Nov 14. At night was very restless: took bed clothing
17 + ran up the hall with it. Nov 17. Talks freely regarding condition: says "he has lost control of
21 himself". Is very anxious to recover, however. Nov 21. Patient seems restless, most of time: at times, is
29 quite rational + realizes his condition; then, again, is confused. Nov 29. Patient up on ward: mental +
Dec 15 1900 physical condition improving: Behavior good. Dec 15. Appears rational: goes out for recreation: takes
Jan 1/6 part in amusements. Jany 1/1900. Wt 176.# P 86. Appears rational. Jany 6. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of William Grenville

Whole No. 5427
Residence, St. Paul, Minn.
Date Admission, November 6th 1899.
Admitted by Dr. E. J. Watsons hour, 7 P.M.
How Sent, Hy. Gallick Ct. Com. Ramsey Co.
Sex, male Age, 45 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Book-keeper.
Degree Education, High-school.
Profession, Religion, Catholic —
Habits, Formerly very intemperate.
Nativity, New York. (Parents born in Ireland.)
Physicians Committing, E. E. Riggs & Arthur Sweeney.
Correspondents, H. J. Bailey, Plumber, 64th Robert Sts. St Paul, Minn.
Geo Grunsteen 7th

No. of Year, 57
Insane Relatives, None.
Cause Exciting, Alcoholism.
Cause Predisposing, —
Form, Alcoholic Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 1897
Duration, 2 yrs.
No. of Attack, 1st
No. of Admission, 2nd (Was discharged)
Age First Attack, 43 yrs.
Time of Leaving,
Time in Hospital,
Result,

Became a resident of State Co. in 1859.

EXAMINATION ON ADMISSION BY DR. Watsons *Date of* Nov 7 99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, rather confused.
MEMORY, Past Events, poor
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects, fair
Special Subjects, "
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, indifferent + 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, Several yrs.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living
Paternal Relatives, No history of insanity
Mother, living.
Maternal Relatives, no history of insanity
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Typhoid 10 yrs ago. Lung fever several yrs ago. Specific trouble several yrs ago
HABITS, Drinking and Smoking, Chronic alcoholic.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, draysman.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, fair Appetite, poor and Bowels, fair

Personal and Medical History of William Grenville

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 127 lbs USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, normal.
TONGUE, Coatings or Promptness of Movement, slight coat. prompt
PUPILS, Equality, Size, Response to Light, and Accommodation, equal normal.
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, normal Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, quite marked of hands + tongue.
PATELLAR REFLEX, normal. Other Reflexes, do
ARTICULATION, Slurred, Hesitating, Slow, slurred + slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Weak
Apex Beat, " Regularity, Regular
ARTERIES, 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, 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). Has been a chronic alcoholic - after leaving here started drinking again. Lately has been pugnacious + destructive would not work + has delusions of persecution. Condition due to liquor - an alcoholic dement. also gives some history of a disease which probably was specific trouble from questions regarding treatment, symptoms etc. Physically he is in pretty good condition tho unsteady.

Personal and Medical History of William Grenville

1899

This patient was brought here by sheriff's deputy H Hansen, attended by W. J. Bazille, in good physical condition, with the following history: No history of consanguinity nor heredity: First symptoms of insanity manifested in 1897, by delusions. Disease appears increasing Not variable: Derangement now manifested by thinking that he is an engineer: has destructive impulses: smashes windows & is pugnacious Not disposed to harm anyone: Before accession of disease was moody & brooding: No severe diseases nor injuries to head: No confinement nor restraint employed since leaving hospital. No treatment pursued. On personal examination manifests loss of memory: lowering of intelligence: presence of delusions & irritability.

Note Patient was here as an inebriate from 3/23/97 to 5/26/97 See Vol. 32 Fol. 361 No 4720 On admission put upon B3 E (G.H.N. Rpt. Complexion fair: eyes blue: hair dark gray: Skin in good condition: Vaccination scars on left arm: Is clean: Four teeth out right & three out left upper jaw: 2 out right & one out left lower jaw: Behavior good.)

Nov 6/7 8/10 21 Dec 2/21 1900 Feb 4 Apl 6 July 20/31 Aug 30 Oct 30 1901 Jan 4 28/31 Feby 1 Mar 31 May 1 July 31 Sept 1 1902 Jany 31

Patient received on B3. Talks readily & quite rationally. T 99. P 80. Nov 7/1899. Complains of being weak. memory seems impaired: Nov 8. Complains of constipation & hemorrhoids. Nov 10. has trouble with ulcerated tooth. Nov 21. Transferred to A1. Dec 2. Wt 134# P 70. Dec 21. Patient complained of severe pain in left side & lung; sore throat & headache. T 101. P 96. Was transferred to Infirmary Ward. (+) Wt 131#. Still complains of pain in chest: assists on ward. Patient on medicine for constipation. Congestion of Stomach (hypochondriacal). July 9. Wt 128# P 78. July 20. Vaccinated successfully. July 31. Mental condition continues the same. Habits neat & clean. Assists on the ward. (+ omitted above. Improved under treatment: up on ward Dec 24. Dec 27. Transferred to A1. Jany 1/1900. Wt 135# P 90. Is habitually constipated: medicine negative: Does a little work: Jany 31. Complains of pain in chest: put on treatment & improved). Aug 30. Patient rather dull and somewhat depressed: assists with ward-work. Oct 30. Condition about the same. Is troubled with constipation. Received treatment for the same. Jany 4/1901. Complains of pain in chest. Jan 28. Went to bed. T 100. Suffering from La Grippe. Jany 31. Patient improved. Feby 1. Wt 139# P 76. Mar 31. Patient is restless, delusional; troubled with constipation. May 1. Transferred to TW: put to bed & on regular treatment. Improved somewhat physically. July 31. Is up & around. Still complaining, and troubled with constipation. Still seems somewhat depressed. Augt 1. Wt 104#. Wt 106#. Jany 1/02. Wt 124#. Jany 31/02. Patient complained, during August, a good deal. but complaints not very definite. Was sick at stomach, part of time & complained of pains in abdomen. Sep 30. Also complained during this month & has been on medicine). Oct 1. Has gained some in weight. Oct 26. Tried to run away. During November, December & January, he seemed to be gaining, although he still complains of various pains & troubles.

Personal and Medical History of Wm. Grenville

Jan 31/03. Patient's condition remained unchanged during the whole year. Health good. Quiet and well behaved. Somewhat feeble of mind.

Personal and Medical History of William Jones

Whole No. 5428
Residence, Clay Co. (Committed from State Prison, Stillwater)
Date Admission, November 8th 1899.
Admitted by Dr. A. F. Kilbourne. hour, 7 PM.
How Sent, D. J. Wilson Dept. Washington Co.
Sex, male Age, 42
Civil Condition, married.
Children, one.
Age Youngest Child, –
Occupation, Stationary Engineer.
Degree Education, ✓
Profession, Religion, ✓
Habits, unknown.
Nativity, Wales (Parents also born there)
Physicians Committing, E. Sidney Boleyn & F. Haines.
Correspondents,
Sentence at State Prison expired Dec. 9th 1899.

No. of Year, 58
Insane Relatives, unknown.
Cause Exciting, unknown.
Cause Predisposing,
Form, Dementia Paranoides
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Asked for gun to shoot himself.
Date of this Attack, During past year.
Duration, 6 mos – 1 yr.
No. of Attack, ✓
No. of Admission, 1 this.
Age First Attack, ?
Time of Leaving, Aug. 15. 1900
Time in Hospital, 8 mo. 7 d.
Result, Dism. Nov. 6. 1900
Recovered.

EXAMINATION ON ADMISSION BY DR. L. L. Chapple Date of Nov. 9 99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear – fairly correct.
MEMORY, Past Events, Good
Recent Events, Impaired Special Subjects, good.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert – Correct.
REASONING POWER, Ordinary Subjects, Good.
Special Subjects, Quite good.
Own Mental State, good.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Answers rather slowly – Says he has thought someone was talking about him & going to kill 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, 3 mos.
ONSET, Gradual or Sudden, probably gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living, well.
Paternal Relatives,
Mother, living well.
Maternal Relatives,
Brothers and Sisters, Well
Children 1 – well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Struck on head & chest 3 mos. ago.
HABITS, Drinking and Smoking, both some –
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Headaches since injury – increasing.
R.R. man.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, fair Appetite, good and Bowels, regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9 PRESENT WEIGHT, 154½ USUAL WEIGHT, 185. NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Several scars on head & arms. L. thumb stiff – Nose has been broken – Scar on sacrum.
TONGUE, Coatings or Promptness of Movement, Skin in fair condition – some acne. Quite clean – slow.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal – normal size 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 hands & tongue.
PATELLAR REFLEX, Good Other Reflexes, O
ARTICULATION, Slurred, Hesitating, Slow, Stutters some – pronunciation not very clear.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, no. Sounds, Quite good Size, N.
Apex Beat, Regularity, 5 regular – Says he has palpitation.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical. B. sounds normal.

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, poor.
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). In fair physical condition but says he has lost a good deal in weight & has constant & severe headaches also complains of pain in chest & of weak lungs. Upon vault & left side of head are several irregular scars which patient says are result of blows received from guard in prison 3 mos. ago. Says never had headaches before injury was received. Has delusions that people are talking about him & want to kill him & that when injury was received the thought guard wanted to poison him. Seems intelligent, says memory has been poor for last three months. Stutters some. Says always has. Seems depressed & morose but says he wants to work & get rid of his trouble. Probably melancholia. Says trouble is due to injury to head.

Personal and Medical History of William Jones

1899

This patient was brought here by sheriff's deputy Dr Withrow, from State Prison, Stillwater, Minn.[x], in poor physical condition, with the following history:- Nothing known concerning consanguinity, heredity nor intemperance in patient nor parents: First symptoms noted during past year by delusions of poisoning, refuses food: disease appears increasing: Derangement now manifested by thinking that people are trying to kill him: stiffle him with gases: poison food etc: Fs inclined to harm others: Asked for gun to shoot himself: Filthy & destructive in habits: Before accession of disease was morose, quarrelsome, noncommunicative, suspicious, thinks others try to injure him: Sustained injury to head: Has been in solitary confinement as punishment: Has been given sedatives, no effect. On personal examination is anaemic, tongue flabby, pulse irregular, facial muscles twitch, reflexes exaggerated, is non-communicative.

[x] Note. Patient was serving a two years sentence in State Prison for assault in second degree. Term expires Nov. 19 '99.

On admission put upon B³E (GHN Rpt. Complexion dark: hair dark: eyes blue: Skin in good condition: Vaccination marks on left arm: scar on back & several on head: Slight eruption on shoulders: 2 teeth gone from either side of upper jaw: 3 from left & one from right lower jaw: Behavior good.)

Nov 8 Patient received on Ward (B³): very uncommunicative: restless all night: complained of headache.
9 Is constipated. Temp. normal. Nov 9. Remains in room: seems sullen: holds head in hands: will
11 not allow any one to touch him. Nov 11. Says "headache is caused from blows received at Pene-
Dec 15 -tentiary". Dec 15. Patient has been well-behaved: assists with work on ward: Still complains of head-
31 -ache. Dec 31. Is irritable, deluded: Says "he is being tormented". Imagines that patient O'Shaugh-
1900 Jan 2 -nessy is cause of his trouble & is here to continue persecution. Jany 2/1900 Attempted Elopement.
7/8 Told patients "he intended to commit suicide": was transferred to C. Jany 8. Complains of pain
12 in stomach: has slight hemorrhages, with stools. Jany 12. Said "some one threw powder
13-16 on him during night, intending to kill him. Jany 13-14-15-16. Refused all meals. Took
19 nourishment when about to be fed with stomach-tube. Jany 19. Vomited after taking cygnus.
27 had one tooth & 2 roots extracted from right side of jaw. Jan 27. Put on peptonized milk-
Feb 2/23 Wt 167#. P84. Patient much improved, mentally & physically. Feby 23. Transferred to B²
Mar 8 Came out of room at night: said "patient Peterson threatened his life & would kill him if he got a
26/28 chance". Mar 26. Complains of severe headache. "Thinks there is poison in food". Mar 28. Refused food.
Apl 30. Left side of face is swollen & painful. April 30. Sleeps with wet towel over face. "thinks air is poisoned".
May 25-31 Refused all nourishment. June 9. Was struck on head by August meyer, cutting the scalp.
June 16 Commenced to work in Main Kitchen. July 3. 5 strips of blanket, 8 in. wide, 1 of feet long, were
July 3/17/31 found in bed. July 17. Vaccinated unsuccessfully. July 31. No special change to note.
Aug 15 Eloped. to day —

Discharged

Personal and Medical History of

Personal and Medical History of Mathew Galvin

Whole No. 5429
Residence, Unknown.
Date Admission, November 8th 1899.
Admitted by Dr. A. F. Kilbourne hour, 7 Pm.
How Sent, T. Moran Supt. Dakota Co.
Sex, male Age, 23.
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic
Habits, Cannot state.
Nativity, Minn. (Parents born in Ireland)
Physicians Committing, A. Van Buck & H. Fitch.
Correspondents, Mrs. Galvin (Father) 743 Agate St., St. Paul, Minn.

No. of Year, 59
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing,
Form, Dement. Paranoia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, probably not.
Date of this Attack, Cannot state
Duration, "
No. of Attack, "
No. of Admission, 1 sue.
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 11/10/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear. quick.
MEMORY, Past Events, Quite good.
Recent Events, Impaired. Special Subjects, see note
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,
Apparently depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Says that an Engineer told him he was God and frightened him. Seems 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, Probably very short.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living, well.
Paternal Relatives,
Mother, living, well.
Maternal Relatives,
Brothers and Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says was always well.
HABITS, Drinking and Smoking, Drank some & smoked cigarettes.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, Mechanic & laborer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
Says good.

. . . Office of . . .
JUDGE OF PROBATE,
Dakota County.
THOS. P. MORAN, Judge.

Hastings, Minn., Nov. 8th. 1899.

A. F. Kilbourne, M. D.
Rochester, Minnesota.

Dear Doctor:-

The hereto attached examination of Mathew Calvin is not very full, but is all we could learn from him. He was brought here from Brunsville, in the northern part of this County, where he was found wandering about in a demented condition.
We have some information that his parents reside in St. Paul, but nothing definate. Will write to the address the patient gives and may be able to learn something definate, as to residence etc.

Very Respectfully,
Thos. P. Moran

...ION, Good. Skin clear pale

...ENTS.

Apex Beat, 5 Regularity,
Regular & slow.
ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds feeble

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

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

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Quite good.
BOWELS, Present Condition, 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 apparently good physical health no lesions found. When examined Nov 9. seemed in a dazed, stupid condition & to all questions answered "don't know". Today (Nov 10) seems to have recovered from his dazed condition & talks sensibly but with some hesitation as if afraid. Says that on Sunday he had trouble at home & left, going to Rankin then back to St Paul & slept in a box car. Afterwards was frightened by an engineer who said he was God & patient must obey him. Left St Paul riding on freight train. Stopped at Inver to stay all night & was at a house getting something to eat when taken. Says he can't explain how he was frightened & gives no particulars as to his arrest, examin etc. Of low mental grade & probably has little education.

Personal and Medical History of

Whole No. 5429

Residence, Unknown.

Date Admission, November 8th, 1899

Admitted by Dr. A. F. Kilbourne hour, 7 A.M.

How Sent, P. Moran J. of P. Dakota Co.

Sex, male Age, 1 23.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Catholic

Habits, Cannot state.

Nativity, Minn. (Parents born in Ireland.)

Physicians Committing, H. Van Beeck + H. Fitch.

Correspondents, Mich. Galvin (Father) 743 Agate St., St. Paul, Minn.

No. of Years,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form,

Accompanying Bodily Disorder,

Suicidal or not, probably not

Date of this Attack, cannot state

Duration,

No. of Attack,

No. of Admission, 1 hue.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 11/10/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Fairly clear. quick.

MEMORY, Past Events, Quite good.

Recent Events, Impaired. Special Subjects, see note

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,
Apparently depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Says that an Engineer told him he was God and frightened him. seems 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, Probably very short.

ONSET, Gradual or Sudden, Gradual.

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

Father, living, well.

Paternal Relatives,

Mother, living, well.

Maternal Relatives,

1 Brothers and 2 Sisters, well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Says was always well.

HABITS, Drinking and Smoking, Drank some + smoked cigarettes.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, Mechanic + laborer.

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

Sleep, Appetite, and Bowels,
Says good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

WEIGHT, 5 ft 8. PRESENT WEIGHT, 141# USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Vaccination scars on left arm. Skin clear + pale

TONGUE, Coatings or Promptness of Movement, prompt. slight coat.

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, Very slight of hands.

PATELLAR REFLEX, Increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal + distinct.

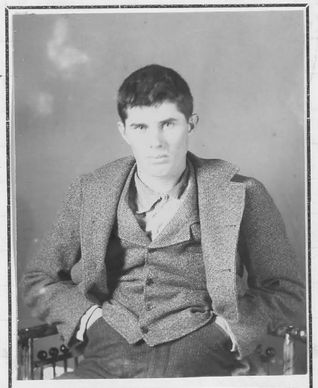
FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Good Size, N

Apex Beat, 5 Regularity,
regular + slow.

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). In apparently good physical health no lesions found. When examined Nov. 9. seemed in a dazed, stupid condition + to all questions answered "I don't know". Today (Nov 10) seems to have recovered from his dazed condition + talks sensibly but with some hesitation as if afraid. Says that on Sunday he had trouble at home + left, going to Hamline then back to St Paul + slept in a boxcar. Afterwards was frightened by an Engineer who said he was God + patient must obey him. Left St Paul riding on freight train. Stopped at town to stay all night + was at a house getting something to eat when taken. Says he can't explain how he was frightened + gives no particulars as to his arrest, exam. etc. Of low mental grade + probably has little education.

1899

This patient was brought here by Sheriff Hyland attended by Keyes Bacon in poor physical condition, with the following history:-
Very little known concerning patient (see letter attached.) He was found wandering about in a demented condition in Bruinsville & taken to Hastings: On personal examination ~~was~~ depressed, feared murder, marked loss of memory noted: Could give no account of himself beyond facts given. On admission put upon Infirmary (G.H.U. Rpt Complexion dark: hair black: eyes black: Condition of skin good: Abrasion of skin on right shin, left elbow & left hip. Slight cut on upper lip: Is dirty: One tooth gone from either side of upper jaw: Behavior good.)

Nov 8 Received on TW. given bath & put to bed: patient quite rational; somewhat despondent: slow &
10 indifferent. Temp. normal. Nov 10. patient states he had trouble at home & went away: slept in box-car: was frightened by Engineer: says, "was taken out from St Paul; knows not where; he begged food: got to Hastings". When before Probate Judge, refused answering questions, because being frightened. Asks for a Priest. Gets up and investigates surroundings: tries doors screens &
11/12 Had "confused spell" about noon, in which he would not converse. Nov 12. Is up & dressed. Transferred to B3. Patient rather stupid: refused nourishment: his despondency shows expression of
Dec 28 1900 fear. Dec 28. Patient much disturbed: pugnacious: attacked night nurse. Condition does not improve.
Jan 1 Transferred to B1. Mar 1. Wt 175# P 86. Had trouble with patient Anderson. Mar 8 very maniacal &
May 23 troublesome. May 23. Attacked nurse Ballard. July 1. Wt 159#. July 20. vaccinated, unsuccessfully.
July 20/25/31 July 25. He frequently has trouble with other patients. July 31. Above notes, in general, hold good.
Aug 1 155#. Oct 31. In fairly good health: does no work: quite slovenly in habits: Talks to
Oct 31 himself: very irrational. Is contrary & will fight with other patients - "Thinks people
1901 have his brains; are bothering his head &c". Is very indolent in manner. Nov 1. 148#
Jany 31 No change. Still indolent & untidy. "Thinks this is a religious Institution". Is
Feby 1 kept in "Bay", most of time. Feby 1. Wt 154# P 80. Apl 6. Had trouble with W. J. Hope,
May 1 striking him in face. May 1 Wt 144 lbs. July 21. Eloped: Caught by nurse Clawson near
July 21 Chester, and returned to TW. Said, "he had been eating paris-green and lime". Stomach washed
22 out: appears considerably fatigued - July 22. appears about as well as usual: given 1 oz salts.
24/26/31 Up on ward. July 26. Transferred to B1. July 31. No special change: is slovenly & indolent.
Talks but little: is restless: does no work: will answer simple questions, but is usually
Aug 1 irrational in conversation. Is somewhat demented. Aug 1. Wt 133#. Nov 1. Wt 145#
1902 Jany 31 very little change, mentally. Is surly & pugnacious frequently. Tries to escape, at every opportunity: pulls the hair out of his head: Is slovenly: occasionally, works a little on ward: health good. Feb 1/02 Wt. 148#. Aug 1 Wt. 146#.

1903 Jan 31. Health good - Occasionally works a little on ward. Stands about idly - talks but little - has had habit for long time of pulling hair out of his head; seems to be acting under a delusion. Occasionally becomes pugnacious; frequently tries to elope when

outside.

Personal and Medical History of Charles Erickson

Whole No. 5430
Residence, St. Paul, Minn.
Date Admission, November 8' 1899.
Admitted by E. Z. Wanous hour, 7 P.M.
How Sent, E.W. Bazille J of P. Ramsey Co.
Sex, male Age, 36 yrs.
Civil Condition, divorced.
Children, —
Age Youngest Child, —
Occupation, Saloon keeper.
Degree Education, Commonschool.
Profession, Religion, not a ch. member.
Habits, Intemperate
Nativity, Indiana (Sweden)
Became a resident of State & C. 17 yrs ago.
Physicians Committing, J.H. Ohmdahl & O. Sohlberg.
Correspondents, —

No. of Year, 60
Insane Relatives, unknown.
Cause Exciting, Alcohol.
Cause Predisposing, unknown.
Form, Acute Alcoholic Insanity
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, 3-4 days ago
Duration, 3-4 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 36 yrs.
Time of Leaving, Jan. 3. 1900
Time in Hospital, 1 m. 26 d
Result, Discharged Feb. 6. 1900
Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused. fairly quick.
MEMORY, Past Events, fair
Recent Events, poor Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert Clear.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State, poor
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
normal.
DELUSIONS, Systematized, Transitory, Special Subjects,
Patient says he was shot. & that he is in Ryan hotel &c. Considerably confused.
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 (4 yrs. ago) well. Intemperate
Paternal Relatives,
Mother, living (4 yrs. ago) well.
Maternal Relatives,
2 Brothers and 3 Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
has had syphilis
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, saloon keeper.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, poor Appetite, poor and Bowels, regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, 196# NUTRITION, Quite good
WOUNDS, Abnormalities and condition of Skin, 2 recent scars on head. 1 on hand. bruises on arms & legs. vac. scars on arm. Considerable acne.
TONGUE, Coatings or Promptness of Movement, clean. jerky.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. normal. responses good.
SIGHT, Impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Quite good.
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow.
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 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, poor.
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. Is nervous & numerous tremors present. Is slightly obese. Has a dissipated look of an alcoholic. Says has been a hard drinker & smoker for years & has noticed the bad effects for six years or more. Has had several diseases and evidently has led a dissated life for past 15 yrs. Is nervous, talkative, confused & deluded. Previous mental state rather low. Cause of present trouble probably alcoholism - perhaps excited by blow upon head

Personal and Medical History of Charles Erickson.

1899

This patient was brought here by sheriff's deputy H Hanson attended by Peter Mender. in good physical condition:- Nothing known concerning consanguinity nor heredity: Patient intemperate: First symptoms of insanity manifested three or four days ago. by delusions: Disease appears increasing: Not variable: Derangement now manifested by incoherent talk, thinks he is on a steamboat shovelling coal: Not disposed to injure anyone: No filthy nor destructive habits: Nothing known concerning previous peculiarities, severe diseases nor injuries to head: Has been confined in county jail since Friday last but not on account of insanity. No treatment pursued. On personal examination is excited, restless, tremulous & talks excessively.

On admission put upon C'E (G.H.N. Rpt. Complexion light: hair brown: eyes blue: Condition of skin good: One scar on top of head 1½ in. long: Vaccination marks on left arm: Bruise on left elbow; Teeth all present. Is restless & inclined to be ugly. T.100⁸ R21 P100.)

Nov 8 received on TW & put to bed. 2 scars on top of head: one old & one new bruise on left Elbow.

9 vaccination mark on arm - Talk is incoherent: maniacal: T100. P100. Nov 9 Patient has delusions that some one has shot him. Is very much confused; restless & noisy through night

10 Bruised eye through the night; cause unknown. Nov 10. Is more quiet: patient thinks he

14 is a subject for execution": "people plotting to get life - insurance". Nov 14. Is dressed & transferred

21 to B3. Nov 21. Talks rationally & works on ward. Takes part in amusements.

Dec 1 1900 Wt 189. P72. Is well-behaved; agreeable: quiet: works on ward: talks rationally. Is improved.

Jan 3 Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Herman E. Garms.

Whole No. 5431

Residence, Waseca Co, Minn.

Date Admission, November 11th 1899.

Admitted by Dr. L. L. Chapple hour, 9 P.M.

How Sent, Ed. Wilson Sheriff. Waseca Co.

Sex, male Age, 31

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Germany. Parents also born there. Became a resident of State of Minn. in Aug. 1898.

Physicians Committing, J. F. Blanchard & W. A. Chamberlain

Correspondents, Ferd. Mouttrey, Janesville. Minn. Received Removed by State Agent Bates.

No. of Year, 61.

Insane Relatives, Unknown.

Cause Exciting, Cerebral Derangement.

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Nov. 9 '99

Duration, No Since Nov. 9 '99.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, July 19. 1900

Time in Hospital, 8 mo. 8 d

Result, Discharged Aug. 8. 1900

EXAMINATION ON ADMISSION BY DR. L. L. Chapple Date of 11/13/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.
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, Systematized, Transitory, Special Subjects,
Yes. transitory - says body was cut in two 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, Dead - lung trouble -
Paternal Relatives,
Mother, Dead - probably dropsy.
Maternal Relatives,
Brothers and Sisters, Well -

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None that he knows of -

HABITS, Drinking and Smoking, Drinks some - Smokes a great deal

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches

OCCUPATION, Healthy or not, laborer, farmer -

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

Sleep, Appetite, and Bowels, fair, regular, fair

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 131 lbs USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, Good

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

HEARING, Good.

COORDINATION, Arms, Good Legs, Good. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight of tongue.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Quite good.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Good Sounds, Size, N

Apex Beat, 5 Regularity, regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest Symmetrical
Expansion fair.
B. Sounds normal

CRANIAL MEASUREMENTS.

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

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

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fairly 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). In fair physical condition rather thin - has horizontal ring of both legs - skin appears anaemic Speaks very little English - evidently very moderate mental grade - Appears quite normal mentally - says he has worked hard, had no trouble with any one in this country - Said that last night someone cut his body in two. Probably masturbates.

Personal and Medical History of Herman E. Garnes.

1899

This patient was brought here by sheriff's deputy Michael Ryan attended by Frank Connors in good physical condition, with the following history:- No information concerning consanguinity, or heredity: No intemperance in patient nor parents: First symptoms of insanity manifested Nov. 9-99 by delusions & hallucinations: especially concerning fire, fearing that someone is attempting to burn him: Disease appears increasing: Not variable. Derangement now manifested by dreading fire and fearing personal injury from same. Not disposed to injure anyone: No filthy nor destructive habits: No history of severe diseases nor injuries to head: Patient in jail one night: No treatment pursued. On personal examination is melancholy & morose. Pulse 90- Condition that of general depression.

11/11/99 On admission put upon B³ E. Complexion dark: eyes light blue: hair dark: Skin in good condition: Vaccination mark on left arm: Several Warts on back Varicose veins. Is dirty: Teeth good condition: Behavior good.)

Nov 11 Received on B³. Seems dull & depressed: understands little English. During night, was up & dressed

12 frequently. T 100. P 76. Nov 12. Wanders about ward in a lost manner: attempts to get out: very dull

30 of comprehension. Nov 30. Is now quiet & well-behaved: works on ward: at times, is much depressed.

1900 Jan 31 Shows much improvement. Mar 31. Patient still continues to make improvement.

May 1 Wt 137#. P 72. Cares little to associate with others. Is quiet and well-behaved.

July 18 Removed by State Agent Gates.

Discharged

Personal and Medical History of

Personal and Medical History of Julius Weitzel.

Whole No. 5432

Residence, Ramsey Co. Minn.

Date Admission, November 13' 1899.

Admitted by Dr. O.C. Heyerdale hour, 7 P.M.

How Sent, Edw. Bazille Supt. Ramsey Co.

Sex, male Age, 50 yrs.

Civil Condition, unknown.

Children, —

Age Youngest Child, —

Occupation, Unknown.

Degree Education, Unknown.

Profession, Religion,

Habits, ?

Nativity, Pennsylvania (Parents born in Germany. a resident of State & Co. about 2 yrs. ago.

Physicians Committing, J.B. Wenrick & E.A. Esselgrave.

Correspondents,

No. of Year, 62

Insane Relatives, Unknown.

Cause Exciting,

Cause Predisposing,

Form, Primation-Senility Senile.

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, 50 yrs.

Time of Leaving, Dec. 12. 1899

Time in Hospital, 30 d.

Result, Died. Chr. Interstitial Nephritis

EXAMINATION ON ADMISSION BY DR. C. L. Chapple Date of 11/14/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Patient dull - memory seems very poor - answers very slowly and almost inaudibly -

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,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Does not give any history.

HABITS, Drinking and Smoking, Not to excess -

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.

OCCUPATION, Healthy or not, Farmer,

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

Sleep, Appetite, and Bowels, irregular

RAMSEY COUNTY
OFFICE OF
JUDGE OF PROBATE

EDMUND W. BAZILLE, JUDGE.
HARRY A. SUNDBERG, CLERK.
ROOM 51 COURT HOUSE.

St. Paul, Minn. 12-12-99

Supt. A.F. Kilbourne,
Hospital for Insane,
Rochester, Minn.

Dear Sir:-

In response to a telephone message received from your institution this afternoon, in relation to Julius Weitzel, who was committed from this county November 11th, 1899, I beg leave to answer as follows: He was brought to the Probate Court from the Alms House of this city and while being examined here refused to speak. I have telephoned the Alms House authorities and they have informed me that the patient was taken care of by them during all of the last summer and that no friends or relatives called upon him at that time, and that they have no record whatsoever of any friends or relatives. They say that he was brought from there from the city hospital. Perhaps you can obtain some information from Dr. Ancker.

In the mean-time I will have the fact of his dangerous illness published in the daily papers with a request that your institution be communicated with in case any friends are found.

Yours very truly,
Harry A. Sundberg
Clerk of Probate Court

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 old and seems very feeble: fairly well-nourished. Mentally is very dull & depressed. disinclined to talk: answers very slowly: memory very poor, and he speaks almost inaudibly. Countenance rather blank. Has appearance of a man disabled by age & disease rather than an insane man. Little history obtained. unable to talk or cannot remember. Has a nephritis probably chronic. Has a small liver - probably cirrhotic

Personal and Medical History of

Whol

Reside

Date A

Admitte

How Se

Sex,

Civil Cond

Children,

Age Younge

Occupation, Unknown.

Degree Education, Unknown.

Profession, Religion,

Habits, ?

Nativity, Pennsylvania (Parents born in Germany. A resident of State & Co. about 2 yrs. ago.

Physicians Committing, H.C. Wenrick, H.H. Esselgrave,

Correspondents,

No. of Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, ... Dement.

Accompanying Bodily Disease, ... 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, 50 yrs.

Time of Leaving, Dec. 12. 1899

Time in Hospital, 30 d.

Result, Died. Chr. Interstitial Nephritis

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 11/14/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient dull - memory seems very poor - answers very slowly and almost inaudibly.

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,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Does not give any history.

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, headaches.

OCCUPATION, Healthy or not, Farmer,

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

Sleep, only fair Appetite, do and Bowels, irregular

...al and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, Left Inguinal hernia
Skin sallow.

TONGUE, Coatings or Promptness of Movement, prompt. coated.

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

SIGHT, Impaired

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

HEARING, Impaired

COORDINATION, Arms, Legs, Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slow - scarcely audible.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, N - Sounds roughened - fair -

Apex Beat, Regularity,
Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical

B. sounds about 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, fair

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 old and seems very feeble: fairly well-nourished. Mentally is very dull & depressed. disinclined to talk: answers very slowly: memory very poor and he speaks almost inaudibly. Countenance rather blank. Has appearance of a man enfeebled by age & disease rather than an insane man. Little history obtained. unable to talk or cannot remember. Has a nephritis probably chronic. also a small liver - probably cirrhotic

Personal and Medical History of Julius Weitzel

1899

This patient was brought here by Sheriff's deputy H Hanson, attended by D.B. Lusted in fair physical condition, with the following history: No history of consanguinity nor heredity known. First symptoms of insanity manifested about three months ago: by symptoms of melancholia: Disease appears increasing: Not variable. Derangement now manifested by simile dementia: Not disposed to injure anyone: No filthy nor destructive habits: Nothing known concerning previous peculiarities, severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination put upon.

11/13/99 In admission put upon TW. (G.H.N. Rpt. Complexion light: hair light brown eyes blue: large toe on right foot crooked. Scars on ankles. Hernia on left side: Is dirty: 1 tooth out upper jaw & all teeth in poor condition: Behavior good: unable to walk alone.) —

Nov 13/15 Received on TW. given bath & put to bed. Is very helpless & feeble. Nov 15. Answers questions with difficulty.

18/23 Is filthy: sleeps most of time. Nov 18. Still filthy: seems some brighter. Nov 23. Still helpless - in bed -

28 Complains when moved. Nov 28. Complains of tenderness over abdomen. Dec 1. Wt 139 lbs —

Dec 1/5 Bowels very loose. Patient is growing weaker. Dec 5. Has bed-sores on both hips, also on knee.

10/12 Patient is failing rapidly. Dec 12. Continues to fail. Died at 7 PM

— Died —

Post mortem held - Skin apparently sluggish: No external bruises but several bed sores on back. Somewhat emaciated: On making incision costo cartilage articulations very much ossified, very difficult to enter chest cavity. Both pleural spaces showed some old adhesions. Apex of right lung very adherent & shows on examination several tubercular nodules & tubercular nodules found in left lung. Right lung shows considerable oedema. quite badly discolored from dust particles - probably coal dust. Left lung not so pathological as right tho same condition found. Left lobules show complete division of the bronchi from the inferior. Heart. pericardium somewhat thickened - Contained a little more than ordinary amount of straw colored fluid. Heart very much enlarged. On opening right side, right ventricle apparently dilated & walls somewhat thinner than normal. The vent-valve also pul-semilunars show no abnormal condition. Left ventricle shows a thin wall: aortic semilunar normal - Mitral valve shows a few growths in one of the leaflets also some degeneration. The aorta is slightly distended & walls somewhat thinner than normal & flabby -

Abdominal organs - Liver about normal, a little harder than normal & normal in size - Opening into gall bladder we find the bladder contains 4 stones - 3 were about the size of hickory nuts & colored with bile pigment & the fluid in gall bladder quite thick tho patient showed no signs of gall stones.

Spleen is enlarged, friable & capsules adherent - Sesum is carried over the right

Personal and Medical History of

iliac region beyond into the left epigastric region. The appendix is carried transversely over the + becomes adherent to the peritoneum on right side of cavity. Appendix about 7 in. long. Where the ascending colon made a turn from the first going down then up with aid of adhesive band which caused partial obstruction. The transverse colon was longer than normal & was very much as it continued down to the descending colon - we found large intestine very much decreased in size, apparently not any larger than one would expect to find small intestine - It appeared very much longer than usual & the sigmoid flecture was about 14-15 inches long.

Kidneys - Left kidney smaller than normal. On examination cortex found cortex practically absorbed - The interspacial stricture showed increase of fibrous tissue capsules stripped very hard, showed several tubercular nodules in kidney - Right kidney, capsule very adherent & thickened when stripped showed cysts in cortical portion. Cortex was thin & interstitial changes greater than in left kidney - Brain showed considerable fluid, some congestion - no special pathological changes.

Personal and Medical History of Frank Wittstein

Whole No. 5433
Residence, St. Paul, Minn.
Date Admission, November 14' 1899
Admitted by Dr. A. F. Kilbourne hour, 7 P.M.
How Sent, E.W. Bazille L. of P. Ramsey Co.
Sex, male Age, 63 yrs.
Civil Condition, married.
Children, 3.
Age Youngest Child, -
Occupation, Cabinet maker.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, moderate drinker.
Nativity, Germany (Parents also born there.) Became a resident of State & Co. in 1880
Physicians Committing, L.L. Penny & A.W. Whitney.
Correspondents, Ferd. Wittstein (son) 31 Farfield Ave. St. Paul.

No. of Year, 63
Insane Relatives, None.
Cause Exciting, After effects of La Grippe.
Cause Predisposing, Unknown.
Form, Senile Dementia
Accompanying Bodily Disorder, Symptoms of Paresis - Anaemia.
Suicidal or not, Not.
Date of this Attack, 6 mos. ago.
Duration, 6 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 63 yrs.
Time of Leaving, August 22 - 1902
Time in Hospital, 2 yrs 9 mos 9 d
Result, Died: Chronic nephritis 4½ mos

EXAMINATION ON ADMISSION BY DR. C.L. Chapple *Date of* 11/16/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - quite quick.
MEMORY, Past Events, Quite good.
Recent Events, do Special Subjects, Impaired.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. correct.
REASONING POWER, Ordinary Subjects,
Special Subjects, Quite good.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly 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, Several months.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died - nervous fever.
Paternal Relatives,
Mother, died Cholera.
Maternal Relatives,
Brothers and ~~Sisters~~, Well
3 children all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had nervous fever when a child.
Fever & ague at about 20. Grippe about 1 yr. ago
HABITS, Drinking and Smoking, Occasionally both.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Cabinet maker
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Quite good not very good regular.

Personal and Medical History of

Copy of Notice of hearing petition of Ferdinand Wittstein for appointment of guardian for F. Wittstein, received Dec 1st 1899 & filed with commitment papers.

5433

RISTICS.
EIGHT, NUTRITION, Impaired.
t shoulder higher than right. Has small double inguinal hernia.
mpt.
htly larger. Responses good.
impaired Grasp,
f hands.
PATELLAR REFLEX, Absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Natural.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No. 1 Strong
Size slightly increased.
Apex Beat, Regularity,
Apex beat 5. Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. sounds normal

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

Passed 10 am 4/3/02 Ed. 11 am 4/3/02
EXAMINATION URINE, Quantity, Sp. g. 1008 Reaction, Acid Color and Appearance, Slightly cloudy Yellow
Albumen, Heat, slight trace: nitric acid: slight trace Sugar, Fehling's solution no. — —
Casts and Crystals,
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 rather senile in appearance. is in quite good physical condition for his age. Has small double inguinal hernia. Seems somewhat childish. Memory very poor. Is confused. Has hallucinations of hearing & transitory delusions. Says he has had lots of trouble. Mental grade probably fair - seems intelligent. Condition probably one of senile dementia possibly excited by attack of Grippe - also worry

Personal and Medical History of Frank Wittstein

Whole No. 5433

Residence, St. Paul, Minn.

Date Admission, November 14th 1899

Admitted by Dr. A. J. Kilbourne hour, 7 P.M.

How Sent, E.W. Bazille & Co. P. Ramsey Co.

Sex, male Age, 63 yrs.

Civil Condition, married.

Children, 3

Age Youngest Child, -

Occupation, Cabinet maker.

Degree Education, Common school.

Profession, Religion, Lutheran -

Habits, moderate drinker -

Nativity, Germany (Parents also born there) Became a resident of State Co. in 1880

Physicians Committing, C.L. Penny & A.W. Whitney.

Correspondents, Fred. Wittstein (son) 31 Fairfield Ave. St. Paul.

No. of Year, 63

Insane Relatives, None -

Cause Exciting, After effects of

Cause Predisposing, Intemperance

Form, Senile Dem

Accompanying Bodily Disorder, Symptoms of

Suicidal or not, Not

Date of this Attack, 6 mos. ago.

Duration, 6 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 63 yrs.

Time of Leaving, August 22 - 1900

Time in Hospital, 2 yrs 9 mos 9 ds

Result, Died: Chronic nephritis 4½ hrs

Fr. Paul.

EXAMINATION ON ADMISSION BY DR. C.L. Chapple Date of 11/16/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good.

Recent Events, do Special Subjects, Impaired.

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

REASONING POWER, Ordinary Subjects,

Special Subjects, Quite good.

Own Mental State,

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

ONSET, Gradual or Sudden, Gradual -

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

Father, died - Nervous fever.

Paternal Relatives,

Mother, died Cholera.

Maternal Relatives,

Brothers and ~~Sisters~~, Well
3 children all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Had nervous fever when a child. Fever & ague at about 30. Grippe about 1 yr ago

HABITS, Drinking and Smoking, Occasionally, both -

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Cabinet maker

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

Sleep, Quite good Appetite, not much food and Bowels, regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Impaired -

WOUNDS, Abnormalities and condition of Skin, Scar on back of neck: left shoulder higher than right. Has small double inguinal hernia - Skin in fair condition - is anaemic -

TONGUE, Coatings or Promptness of Movement, quite clean - prompt.

PUPILS, Equality, Size, Response to Light, and Accommodation, Right slightly larger. Responses good -

SIGHT, Impaired.

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

HEARING, Impaired

COORDINATION, Arms, Good Legs, Slightly impaired Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight tremor of hands -

PATELLAR REFLEX, Absent. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Natural.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, No murmurs Size slightly increased.

Apex Beat, Regularity,

Apex beat 5. Regular -

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair
B. Sounds normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Passed 10 Am 3/8/02 Pd 11 am 4/3/02

EXAMINATION URINE, Quantity, Sp. g. 1008 Reaction, acid Color and Appearance, Slightly cloudy Yellow

Albumen, Heat, slight trace: nitric acid: slight trace Sugar, Fehling's Solution no. ——— ———

Casts and Crystals,

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 rather acute in appearance. is in quite good physical condition for his age: Has small double inguinal hernia. Seems somewhat childish - Memory very poor. Is confused. Has hallucinations of hearing & transitory delusions - Says he has had lots of trouble. Mental grade probably fair - seems intelligent. Condition probably one of senile dementia. possibly excited by attack of Grippe - also worry

Personal and Medical History of Frank Wittstein.

1899

This patient was brought here by Sheriff's deputy H. Hanson, in poor physical condition, with the following history:- No history of consanguinity & heredity Patient a moderate drinker: First symptoms of insanity manifested six months ago by hallucinations and loss of memory: Disease appears increasing, not variable: Derangement now manifested by imagining he has been working up to present time, while in reality he has done nothing for a year: forgets very ordinary things. Not disposed to injure anyone: No filthy nor destructive habits manifested: No previous peculiarities noted: No severe diseases nor injuries to head: Has been in mild restraint in City & County hospital - also received treatment there, no improvement.
On personal examination shows symptoms of paresis - is anaemic. On admission put upon Infirmary - (Complexion dark: eyes blue hair grayish brown: Skin in good condition. One small scar on neck: Is dirty: 2 teeth missing from lower & 2 from upper jaw. Behavior good. J.H.N. Rpt)

Nov 14/15 Received on T.W. put to bed. Nov 15. Patient appears quite rational, except confused as to where he is;
16/20 Memory of recent events impaired. Nov 16. Gets up frequently: is still confused. Nov 20. Gotten up on ward:
Dec 15 1900 Restless through night: gets up & dresses frequently during night. Jany 31/1900. No special change.
Mar 4 Transferred to A1. Patient refuses to come on ward: "wants to go home". Was then sent to B3 —
Apl 1 While scuffling, fell & sprained right wrist. Was put on T.W. Wrist was bandaged & improved.
13 Transferred to B3. May 1. Wt 130.# Pg 2. Is well-behaved, neat & clean in habits; somewhat
May 1/4 demented. "Thinks he hears his son calling him". May 4. Transferred to B2. July 17. Was
July 17/29/31 vaccinated unsuccessfully. July 29. Visited by son. July 31. No special change to note.
Aug 30 1901 Good physical condition: neat & clean in habits. Oct 17. Transferred to A1. Jany 1/1901. 143.# 878.
Jany 31 Is in quite good mental & physical condition. Feby 1. Wt 143#. Mar 26. Transferred to A2
Apl 10 To B2, (because of making noise in sleep). May 1. Wt 143½ lbs — July 31. No apparent change —
July 31 Is senile in appearance & childish in manner. Talks quite rationally on ordinary subjects. is irritable & gets angry, occasionally: usually very good natured & quiet: habits very
Aug 2 tidy. Does no work. Aug 2. Wt 145#: Nov 2. Wt 145# - Jany 31/02. No change of importance
1902 Jany 31 Tidy: Quiet: talks rationally, but is childish: goes out with crowd. Feb 1/02 Wt. 143#.
Apr. 2. Transferred to I.W.E.; failing health; heart is weak; limbs becoming dropsical; easily exhausted; Apr. 15 Has been up for a few days but dropsy is increasing; put to bed again. June 1 Still slowly failing; weaker; becoming more feeble, also mentally. July 14. Somewhat stronger; allowed to get up today. Aug. 9 Again put to bed. Aug. 22 Has been failing rapidly since last note and expired today at 6.15 P.M.

Personal and Medical History of

Personal and Medical History of William Denton.

Whole No. 5433

Residence, St. Paul, Minn.

Date Admission, November 15 1899.

Admitted by Dr. O.C. Hazendale hour, 7 PM.

How Sent, E. W. Bazille J. of P. Ramsey Co.

Sex, male. Age, 40 yrs.

Civil Condition, widowed.

Children, None

Age Youngest Child, -

Occupation, Trader.

Degree Education, High school.

Profession, Religion, Not a church member.

Habits, Unknown.

Nativity, Iowa. (Father Eng. + mother U.S.)

Physicians Committing, (Ed. Buckley + H.R. Wemrick) Because resident of E. State 2 years ago.

Correspondents, Robt. A. Denton, Masonville Ioa. Mrs. Rt. Carpenter (aunt) Manchester, Ioa.

No. of Year, 65

Insane Relatives, none.

Cause Exciting, Alcoholism.

Cause Predisposing, Unknown.

Form, Acute Alcoholic Insanity

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Not.

Date of this Attack, Unknown.

Duration, "

No. of Attack, 1st (?)

No. of Admission, 1st

Age First Attack, ?

Time of Leaving, Nov. 17. 1899

Time in Hospital, 2 d

Result, Discharged Feb. 5. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. C. L. Chappele *Date of* Nov. 16 '99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Quite good -
Recent Events, Not good. Special Subjects, Poor.

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

REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State, fair -

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Probably 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, Since Oct 1st.

ONSET, Gradual or Sudden,

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

Father, Hard drinker Died - evacuia

Paternal Relatives, Grandmother a hard drinker -

Mother, had paralysis Died - diabetes.

Maternal Relatives, 4 uncles died consumption - intemperate

3 Brothers and Sisters,

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

Pneumonia twice - sunstroke - Scarlet fever - diphtheria - Syphilis denied.

HABITS, Drinking and Smoking, drank to excess. On a spree since Oct. 1.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

In Dr. Wright's Wash. House - Chicago for 6 Wks.

Sleep, Appetite, and Bowels, fair good reg.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 130 USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin, Considerable acne on skin.

TONGUE, Coatings or Promptness of Movement, Tongue slightly coated - flabby - prompt.

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

SIGHT, Impaired.

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

HEARING, Good

COORDINATION, Arms, good Legs, do. Grasp,

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

PATELLAR REFLEX, Slight ines Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, good -

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, No Good N

Apex Beat, 5 Regularity, Regular.

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical -
Expansion fair
B. sounds strong -

CRANIAL MEASUREMENTS.

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth 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 until last night, he says

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 a chronic alcoholic. Gives fair history of inebriety, paralysis, epilepsy + consumption + says whole family are nervous. Has been drinking heavily since Oct 1899. Has been in hospitals before for Alcoholism. Shows effects of dissipation. is thin, skin shows considerable acne. eyes red - tongue pale + coat. Has but slight or no general tremor. Physical condition fairly good. Is quite bright, talks quickly + rationally but has delusions + hallucinations. says he has had the latter before. Seems confused in regard to recent events. Says he was put in prison for murder of wife + escaped in four days. Imagines someone is after him - hears voices etc. Apparently an intelligent man. Condition acute Alcoholic Insanity - Not a good risk for life.

Personal and Medical History of William Denton.

1899.

This patient was brought here by Sheriff's Deputy H Hanson attended by Alfred Phillips, in fair physical condition, with the following history:- No history of consanguinity nor heredity patient intemperate: This is first attack but no information given as to its duration: Disease appears increasing: Not variable: Derangement now manifested on business matters: Not disposed to injure anyone: No filthy nor destructive habits noted: No information concerning previous peculiarities, severe diseases nor injuries to head: No confinement nor restraint employed, no treatment pursued: On personal examination talks incoherently.

On admission put upon B³E (G.H.U. Rpt. Complexion light: hair brown: eyes blue: skin dirty: 3 small scars on back of right hand: Eruption on shoulders + lower limbs: Is dirty: One tooth gone from right upper + 2 from left lower jaw. Behavior good)

Nov 15 Received on Ward. Given bath & put to bed. Temp. normal. Behavior quiet: has delusions.

16 Slept about 2 hours, during afternoon: after waking, seemed rational: recognized his former delusional ideas being wrong: realized circumstances. Visited by friend. Nov 17. Patient

17 is rational. Sent home with friend.

Discharged

Note by Dr Kelbourne

The day after admission E. H. Hoyt, a friend visited patient who appeared perfectly rational + left with friend for St Paul on the morning of Nov. 17th.

Denton states that he was disappointed in a business deal + that he had not drank any for six years, altho for a time in Montana he was "one of the boys." He says the last he remembers was coming out of a saloon near the Sherman House in St Paul + has dim recollections of the proceedings which brought him to Rochester. He also states that he had some queer ideas while on his way to Rochester regarding his friends + belongings. There are four or five days which he cannot account for. Part of the time he was in jail. His friends had lost track of him + were searching for him all this time. He says he was never subjects to epilepsy nor had any disease which would account for this lapse of memory. He does not know how to account for it except that he had worried + that he drank more than he should have after a period of total abstinence. At time of his leaving the institution he was perfectly rational + in his usual mental condition.

Personal and Medical History of

Personal and Medical History of David P. Kerr.

Whole No. 5436
Residence, Winona Co, Minn.
Date Admission, November 16' 1899-
Admitted by Dr. C. L. Chapple hour, 4 P.M.
How Sent, H. L. Buck J. of P. Winona Co.
Sex, male Age, 49 yrs.
Civil Condition, widowed.
Children, one
Age Youngest Child, —
Occupation, Printer.
Degree Education, Common school-
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Scotland - (Parents also born there)
Because resident of State of Co. 2 mos. ago.
Physicians Committing, J. Staples & H. F. McGaughey.
Correspondents, D. Sinclair Winona Minn (Guardian.)

No. of Year, 66.
Insane Relatives, None.
Cause Exciting, Alcohol.
Cause Predisposing, —
Form, Chronic Alcoholic Insanity
Accompanying Bodily Disorder, Heart's action feeble-
Suicidal or not, Not has talked of it.
Date of this Attack, ? Came on very gradually.
Duration, ?
No. of Attack, 1st
No. of Admission, 3rd here - here as an Inebriate.
Age First Attack,
Time of Leaving, Dec. 13' 1900.
Time in Hospital, 1 yr. 27 da.
Result, Dischg - Recovered. 12/13/1900.

EXAMINATION ON ADMISSION BY DR. C. L. Chapple *Date of* 11/17/99-

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - rather sluggish.
MEMORY, Past Events, Quite good.
Recent Events, Impaired. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert - correct.
REASONING POWER, Ordinary Subjects, Quite good-
Special Subjects,
Own Mental State, Realizes his condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Slightly 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 to 3 mos.
ONSET, Gradual or Sudden, Gradually-
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, d - apoplexy. drank considerably-
Paternal Relatives,
Mother, Doesn't know-
Maternal Relatives,
4 Brothers and 5 Sisters,
1 son well-
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Rheumatism - Struck on head - "out of head" for some time
HABITS, Drinking and Smoking, both to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo
OCCUPATION, Healthy or not, Compositor.
Detail Date, Duration, and Character of Previous Attack, if any,
here twice before - does not remember dates. See note next page-
Sleep, Appetite, and Bowels, broken, not good, irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, Skin cyanotic & some acne. Scar on head
TONGUE, Coatings or Promptness of Movement, Slight coat. fairly prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size n. responses slow.
SIGHT, poor
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, much impaired -
COORDINATION, Arms, Impaired Legs, quite good Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands - slight of tongue & facial muscles.
PATELLAR REFLEX, absent Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Rather slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
mitral regurgitant. S. sounds weak
Apex Beat, Regularity,
size increased (?) Apex beat 5
Irregular -
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, Broken
BOWELS, Present Condition, Irregular

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 rather poor physical condition Is a chronic drinker & has all the appearance of one: has tremors: Is rather weak: has a very loud mitral regurgitant heart murmur: skin rather cyanotic: eyes show slight jaundice: liver reduced in size: abdomen distended. Talks rationally; realizes his condition fully: Memory for recent events poor: says he has hallucinations of hearing & sight. Cannot concentrate his mind - Diagnosis - alcoholic dementia - previous mental grade probably fair.

Personal and Medical History of David P. Kerr.

1899.

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 very intemperate:* Loss of memory has been coming on for some time, very gradually: Disease variable: Derangement now manifested by loss of memory; forgets immediately on being told things & fails to complete what he commences: Not disposed to injure anyone: Habits filthy: No peculiarities previously noticed: Has had inflammatory rheumatism & resulting endocarditis: Has been in hospital for inebriety: On personal examination is depressed, reserved, heart action feeble, with a mitral murmur. On admission put upon: Infirmary East. (G.H.N. Rpt. Complexion dark: hair black: eyes blue: Skin in poor condition: Small abrasions of skin on shins & many blotches & moles all over body: Vac. scar on right arm: Is dirty: Two teeth out either side upper jaw: & three out lower jaw: Behavior good.)

Note* Patient here as inebriate from to May 2'92 Vol. 17 Fol. 73 No. 2756, and from July 4'93 to Sept. 17'95. See Vol. 22. Fol. 71. No. 3404.

Nov 16 Was Received on I.W. & put to bed. Is quite rational: memory very poor: is rather independent:
18/19/29 Insists that absent friends are on the ward. Nov 19. Behavior better. Is more quiet. Nov 29. Patient
Dec 7 is rational: Converses freely: is clean. Dec 7. Very unsteady on feet, while receiving bath. —
23/31 Patient up, on ward. Dec 31. Quite rational: clean: Limbs seem stiff & unsteady —
1900/31 Jan 4/31 Transferred to B2: Jany 31. Stands around on ward: rather indifferent to surroundings.
Feb 4 Does no work. Feb 4 Wt 174#. P86. Remains in room. Apl 30. Somewhat more sociable and
Apl 30 agreeable. Limbs still stiff & gait somewhat unsteady. Appetite good: habits fairly tidy. Seems quite rational. Reads a good deal, especially his newspapers. Converses quite freely.
June 22/30 Visited by friends — June 30. No change. July 30. Patients condition remains about same.
Aug 30 Well-behaved: rational: quite neat in appearance. Good physical condition. Oct 16. Transferred
Dec 13 to A1. Patient continues well. Dec 13. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of C. M. A. Smith

Whole No. 5437

Residence, St. Paul, Minn.

Date Admission, November 17th 1899.

Admitted by Dr. C. L. Chapple hour, 7 P.M.

How Sent, E. W. Bazille J. of P. Ramsey Co.

Sex, Male Age, 20 yrs.

Civil Condition, Single.

Children, x

Age Youngest Child, –

Occupation, Student –

Degree Education, Fair.

Profession, Religion, M. E. church.

Habits, Not intemperate.

Nativity, Minn. (Father Mich. Mother Wisc.)

Physicians Committing, President of State – at birth Of. Co. 9, J. A. Dunn & C. J. Woolway.

Correspondents, L. P. Smith – (father) 176 r Capitol Ave. Hamline, Minn.

Address c/o Soldiers Home. –

No. of Year, 67

Insane Relatives, Paternal Grandmother.

Cause Exciting, Masturbation.

Cause Predisposing, 2nd attack.

Form, Pubescent Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Threatened it. with razor.

Date of this Attack, Two months ago.

Duration, 2 mos.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 19 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,

long."

RETURNED TO ASYLUM.

The Son of the Chaplain of the Soldiers' Home.

There was a sad scene today in the probate court, when Chaplain Smith, of the Soldiers' home at Minnehaha, and Mrs. Smith brought their son before the court on information of insanity, and asked his commitment to the hospital at Rochester.

The father's heart was harassed with sorrow, and the mother shed tears as she told the story of their son's eccentricities.

His conduct had become so strange, with occasional threats and signs of violence, that they were afraid to have him at home.

It was explained that the young man had suffered from the time of his birth with weakness and unusual physical conditions, and his mental affection was attributed to that fact.

The son's name is Charles M. A. Smith, and he was formerly a student in the state university. He is evidently only on the borderland of the mental malady. He did, however, contradict his mother with dark, insulting words of contradiction.

He was sent to the hospital about a year ago, and soon made his escape. He was permitted to remain with his parents after his escape, and they took him to the Pacific coast, in the hope that the journey, with the change of scene, would benefit him, but he eluded their care and came home.

Medical History of

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, USUAL WEIGHT, NUTRITION,

'd condition of Skin,

ptness of Movement,

sponse to Light, and Accommodation,

Arcus Senilis, or other troubles,

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 C. M. A. Smith

Whole No. 5437	No. of Year, 67
Residence, St. Paul, Minn.	Insane Relatives, Paternal Grandi[illegible]
Date Admission, November 17th 1899.	Cause Exciting, Masturbation.
Admitted by Dr. C. L. Chapple hour, 7 P.M.	Cause Predisposing, 2nd attack.
How Sent, E. W. Bazille J. of P. Ramsey Co.	Form, Pubescent Disease
Sex, Male Age, 20 yrs.	Accompanying Bodily Disorder, None mentioned.
Civil Condition, Single.	Suicidal or not, Threatened it. with razor.
Children, x	Date of this Attack, Two months ago.
Age Youngest Child, —	Duration, 2 mos.
Occupation, Student -	No. of Attack, 2nd
Degree Education, Fair.	No. of Admission, 2nd
Profession, Religion, M. E. church.	Age First Attack, 19 yrs.
Habits, Not intemperate.	Time of Leaving,
Nativity, Minn. (Father Mich. Mother Wisc.)	Time in Hospital,
Physicians Committing, President of State - at birth Of. Co. 91 J. A. Dunn & C. J. Woolway.	Result,
Correspondents, L. P. Smith - (father) 176 r Capitol Ave. Hamline, Minn. Address c/o Soldiers Home. -	

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,

[illegible]rsonal 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 C. M. A. Smith.

1899

This patient was brought here by Sheriff's deputy H. Hanson, attended by his father, in good physical condition, with the following history: No consanguinity; maternal grandmother insane: No intemperance in patient nor parents; First attack occurred in 1898 & patient was here from to (See Vol. Fol. No.) First symptoms of present attack manifested two months ago, became abusive to mother: did not sleep: has delusions: Is increasing: Is variable: Derangement now manifested by delusions of persecution: Has attempted to harm others: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head: Has not been confined nor restrained since leaving hospital: No treatment pursued. No further facts noted on personal examination. On admission put upon B3 E (G.H.N. Rpt. Complexion fair: hair brown: eyes blue: skin in good condition: Is dirty: Teeth good: behavior good.)

Nov 17/18 Received on B3. Responds to questions readily: is quite rational. Nov 18. Seldom speaks: spends
23/26 time reading: Nov 23. Became pugnacious: would not stay in bed. Nov 26. Says "he is not insane,
28/30 and will get away, if he can". Nov 28. Is rather depressed. Nov 30. Seems mentally deficient.
Dec 31 1900 manifested by general actions. Dec 31. No change specially noticeable in condition.
Feb 1 Wt 151# P76. Mar 2. Attempted to elope, by hiding in stairway. Mar 24. Again, he
Mar 24/31 attempted to elope, by hiding. Mar 31. Very despondent, because confined here. Anxious to get away.
Apl 12 Plots with other patients to escape. May 31. Patient appears very despondent, at times,
May 31 brooding over his confinement & is continually planning to make escape. July 4. Wt 156# P90.
July 4/31 July 31. Condition remains about the same. Very depressed, at times. Always trying to escape.
Aug 1 150#. Oct 18. Visited by sister. Oct 31. Very little change: sits about on ward: is despondent.
Oct 31 will cry, if spoken to by physician, or talk abusively: no marked delusions noticeable.
Nov 2/26 150#. Nov 26. Visited by mother. Dec 6. Teeth filled by Dr. Smith. Jany 31/1901. Continues
1901 Jany 31 melancholic. Says "that he will kill himself": talks to himself, at times: seems to have lost all ambition & desire to help himself. Watches for a chance to escape. Health fairly good.
Feby 2/22 Wt 152#. Feby 22. Manner confused. Feb 28. Is unusually despondent: soliloquises and
Apl 16/17 says "he will kill himself". Is, at times, very abusive. Apl 16-17. Was visited by father.
May 2 Wt 140#. Associates very little with other patients: language abusive & threatening, at
3 times. Does little work. May 3. Attacked nurse Gould, without provocation: had to be
June 21 held. June 21. No improvement: abusive: pugnacious: Kicked H. J. Duerre
July 31 and John McDonald (no provocation). July 31. Continues despondent & morose: rarely does any work, or talks, unless addressed: language abusive: avoids
Aug 2 conversation or associating with others. Aug 2. Wt 142#: Nov 2. Wt 147#
1902 Jany 31 Mental condition has been continually depressed: at times, very much so: has shown increased incoherence: often talking very irrationally: rarely does anything: inactive: frequently abusive & troublesome. Feb 1/02 Wt 150#. Aug 1. Wt 156#.
Sept 22. Visited by sister; Nov 2 Kicked in eye by H. J. Duerre, causing bad bruise. Dec 22 To I.M.O. For operated on for ingrowing nail. Necessary to keep in muffs to prevent removal of dressings; very stubborn.
1903 Jan 6/03. Transferred to C. 7/31/03 Patient remains little changed - very depressed,
Jan 31 sullen, at times abusive; has threatened suicide; careless in habit; No work.