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

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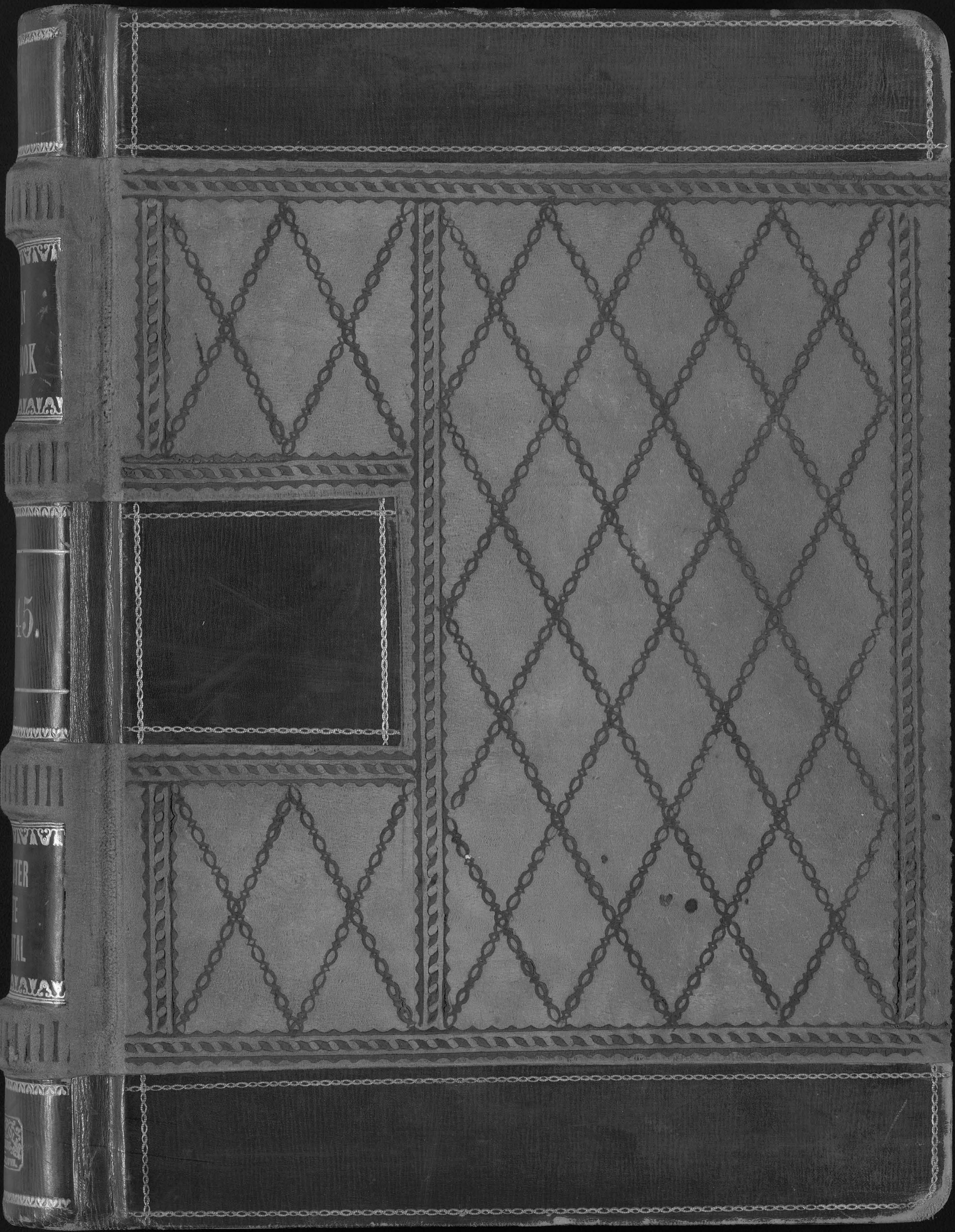
Version 3
August 20, 2018



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Respectfully,

Egbert Gildas & Chambers.

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Amoss	Edwin N	161	3rd ad.
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Andersson	Anton	265	
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Personal and Medical History of

Personal and Medical History of

Personal and Medical History of James O. Akins.

Whole No. 5438
Residence, Dodge Co, Minn.
Date Admission, 18 November 1899.
Admitted by Dr. R. A. Bebb. hour, 2 P.M.
How Sent, I. J. Hunt J. of P. Dodge Co.
Sex, male. Age, 20 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Adventist.
Habits, Not intemperate.
Nativity, Newyork (Parents also born there.)
Physicians Committing, L.H. Vanblaver & Ch. Chamberlin.
Correspondents, David Akins (father) Mantoja, Dodge Co. Minn.

No. of Year, 68
Insane Relatives, yes - (Grandfather & sister)
Cause Exciting, Indiscretion.
Cause Predisposing, ?
Form, Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3-4 mos. ago.
Duration, 3-4 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. Mavous *Date of*

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

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.

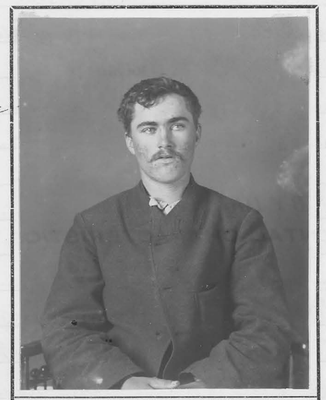
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living - well.
Paternal Relatives, paternal uncle insane.
Mother, living.
Maternal Relatives,
Brothers and Sisters, 1 epileptic
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, drinks & smokes some.
HEADACHES, VERTIGO, OR CONVULSIONS, No
OCCUPATION, Healthy or not, farming.
Detail Date, Duration, and Character of Previous Attack, if any, 2nd admission
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ PRESENT WEIGHT, 152 lbs USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, None - Eruption on face -
TONGUE, Coatings or Promptness of Movement, No coating - prompt
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal -
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, normal Legs, Normal Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite steady.
PATELLAR REFLEX, None - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Is slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, N. Size,
Apex Beat, N. Regularity, Irritable



ARTERIES, 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 is poorly developed & nourished & now appears depressed. Comes from an epileptic family - Condition hereditary -

Personal and Medical History of James O Akins.

1899

This patient was brought here by sheriffs ~~deputy~~ Joel Tucker attended by Mr. Lautgers. in good physical condition, with the following history: No history of consanguinity, Grandfather + sister insane: First attack of insanity manifested in 1895 + patient was here from May 98 to Feb 99. See Vol. Fol. No. 1 First symptoms of present attack manifested three or four months ago: disease appears increasing: Not variable: Is disposed to harm others. No filthy nor destructive habits: No history of intemperance in patient or parents: No severe diseases nor injuries to head sustained: Has received no treatment since leaving hospital: No facts noted on personal

1/18/99 examination. On admission put upon B3E (Gen Rpt Complexion light: hair brown, eyes gray: Skin in good condition: 2 in. scar on left ankle small one behind ear: Eruption on skin: Is dirty: One tooth gone from right upper jaw: behavior good.

Nov 18/99 Received in B3. Is very dull + quiet: answers questions when urged. Nov 19. Sits in one place, most of time. Nov 30. Condition continues the same, from day to day. Is confused, at times, + contrary.

Dec 1/99 Wt 144#. P 76. Does no work. Is indolent + slouchy in dress: memory poor. Dec 30. No change to note

1900 May 1/30 Wt 147#. P 72. May 30. Is confused + contrary. Otherwise, condition remains about same.

July 26/30 Was vaccinated successfully. July 31. Patients condition shows no noticeable change.

Aug 31/30 Stupid, confused: frequently found masturbating: does no work. Nov 1/1900 Wt 145#. P 88

1901 Jan 1/31 Condition continues the same — Jan 31. no change to report. Mar 31. Is quiet: answers

Mar 31 questions, hesitatingly. Does no work. July 31. no change to report. Still stupid and

July 31 much confused, at times. Aug. Wt 139#. Nov 30. Patient is quiet; well-behaved, but indifferent

Nov 30 and dull: at times, rather stupid. Can answer many questions intelligently, however;

1902 July 31 Has grown rather more careless + indifferent than less so, during the period —

Jan 31 03 Patient usually quiet; plays on piccolo some; is dull + listless.

Was visited by brother + sister in November.

Personal and Medical History of

Personal and Medical History of Thomas Odd.

Whole No. 5440.
Residence, Houston, Minnesota.
Date Admission, November 21' 1899.
Admitted by E. J. Manous MD. hour, 4 P.M.
How Sent, L. Budahl J. of P. Houston Co.
Sex, male Age, 42 yrs.
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Agent selling papers.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Illinois (Parents born in Norway.)
Became a resident 35 yrs ago.
Physicians Committing, O. F. Fischer & L. K. Ousgard.
Correspondents,

No. of Year, 70
Insane Relatives, Father & sister feebleminded.
Cause Exciting, Family quarrel & Sexual derangement.
Cause Predisposing, Heredity.
Form, Dubious. Chronic Mania
Accompanying Bodily Disorder, None.
Suicidal or not, Not.
Date of this Attack, 10 yrs ago
Duration, 10 yrs.
No. of Attack, 1st continuous
No. of Admission, 3rd
Age First Attack, 32 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, 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,
dull.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or 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, living well.
Maternal Relatives,
~~Brothers~~ and Sisters, Sister at Faribault School

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

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farming.

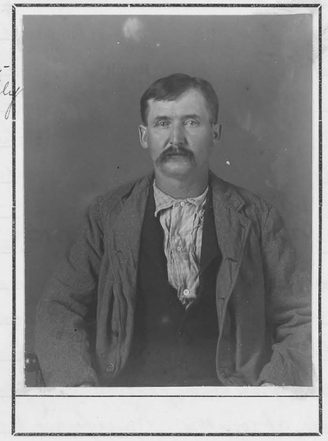
Detail Date, Duration, and Character of Previous Attack, if any,
Third commitment here.

Sleep, Appetite, and Bowels, good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7 PRESENT WEIGHT, 170 USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Skin sluggish.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal -
SIGHT, fair
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, unsteady Legs, unsteady Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands & tongue.
PATELLAR REFLEX, normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, N-
1st Sound exaggerated. 2nd hardly perceptible
Apex Beat, Regularity,
1st Sound duplicated frequently.
ARTERIES,
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,
Chest symmetrical
Expansion good -
B. sounds normal -

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

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

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 "simple" rather defective in mental development. Acts strangely & looks upon everything in a light manner. Is a masturbator & this with his heredity is probable cause of disease - Physically he is fairly well developed & nourished.

Personal and Medical History of Thomas Odd.

1899

This patient was brought here by Sheriff's deputy N.K. Forsyth + Henry Forsyth in good physical condition, with the following history:- No history of consanguinity, father + sister feebleminded: First symptoms of insanity manifested ten years ago by attacking parents + sister: Has been here twice before from to (Vol. Fol. No.) and from to (Vol. Fol. No.) Disease appears stationary now, is ~~not~~ variable: Has threatened to strike mother, says food is not suitable: Is angry because parents sold farm: has frequently kicked + abused his sister: Patient lives next to school house, + when children are dismissed exposes his person: has asked children to take walks with him + community are in constant fear that he will outrage little girls: Has delusions of persecution: Seldom washes himself destroys furniture: Before accession of disease was vicious, always sought evil company when a boy: No severe diseases nor head injuries sustained. Was in County jail 90 days for indecent exposure of person. Has received no treatment except while at this hospital.
On personal examination is quite well physically, no further facts learned. On admission put on B^3 (G.H.N. Rpt. Complexion light: hair light: eyes blue: skin in good condition: Mole on right cheek: Is dirty: 2 teeth out upper + 1 out lower jaw: Behavior good.)

Nov 7/ Received on B^3. Responds to questions readily. Is quiet. Temp. normal. Nov 30. No special change.
Dec 15/ will work, if asked. Dec 30. Transferred to A: says "he is the strongest man in the world": does
1900 light work on ward. Feb 2/1900. Is very silly, at times, + delusional. Feb 23. Condition about same.
Feb 7/ Complains of rheumatism in ankle. Apl 29. Had trouble with other patients: habits untidy.-
Apl 29/ very cross + stubborn: does not associate with other patients. May 30/1900. No noticeable change.-
May 30/ Stripped in his room, exposing himself at window. Transferred to B^1. July 15. Exposing himself in window
July 9/ was vaccinated successfully. July 31. Is surly + stubborn at times. Rather slouchy + untidy in dress.
15/ 185#. Oct 31. No change noticeable. Much given to complaining: Makes trouble at the ward.
20/ No change or improvement mentally, during period: usually talks rationally. Frequently complains
31/ of treatment + of his food. Eats ravenously and purloins food from other patients: makes trouble in that way.
Works some in the ward, but is rather indolent: stays by himself, most of time: has habit of exposing
himself at windows to people passing by. Feby 1 Wt 185#. May 1 187# - July 31. Scarcely any
Aug 1 change noticeable: is indolent: sits about: rarely does any work: quite tidy in habits.
1901 a gluttonous eater, at times. Complains that he does not have enough to eat: has frequent
Jan 31 attacks of indigestion, due to overeating. Aug 1. Wt 188#: Nov 2. Wt 188#: Dec 12. To D^3.
Aug 1 Remains about same, mentally: Does some work on ward: usually, quite peaceable, but occasionally irri-
1901 table + will strike others: Has a voracious appetite: Is somewhat demented + shows some delusions.
Jan 31 Feb 1/02 193#. Aug 1 Wt. 191#.
1904 Jan 31. Is of lazy, indifferent disposition, worked some in ward
dining, but became violent - later worked on farm +
in engine room. Works some on ward now. Is unreliable

Personal and Medical History of

in behavior; habits rather untidy; talks irrationally + delusional at times. Will hide under beds as if afraid of injury.

Personal and Medical History of John H. Lee.

Whole No. 5441
Residence, Holden, Goodhue Co, Minn
Date Admission, November 21st 1899.
Admitted by Dr. E. J. Warnow hour, 7 PM.
How Sent, Axel Haller J.of P. Goodhue Co.
Sex, male Age, 24
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran.
Habits, Intemperate.
Nativity, Minn. (Parents Norway)
Became resident of State & Co. in 1875.
Physicians Committing, J. H. Anderson & B. Jacking
Correspondents, Mrs. H. Lee (Mother) Kenyon, Minn.

No. of Year, 71
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Periodic Insanity
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, June 1898.
Duration, 1½ yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 22 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* 11/22/99

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Dead -
Paternal Relatives,
Mother, living
Maternal Relatives,
3 Brothers ~~and Sisters~~, all well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No sickness or injury.
HABITS, Drinking and Smoking, drinks to excess – smokes
HEADACHES, VERTIGO, OR CONVULSIONS, headaches.
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 9½ PRESENT WEIGHT, 176 USUAL WEIGHT, NUTRITION, Good -
WOUNDS, Abnormalities and condition of Skin, Skin well nourished -
TONGUE, Coatings or Promptness of Movement, badly coated - Responds quickly
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal -
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, N. Legs, N. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite steady -
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal. - slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Mod - rapid
Apex Beat, N. Regularity, irritable
ARTERIES, Quite firm.
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 depressed, took no interest in his work or general appearance. Has practiced self-abuse & condition is due to general breaking down of system. Is poorly nourished & has a worn appearance

Personal and Medical History of John H. Lee.

1899

This patient was brought here by deputy sheriff A.D.Storms attended by A.N. Flom & P.O. Underdahl, in good physical condition, with the following history & No history of consanguinity nor heredity: Father drank to excess: First symptoms of insanity manifested in June 1898 by refusal to work & dissipation: Disease appears increasing: is variable: no rational intervals: Derangement now manifested by fear of others, talks irrationally, wanders aimlessly about. Not disposed to injure anyone: No filthy nor destructive habits: No peculiarities previously manifested beyond a quick temper: No severe diseases nor injuries to head sustained: No treatment pursued.
On personal examination no marked symptoms noted: sullen & refused to talk.
On admission put upon B³ = ——— " ———

Nov 22 Received on B³. Patient is dull & depressed. T 100. P 112. Nov 22. Visited by relatives. Patient does
23/ not realize where he is. Nov 23. Cries frequently: wanted to leave when out-doors. Nov 24 Is confused:
Dec 30 talks to himself. Dec 30. Condition shows no change. Is restless: much depressed at times.—
1900 Jan 2/31 Wt 176#. P 104. Jany 31. Is demented: slouchy in dress: mays. Laughs & talks to himself: will not
May 1/15 carry on conversation. May 15. Transferred to B¹. Is very restless. June 5. Had trouble with patient
July 20/25 Dykes & received slight scalp-wound. July 20. Vaccinated successfully. July 25. Transferred to Annex.
Aug 1 161# — Sept 10. Transferred to D². Oct 21. Cut slightly inside of head with a plate, by peta
Nov Jan 18/31 mordamut — Jany 18/1901 to Jany 30. Received Static Electricity — Jany 31. Very little change: appears
in fairly good physical health. Eats & sleeps well. Is very lazy & slovenly in habits: does no work.—
Lies about on benches or leans against other patients, continually. Talks very little. —
Feby 28 Wt 163#. — May 1. Wt 157# — June 19. Visited by mother & sister. July 31. No change: habits
Sept 31 slouchy: is very lazy; constantly lounging about on floor, or benches: picking nose:
appears demented: will answer questions: never causes any trouble: physical
Aug 1 condition good. Aug 1 Wt 156#. Nov 1 Wt 152# — Jany 31/02. If anything, more demented than
Jany 31 formerly: very inactive & irrational: masturbates very frequently. Feb 1/02 Wt 153.
Aug 1 Wt. 153#.
03
Jan 31 Visited by brother; health has been good; no work; demented;
habits dirty; manner furtive & shame faced; often gets into
mischief; is never violent however; never talks coherently.

Personal and Medical History of

Personal and Medical History of John V. Bogart.

Whole No. 5442

Residence, St. Paul, Minn.

Date Admission, November 21st 1899.

Admitted by Dr. E. J. Warnow hour, 7 P.M.

How Sent, E.W. Bayliss Supt. Ramsey Co.

Sex, male Age, 53.

Civil Condition, Married.

Children, None.

Age Youngest Child, —

Occupation, Passenger brakeman.

Degree Education, District school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Illinois (Parents born in New York.)

Became resident of State & Co in 1880

Physicians Committing, E.R. Mitcalf & A. Swenney.

Correspondents, Mrs. J.V. Bogart. 533. Bidwell St, St. Paul, Minn.

No. of Year, 7th

Insane Relatives, None

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Paresis

Accompanying Bodily Disorder, pupils do not respond to light. articulation slips and-

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, ?

Time of Leaving, September 12 - 1902

Time in Hospital, 2yrs 9 mos 22 ds

Result, Died: General Paresis - 3yrs

*Mar 24/1901 Mrs Bogart in St Paul yet for a month or until we hear from her at 700 Stryker ave. Will otherwise know if change of address.

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* 11/22/99

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.
dull.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects, "

Own Mental State, indifferent.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed at times.

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, 1 mo.

ONSET, Gradual or Sudden, Gradually.

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

Father, died - Brights.

Paternal Relatives, No history of insanity

Mother, died - old age.

Maternal Relatives, No history of insanity

Brothers ~~and Sisters~~, No Children

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No prominent diseases

HABITS, Drinking and Smoking, chronic smoker drinks moderately.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Brakeman.

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

Sleep, Appetite, and Bowels, OK.

Personal and Medical History of

5442

M John Bogart

Copy of Order for Hearing Petition of Harriet E Bogart for appointment of as guardian for John Bogart insane; served and service admitted Feb - 1900

(Papers filed with commitment papers.)

ACTERISTICS.

USUAL WEIGHT, NUTRITION, fair

amputated at last joint. -
no coatings
d - normal.

Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, 1st Sounds, Size, 1st sound stronger than norm

Apex Beat, Regularity, 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, Good.

BOWELS, Present Condition, Constipated.

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

Has manifested peculiarities for some time past which have become worse - He has been temperate in habits but his work caused him to lose much sleep & he has worked very hard - which is probable cause of his condition Physically he is fairly well nourished but rather anaemic.

Personal and Medical History of John

Whole No. 5447

Residence, St. Paul, Minn.

Date Admission, November 21st 1899.

Admitted by Dr. E. J. Watsons hour, 7 P.M.

How Sent, E.W. Bayliss Dept. Ramsey Co.

Sex, male Age, 53.

Civil Condition, Married.

Children, None.

Age Youngest Child, —

Occupation, Passenger brakeman.

Degree Education, District school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Illinois (Parents born in New York.)

Physicians Committing, Became resident of State Dec 1899 G.H. Metcalf & A. Swaney.

Correspondents, Mrs J.W. Bogart. 533. Bidwell St. St. Paul Minn.

No. of Year, 1

Insane Relatives, No.

Cause Exciting, Unknown

Cause Predisposing, "

Form, Paresis

Accompanying Bodily Disorder, pupils do not react, articulation imperfect

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, ?

Time of Leaving, September 12 - 1902.

Time in Hospital, 2yrs 9 mos 22 ds

Result, Died. General Paresis - 3yrs

*Mar 26/1901 Mrs Bogart in St Paul yet for a month or until we hear from her at 700 Stryker ave. Will otherwise know if change of address.

EXAMINATION ON ADMISSION BY DR. Watsons *Date of* 11/27/99

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. Dull.

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects, "

Own Mental State, indifferent.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, 1 mo.

ONSET, Gradual or Sudden, Gradually.

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

Father, died - Brights.

Paternal Relatives, No history of insanity

Mother, died - old age.

Maternal Relatives, No history of insanity

Brothers ~~and Sisters~~, No Children

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), No prominent diseases

HABITS, Drinking and Smoking, Chronic smoker drinks moderately.

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Brakeman.

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

Sleep, Appetite, and Bowels, OK.

Personal and Medical History of /

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ PRESENT WEIGHT, USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin, R. middle finger amputated at last joint. -

TONGUE, Coatings or Promptness of Movement, prompt - no coatings

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, N. Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, 1st sound stronger than norm Sounds, Size, N

Apex Beat, Regularity, 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, Chest symmetrical Expansion good -

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, Good.

BOWELS, Present Condition, Constipated.

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

Has manifested peculiarities for some time past which have become worse - He has been temperate in habits but his work caused him to lose much sleep & he has worked very hard - which is probable cause of his condition Physically he is fairly well nourished but rather anaemic.

Personal and Medical History of John V. Bogart.

1899.

This patient was brought here by sheriff's deputy Joseph Bogart, in fair physical condition, with the following history:- No information concerning consanguinity: No history of heredity or intemperance in patient or parents. First symptoms of insanity manifested by absentmindedness + strange actions which he immediately forgets: accuses people of theft: disease appears increasing: Is variable: Insanity now manifested by forgetfulness, melancholia, + irritability and judgment is not so good as formerly. Not disposed to filthy nor destructive habits. No peculiarities previously manifested: No severe diseases nor injuries to head sustained: No treatment pursued. On personal examination pupils do not react to light: pronounces test words with difficulty. On admission put upon B3 (Gyth. Rpt. Complexion fair: hair gray: eyes blue: skin in good condition: Scar on back of left hand: second finger right hand off at first joint. 3 forth out upper jaw + 2 decayed - Patient irritable + stubborn.)

Note.- (information obtained from wife) Patient a passenger brakeman running between Fargo + St. Paul with one day between runs. Wife has noticed that he was growing queer about 3 weeks before admission - She was sick + he took care of her - would not let her have anything to eat. was more active than usual + did queer little things. She tried to get him to stop work but he would not do so. He talked perfectly straight at this time. Relatives noticed that he was not right but it was not noticeable to friends. On Nov. 15 he left a switch a switch open + the same day attacked a lady on train + was discharged for it - (he had been working under watch for some little time) Staid at home after that for 11 days + preparations were then made to have him committed as insane as wife was unable to care for him at home. Just before commitment believed that he was sick + said he would not change places with Jim Hill - was active then + seemed to feel very good. No heredity so far as known. Had always been well except for ~~an~~ attacks of jaundice which he had very severely especially on leaving army + it came on annually. Has been living as usual - nothing to worry him + not a hard drinker tho took a little whiskey at times at home + an occasional glass of beer. Took only a glass of whiskey in two hours attack came on gradually. He now complains of persecutions. Sees how he "licks" proper + gives them black eyes. Is cross, irritable + ugly to wife. also quarrelsome tho never was before - Wife says he seems better physically but worse mentally than when he came here. ———

Nov 27/99 Received on B3. Given bath. Is very surly + irritable. Nov 28 Remains in room, most of time. Was
Dec 2 visited by wife. Dec 2. Visited by brother, who gave him matches in ward. Patient found smoking in
4/19 1900 his room. Dec 4. Patient manifests hallucinations + delusions. Dec 19. Visited by wife. He takes
Jany 30 things from other patients. Jany 30/1900. Visited by wife. May 1. Wt 148# 8 oz. May 31. No special change.
June 30 Still confused: better behaved + more sociable. July 20. Vaccinated unsuccessfully; ———
July 20/31 July 31. Attempted to escape. Is still careless + slouchy in dress. ———

Personal and Medical History of John V. Bogart.

1900

Aug 31 Patient is confused, untidy — Oct 7. Visited by wife - Oct 31. Found trying to pick lock on
Dec 1 window, in his bed - room. Dec 1/900. Wt 143#. Pl 104. Jany 1/901. Physical Condition good: —
1901 Jan 31 Patient shows many signs of paresis. Polycot. Is talkative: "thinks he is well" —
Mar 20 Visited by wife - July 28. Became quite faint in dining - room: remained in bed,
July 28 all day. July 31. Patient seems some better. Aug 1 Wt 124#. Jany 1/02. Wt 126½#. Jany 31. Is quite
1902 Jany 31 spastic: Shows stammering and trouble in speech: incoordination while walking: + general weakness. Is dull + quiet in behavior: quite thoroughly demented. No very special symptoms have occurred, during the period, though there is some failure in strength. — (Jany 23°, visited by wife). Mar. 1/02 Is noted as having failed some. Mar. 26/02 Visited by wife. May 1/02 Weight 115#: July 1/02 112#. Has been noted as failing. Fell today thru weakness, and cut his eye. July 18 Visited by wife Aug. 1 Wt. 118#. Very weak + unsteady on feet. Aug. 19 Put to bed. Temperature remains about normal. Aug. 25 Fell out of bed and bruised his face. Aug 30 Bed sores appearing. Sept. 1 Wt. 88#. Sept. 12. Died at 4.45 P.M. Had been steadily failing. (Visited by wife on 11 & 12th).

Personal and Medical History of Fred Lemke.

Whole No. 5445

Residence, St. Paul, Minnesota.

Date Admission, November 22 '1899.

Admitted by Dr. C. L. Chapple hour, 7 P.M.

How Sent, E.W. Bazille J.of P. Ramsey Co.

Sex, male Age, 23 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, Molder - gas fitter.

Degree Education, Common school.

Profession, Religion, Gmnan Lutheran.

Habits, Not intemperate.

Nativity, Minn. (Parents born in Germany) Became resident of State in 1876. of Co.?

Physicians Committing, Wm. D. Kelly & C. L. Miller.

Correspondents, Father 428 Sherburne Ave, St. Paul, Minn.

No. of Year, 75

Insane Relatives, None.

Cause Exciting, Masturbation.

Cause Predisposing, Unknown.

Form, Acute Depressive Melancholia

Accompanying Bodily Disorder, none mentioned

Suicidal or not, Not.

Date of this Attack, Oct. 7 '99.

Duration, Six weeks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 23 yrs.

Time of Leaving, Mar. 30. 1900

Time in Hospital, 3 m. 20 d.

Result, Died Exhaustion in mel. anchelia.

EXAMINATION ON ADMISSION BY DR. Mearns Date of Nov 25 '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, does not appreciate condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, Mps.

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 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

2 Brothers and 1 Sisters,

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

None

HABITS, Drinking and Smoking, Not to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Electric light repairer.

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

Sleep, Appetite, and Bowels, Good regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft PRESENT WEIGHT, 160 USUAL WEIGHT, NUTRITION, Good

WOUNDS, Abnormalities and condition of Skin, None - Skin Sallow.

TONGUE, Coatings or Promptness of Movement, badly coated - prompt.

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, do. Grasp,

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

PATELLAR REFLEX, Sluggish Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Distinct

Apex Beat, Regularity, irritable

ARTERIES, Full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Sym - normal 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, 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 had spells of severe melancholia and depression. Has hallucinations and at times is very destructive - practices masturbation which is probably the cause of his derangement. Physically is well-nourished & in good condition.

Personal and Medical History of Fred Lewker.

1899.
11

This patient was brought here by sheriffs deputy H. Hanson, attended by A.L. Chilipo, in good physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested October seventh by delusion that he was pursued: Disease is variable: Derangement now manifested by hallucinations: Is inclined to injure others, is destructive of furniture: Was peculiar before accession of disease: No severe diseases nor injuries to head: Has been confined since yesterday: Has received usual treatment. On personal examination morose & despondent. On admission put upon B3 E (G.H.N. Rpt.- Complexion dark: hair dark: eyes brown: Skin rough: Vaccination on left arm: Scar on back: Is dirty: One tooth gone from right upper jaw: Behavior good: Exam. by E.W. Allen.)

Nov 27/99 — Received on B3. answers questions readily: seems rather confused. Nov 28. Confused at times. Nov 29. Is stubborn and ugly. Nov 30. Very restless during the night. Dec 1. Complained of headache & pain in back. Dec 5. Quiet and well behaved: No work: Dull: appetite good & bowels regular. Dec 30. Is rather erratic: Stubborn & pugnacious at times. Jany 31/1900. No change in behavior: Dull and stubborn. Feb 20/25/24 Appears more demented: stands around in one position. Feb 25. Refused nourishment. Feb 24. Is very hysterical: given cold shower: good results. Feb 26. Refused nourishment. was transferred to TW. - patient continually mumbling unintelligibly: gets down on his knees quite frequently. Feb 27. Fed with stomach-tube. Mar 1. Put in bed: is in a "cataleptic" condition. Patient has a very sore knee, from kneeling: leg infected: opened and drained: bowels constipated: requires enema frequently. Mar 10/20 Patient grows weaker & demented. Continues to fail. Mar 20. Patient continues to fail. Died 2.35 PM

Died.

Personal and Medical History of

Personal and Medical History of Jeremiah Brennan.

Whole No. 5447
Residence, Rosemount. Minn.
Date Admission, November ~~25~~ 24th 1899.
Admitted by Dr. P. A. Bebb. hour, 7 P.M.
How Sent, J. P. Moran Dep. Sheriff Dakota Co.
Sex, male Age, 71.
Civil Condition, widowed
Children, None.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, Formerly intemperate.
Nativity, Ireland. (Parents also born there)
Physicians Committing, H. Van Beck & L.C. Fitch.
Correspondents, Jeremiah Brennan Sr. Rosemount Minn (son)

No. of Year, 77
Insane Relatives, None.
Cause Exciting, Poor health.
Cause Predisposing,
Form, Senility
Accompanying Bodily Disorder, ?
Suicidal or not, Attempted by drowning & threatened to cut throat
Date of this Attack, About 5 yrs. ago.
Duration, 5 yrs.
No. of Attack, ?
No. of Admission, 2nd Here.
Age First Attack, 66 yrs.
Time of Leaving, July 29 — 1901
Time in Hospital, This time 2 yrs 8 Mos 5 da
Result, Died: Exhaustion in Senility 1 day

EXAMINATION ON ADMISSION BY DR. Mawson *Date of* Nov 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. Apparently correct.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, Says sent here to be out of way.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Slightly 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, 5 yrs.

ONSET, Gradual or Sudden, Gradual.

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, drinks

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, farmer.

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

5 yrs ago.

Sleep, Appetite, and Bowels, fair not irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 119 USUAL WEIGHT, NUTRITION, Emaciated.

WOUNDS, Abnormalities and condition of Skin, Skin poorly nourished.

TONGUE, Coatings or Promptness of Movement, Clear - responds readily.

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

SIGHT, indistinct

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

HEARING, impaired

COORDINATION, Arms, normal Legs, normal Grasp,

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

PATELLAR REFLEX, delayed. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, irregular at intervals.

ARTERIES, Sclerotic.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Sym - Apices depressed.
Expans - poor
B Sounds V Exicular

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 of a very quick temper - thinks others are abusing him & is incoherent in his speech
Is poorly nourished. lungs are emphysematous & he walks quite stooped
Says he was sent away to be out of the way. Has been a hard drinker tho
has abstained since his previous commitment.

Personal and Medical History of Jeremiah Murnane.

1899

This patient was brought here by Sheriff Hyland attended by Dr. F. Bacon, in feeble physical health, with the following history:- No history of consanguinity or heredity: Was formerly intemperate: First symptoms of insanity manifested five years ago by periods of violent temper & incoherents: was quite well on return from hospital (Here from to See Vol. Fol. No.) Disease appears increasing: Not variable: Derangement now manifested by excitement, imagines continual insults, especially from family: So disposed to injure others: Attempted suicide by drowning and threatened to cut throat during previous attack: No filthy nor destructive habits: Has always had a violent temper: No confinement nor restraint employed: No treatment pursued: On personal examination is easily aroused to anger: curses, imagines his family abuse him; is incoherent:
On admission put upon B3 E (Fifth Ward) Complexion light: Hair gray & bald: eyes blue: Skin fair & clean: Teeth in very bad condition, 3 left in upper jaw & 4 in lower: several black stumps in upper jaw: behavior good: So very emaciated & weak.

Nov 24/99 Received on B3. So very Emaciated & weak: expectorates a great deal. Nov 25: Patient talks readily: says "his family drove him away". Nov 30. So quiet and well behaved. No change specially noticeable.
Dec 20 Continues quiet & well behaved. Neat and cleanly in habits. Physical condition is rather poor.
1900 Jan 2 Wt 108# P.S.t. Febr 8. Complains of pain in Stomach. Apl 30. Nothing special to report.
May 8/1/4 Transferred to A4. May 10. Was given parole - May 25. Was struck by patient, through night, causing discoloration of eye. July 25 vaccinated successfully. July 31. Condition about same.
July 31/31 So well - behaved: Clean in habit: has parole: very feeble. Nov 1. 114# - Dec 1. Patient expectorates a great amount of yellow - colored sputum; complains of pain in lungs: has some temperature. Jany 5/1901. Has trouble with patient Stenger. Jan 31. No special notes further. -
Aug 30 Quiet: well - behaved: Coughs a great deal: does no work: May 1. Wt 115#. Health is
Dec 1 poor. July 31. No change to report in any way. Augt 1. Wt 115# Jany 31/02. Patient is
1901 demented: physical health, not very good: has parole: is aged & weak: but has changed
Jan 1/31 little, during the period. Feb. 1/02 Wt. 115# Rachn weak and senile
Mar 31 in appearance. Mar. 1/02 Wt. 110# Apr. 30 Has coughed
July 31 occasionally & complains frequently of not feeling well.
1902 July 1. Wt. 108#. July 29/02 Patient died at 7.40 A.M. Failed
July 31 very rapidly during morning & died without any special event. Altho he has been noted from time to time as failing steadily and growing weaker, yet was up and about. Condition then was no notice of the sudden failure, which was supposed to be circulatory in character.

Personal and Medical History of

Personal and Medical History of Peter Hanson

Whole No. 5450
Residence, St. Paul Minn.
Date Admission, Nov. 29 1899.
Admitted by Dr. C.L. Chapple hour, 7 P.M.
How Sent, Co. Bazille & af P. Ramsey Co.
Sex, male Age, 25
Civil Condition, single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common school
Profession, Religion, Lutheran
Habits, Not intemperate.
Nativity, Norway — (Parents also born there) Resident of State 1½ yrs.
Physicians Committing, C.L. Woolley & W. Whitney
Correspondents, Mr. O.P. Hanson 736 - var of 3½ E 13th St. St. Paul Minn

No. of Year, 80
Insane Relatives, Mothers cousin insane.
Cause Exciting, Unknown
Cause Predisposing,
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, Not.
Date of this Attack, Six months ago.
Duration, 6 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 25 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Mercer *Date of* Dec 1/99

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
On religion - sees angels -

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, 6 moo ago.
ONSET, Gradual or Sudden, gradual -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, living -
Paternal Relatives,
Mother,
Maternal Relatives, Mothers cousin insane
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,

Sleep, Appetite, and Bowels, fair good

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ PRESENT WEIGHT, 140½ USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, Skin flushed -
TONGUE, Coatings or Promptness of Movement, Clean - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - 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, normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, yes -
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, weakened Sounds, Size,
Apex Beat, Regularity, irritable

ARTERIES,
full & compressible
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical. Expansion good - BS. Vesicular
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 appears absent-minded. will not converse. appears incoherent & depressed & mutters to himself. Mental development very poor. Is physically well-nourished and in good condition -

Personal and Medical History of Peter Hansson,

1899

This patient was brought here by sheriffs deputy H Hansson in fair physical condition, with the following history:- No history of consanguinity, mothers cousin insane. First symptoms of insanity manifested six months ago by religious delusions. Disease appears increasing; is not variable. Derangement now manifested by imagining that he sees angels, sings and prays almost incessantly. Not disposed to injure anyone. No filthy nor destructive habits. No peculiarities previously shown. No severe diseases nor injuries to head. Never in confinment nor restraint. No treatment pursued. On personal examination is absent-minded, speech rambling, assumes the attitude of prayer & words. On admission put upon B3 E (Gyn. Dpt. Complexion light; hair light brown; eyes blue; skin in good condition Scar ½ in. long over right eye. So dirty. One tooth gone from left upper & two from right lower jaw. Behavior good. Exam by E W. Allen)

1/29/99 Received on B3. Is suffering from melancholia, with delusions of a religious nature. Nov 30. Patient

Nov 29 Dec 30 is depressed: at supper table, stood up & prayed aloud. Dec 2 Isolates himself from others. Dec 30. Is well

1900 behaved. Inquires about board-bill: "wants to pay it, to get out". Does not fully realize where he is.-

Febry 28 Patient still manifests delusions. Prays. Wt 130#. P 84. At times, thinks it harmful for him to work-

July 30 Vaccinated unsuccessfully. July 30 Is more confused & irrational. He does no work -

Aug 30 Is well behaved. Has delusions of persecution: assists in ward. Oct 30. No special change.

Dec 1 Dec 1. 125#. P 88. Patient associates with no one. Jany 9/901. On electrical treatment. -

1901 Jan 31 Patient shows some slight improvement. July 1. Wt 127#. Aplt. Transferred to B3. -

May 14 To A! July 31. apparently, slight improvement mentally: has been working regularly in

July 31 Centre-Dining-room: Is very quiet: rarely speaks: appears somewhat nervous and excited

when addressed: says: "he wants to get out of here", but never attempts to escape. Is demented;

Augt 1 habits tidy. Augt 1. Wt 125#. Jany 31/02. Quiet & well-behaved. Speaks little & only

1902 Jany 31 when spoken to: health good.

" 31/03 Works steadily in dining room. Talks little and is incoherent - Health is good. - Well behaved.

Personal and Medical History of

Personal and Medical History of A. M. Barnett.

Whole No. 5451
Residence, Faribault, Minn.
Date Admission, November 30 1899.
Admitted by Dr Ely. Warren hour, 7 Pm.
How Sent, James Hunter Dep R. Ric Co.
Sex, male. Age, 71 yrs.
Civil Condition, married.
Children, 3.
Age Youngest Child, —
Occupation, Locksmith.
Degree Education, fair.
Profession, Religion, Congregational.
Habits, Not intemperate.
Nativity, Ohio. (Parents U. S.)
Physicians Committing, A.A. Dodge & F.S. Warner.
Correspondents, John Barnett. Faribault Minn Box 81.

No. of Year, 81
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, —
Form, Senile Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Threatens suicide
Date of this Attack, April 1899.
Duration, 7 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 71 yrs
Time of Leaving, Jan. 4. 1900
Time in Hospital, 1 mo. 5 d.
Result, Died Cerebral Hemorrhage

EXAMINATION ON ADMISSION BY DR. Mawson *Date of* Dec. 1899

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
somewhat sluggish
MEMORY, Past Events, fair
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair
Special Subjects, fair.
Own Mental State, indifferent.
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, April, 1899.
ONSET, Gradual or Sudden, Gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead
Paternal Relatives,
Mother, dead.
Maternal Relatives,
2 Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),

HABITS, Drinking and Smoking, Not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, farming.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, fair Appetite, and Bowels, irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 PRESENT WEIGHT, 163½. USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, Lipoma on right hip Skin anaemic.
TONGUE, Coatings or Promptness of Movement, Badly coated: responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. reponses slow.
SIGHT, not good
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 & tongue.
PATELLAR REFLEX, delayed. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, weak Size, N
Apex Beat, N Regularity,

ARTERIES,
Sclerotic.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion poor
B. Sounds Vesicular

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 spells of severe melancholia & threatens to commit suicide
Cerebration sluggish. Condition due to senility
Physically is fairly well nourished though rather anaemic, has a very large lipoma on right hip which he says has been there since the war.

Personal and Medical History of P. M. Barnett.

1899

This patient was brought here by Sheriff HB Thompson attended by John Barnett 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 April 1899, disease appears increasing, is variable: Derangement now manifested by melancholia & threatening suicide: 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 given hypnotics & sedatives. No further facts noted on personal examination.

On admission put upon B3 E/ Gtn. Rpt Complexion light: Hair gray: eyes gray: Enlarged glands on breast: Large fatty tumor on left side above hip: Scar on right knee. Three teeth in upper & four in lower jaw; in very poor condition: Behavior good.) Received on B3. Seems depressed: complains of pain in stomach. Is continually belching gas. Nov 30 Dec 1 Memory, for recent events, poor. Dec 4. Patient confused: groans continually. Dec 6. Transferred to 1 W.

9 17 3 14 0 Jan 4 Is quiet: in bed: Dec 15. Has "spells" of despondency. Dec 31. No improvement noticeable- Patient is in deep stupor, with convulsive movements of extremities; eyes dilated: respiration labored. Failed & Died at 7 30 P.m.

Died

Personal and Medical History of

Personal and Medical History of George Tyler Cassidy.

Whole No. 5452

Residence, Wabasha Minn.

Date Admission, November 30 1899.

Admitted by Dr. E. J. Wanous hour, 7 PM.

How Sent, M. Kennedy Dep. Sh. Wabasha Co.

Sex, male Age, 40 yrs.

Civil Condition, married.

Children, Two.

Age Youngest Child, —

Occupation, Lumber clerk.

Degree Education, High School.

Profession, Religion, Not a church member.

Habits, Intemperate.

Nativity, Wabasha Co Minn. (Father Pa. Mother N. Brunswick)

Physicians Committing, W.H. Lincoln + W.F. Milligan

Correspondents, Father W.W. Cassidy, Wabasha, Minn.

No. of Year, 82

Insane Relatives, None.

Cause Exciting, Syphilis.

Cause Predisposing, Previous attack.

Form, Paresis

Accompanying Bodily Disorder, —

Suicidal or not, Not.

Date of this Attack, June 10 1899.

Duration, 5 mos.

No. of Attack, 2nd.

No. of Admission, 1 here. (at Geneva Lake, Wis.)

Age First Attack, 39 yrs.

Time of Leaving, 23d December 1901.

Time in Hospital, 2 yrs 1 mos 13 Ds

Result, Died: Exhaustion in General Paresis.

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

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, 1 yr.

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 - is paralyzed.

Maternal Relatives, No history of insanity

Brothers and Sisters, Well. 2 children well.

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

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Lumber clerk.

Detail Date, Duration, and Character of Previous Attack, if any, Nov. 94 + June 99.

Sleep, Appetite, fair good and Bowels, regular.

Personal and Medical History of

RECEIVED DEC 29 1900 RIDGEWATER STATE HOSPITAL

Wabasha, Minn. 12/28/99

History of Geo Tyler Cassidy

Age 40. Father + Mother living. Mother has had two attacks of combined Motor + sensory paralysis but not affecting the Mental faculties to any marked degree. Grandfather on her side, died at age of 76 with General paralysis had only a single attack and lived only a few hours from the time first symptoms were noticed. No other Neuroses in family on either side so far as can be learned. One Sister + brother living and well.

Personal History.-

First noticed present trouble in February 1897 began with attacks of Melancholia, Anorexia and great depression of spirit. (Passive) In Nov. or Oct. 1898 during election in which he took an active part, his Mental symptoms were first Manifested, by restlessness, insomnia, very talkative, and an exalted condition of mind, wished to make wild speculations

NUTRITION, Good.
Mucous Skin sluggish
circ slow.

MEASUREMENTS.
Frontal,
Mental,

er,
Index,
Shape,
nd Appearance,

BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems to be in a state of happiness but is very easily depressed + in conversation will start crying without cause. Has an exalted opinion of himself + many symptoms of paresis. Gives a history of specific trouble + has had treatment for the same at a private sanitarium - improved but was not cured. Physical condition is good: is well nourished + apparently in good health.

Person

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Profess
Habits,
Nativity, Wisc
Physicians Committ.
Correspondents, Father

Wis.

ember 1901.
mos 13 ds
motions in General Paresis.

EXAMINATION ON A

Date of

ERISTICS.

MENTAL ACTIVITY, Clear or Confused, Q
Confused -

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,

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 yr.

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 - is paralyzed -

Maternal Relatives, No history of insanity

Brothers and Sisters, 2 children well -

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

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Lumber clerk -

Detail Date, Duration, and Character of Previous Attack, if any,
Nov. 98 & June 99.

Sleep, fair Appetite, good and Bowels, Regular,

Personal and Medical History of

such as the purchase of "Rest Island" at Lake City, Minn etc. About Nov 10th 98 he was committed to Oakwood Sanitarium Lake Geneva, Wisconsin, where he remained about three months, during the last month of which he took Potassium Iodide treatment. Came home in February very much improved but not entirely devoid of symptoms. In June symptoms returned with greater severity. Had great fear of personal injury, thought mobs of men were coming to kill him etc. but recovered from that attack for a month or more when he began to have attacks of Hypochondriasis, thought he was "sweating to death", that his liver, lungs, heart & intestines were just about wasted away with some Chronic affection, with complete loss of appetite. He recovered from that attack and was quite reasonable for three or four weeks when he again became very

NUTRITION, Good -
rrito - Skin sluggish
ears slow.

MEASUREMENTS.
ontal,
-Mental,
er,
Index,
Shape,
nd Appearance,

BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems to be in a state of happiness but is very easily depressed & in conversation will start crying without cause. Has an exalted opinion of himself & many symptoms of paresis. Gives a history of specific trouble & has had treatment for the same at a private sanitarium - improved but was not cured. Physical condition is good; is well nourished & apparently in good health.

Personal

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Nativity,

Physicians Com.

Correspondents, Fair.

vis.)

ber 1901.

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ins in Gneral Paresis.

EXAMINATION ON ... Date of ...

rics.

MENTAL ACTIVITY, Clear or Confused, Confused -

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,

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 yr.

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 - is paralyzed -

Maternal Relatives, No history of insanity

Brothers and Sisters, Well.

9 children well -

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

Syphilis

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Lumber clerk -

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

Nov. 94 & June 99.

Sleep, fair Appetite, good and Bowels, regular,

Personal and Medical History of

NUTRITION, Good -

Wrists, Skin, sluggish

vaso slow.

restless, had insomnia, and an uncontrollable desire to spend money for articles for which he had no use, etc. Was very talkative, could not be crossed nor persuaded to do anything except what seemed to him to be for his own pleasure or benefit.

At this time he threatened to kill any one that would interfere in the least with his wishes.

This is as complete a history as we can give because our limited knowledge of this class of cases but if there is any thing omitted that you wish to know about please let us know at once.

We will write to Dr W. E. Dold of Lake Geneva, Wis. and perhaps he can give some important information concerning the case.

Yours Very truly
W. W. Cassidy.

MEASUREMENTS.

ontal,

-Mental,

Index,

Shape,

nd Appearance,

BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems to be in a state of happiness but is very easily depressed & in conversation will start crying without cause. Has an exalted opinion of himself & many symptoms of paresis. Gives a history of specific trouble & has had treatment for the same at a private sanitorium - improved but was not cured. Physical condition is good; is well nourished & apparently in good health.

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Nativity,

Physicians Con

Correspondents, Fa

ber 1901.

s 13 Dr

ins in General Paresis.

EXAMINATION ON ... *Date of* .....

...ICS.

MENTAL ACTIVITY, Clear or Confused, Confused -

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,

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.

...ENGTH INVASION, 1 yr.

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 - is paralyzed -

Maternal Relatives, No history of insanity

Brothers and Sisters, Well.
2 Children well -

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

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Lumber clerk -

Detail Date, Duration, and Character of Previous Attack, if any,
Nov. 94 & June 99.

Sleep, Appetite, and Bowels, fair good regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

...EIGHT, 5 ft 4½ in PRESENT WEIGHT, 130 USUAL WEIGHT, NUTRITION, Good -

WOUNDS, Abnormalities and condition of Skin, Lipoma on neck - eczema on both wrists - Skin sluggish

TONGUE, Coatings or Promptness of Movement, Clear - prompt.

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

SIGHT, fair

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

HEARING, defective in R ear.

COORDINATION, Arms, normal Legs, normal. Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, N. clear

Apex Beat, N Regularity, very rapid

ARTERIES,
full - compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion good -
L. Sounds - normal - R. apex beginning consolidation

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems to be in a state of happiness but is very easily depressed & in conversation will start crying without cause. Has an exalted opinion of himself & many symptoms of paresis. Gives a history of specific trouble & has had treatment for the same at a private sanitarium - improved but was not cured. Physical condition is good; is well nourished & apparently in good health.

Personal and Medical History of George K. Cassidy

1899

This patient was brought here by sheriff's deputy G.G. Dickman in good physical condition with the following history:- No history of consanguinity & heredity: Patient intemperate: First attack of insanity occurred abt Nov. 10 1899. and record (present one) in June 1899. Patient has been at hospital at Geneva Lake Wisconsin First symptoms of present attack noticed June 10/99. worried over condition of wife who was pregnant: disease appears increasing: So variable: Derangement now manifested by abusive language & uncontrollable behavior: So disposed to injure others: No peculiarities previously manifested: Patient has had syphilis: No injuries to head sustained: Was confined in Oakwood Sanitarium three months: While there was given large doses of Iodide Potass. On personal examination physicians at Oakwood pronounced disease paresis.

11/30/99 On admission put upon B.3.E. (G.H.M. Rpt. Complexion dark: hair black: eyes light brown: a bunch on back of neck resembling a tumor. Small scar over right eye & three on back: Is clean: 3 teeth out of right upper jaw, & 3 gold crowns on left lower jaw & one on left upper jaw. Behavior good: S100 P.116 R. 18)

Nov 30 Received on ward: very restless & erratic in behavior - confused: shows "grandiose delusions". Sleeps very poorly.

Dec 3 & restless last night: vomited: asked for morphine. Dec 3. Restless & pugnacious last night: destructive at times.

14 up & dressed, often. Dec 14. Occasionally in trouble with other patients - recently planned, with another patient, to take keys from night nurse

23/1900 Visited by friend. Dec 23. Frightened & shocked over Patient's: kicked him in face, cutting upper lip: also fought with patient Hope

Jany 9/1900 Restless & troublesome: again in plot to take keys from night-nurse. Jany 23. Restless troublesome: Still full of grandiose delusions -

Mar 31/1900 talks in a rambling, incoherent manner - somewhat filthy in habits: erratic in behavior. Mar 31. Is about the same. Frequently visited by friends

May 10/1900 Wt 133#. Pulse. May 9. Visited by wife and father. May 10. Visited by mother & sister. June 7. Visited by friend.

June 7/1900 Transferred to 6': (attacked by E. Jaslyn). June 7. Transferred to T.B.3. July 4-10. Visited by wife & father most

July 15-21 daily. July 15. Down town with friends. July 17-19-21-26-28-31. Given treatment by Dr. Shepherd. —

21 July 30. Visited by friend. (July 17. vaccinated). July 31. Not much change during 3 months: is elated: Emotional: Erratic in behavior: very easily angered & becomes pugnacious: very restless: and very talkative, but does no work. Says: "he feels good": has good appetite and sleeps well.

Aug 1/1900 Patient transferred to T.W. Is confused and maniacal: was put to bed. Aug 2 & 3. Pugnacious and

10 very restless. Aug 10. Became pugnacious, threw a right: refused to go to bed. In struggle, received

27 small abrasion in chin, by falling against heater. Aug 27. Patient up & dressed. Is very talkative.

Sept 3 "Talks about horses & prosperity". Sept 3. Moved to T.B.3. Nov 16. Patient became very nervous, restless,

Dec 5/1900 and very unsteady: was transferred to T.W. put to bed. Dec 5. Improved & given clothes. Dec 10. Visited

Jany 5/1901 by relatives. Jany 5/1901. Went to town, to visit wife. Jany 31. Patient seems much better, both physically & mentally.

Feby 5 Wt 132# P 84. Feby 5. Went down town, to visit friends: had to be returned by nurse —

Mar 31 So much confused. March 31. Patient seems to be failing - June 17. Became very sick

June 17 and weak: remained in bed, for several days. July 31 Patient seems somewhat better,

Personal and Medical History of George K. Cassidy

1901 Contd

Sept 31 physically: mentally, is failing. Aug 1. Wt 132#. Aug 31. Patient, during August, was

Aug 31 quite well-behaved, although at times, weak & nervous. Sept 31. During month, Complained

Sept 30 of poor appetite & of being weak: had a good deal of trouble, with a loose toe-nail. Nov 15-Dur-

Nov 15 ing first part of November, he was noticed as failing, mentally & physically; becoming

dull & confused, and, on 15th was transferred to T.W.: Temperature, during first week, then

Dec 8 showed itself below normal usually & patient rather dull & failing in strength.

17 Patient has been noted as failing during the month. Temperature has been normal,

18 or a little below. P & R about normal. Dec 17. Seems to have brightened up a little:

was dressed & up on ward - Dec 18. Had a convulsion & was put to bed: had 4 Convulsions

19/21 during the day: was visited by father, wife & daughter: was unconscious during day -

23 Was again visited by relatives, and had 6 convulsions, during 24 hours. Dec 21 had four

convulsions, today: relatives remaining to visit him. Dec 23. Died at 7.30 AM. -

(Had 5 Convulsions, the day before, and his temperature, which had not been above

normal much, rose, this last day, ~~to~~ as high as 104 4/10) -

Died

Personal and Medical History of August Sommer

Whole No. 5455
Residence, Minnesota Lake, Minn.
Date Admission, December 4th 1899.
Admitted by Dr E.Z. Wanous hour, 7 P.M.
How Sent, H.L. Bullis Jr of P. Faribault Co.
Sex, male Age, 57.
Civil Condition, married.
Children, three.
Age Youngest Child, —
Occupation, Shoemaker.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate
Nativity, Germany (Parents also born there)
Became insane in 1888 at state in 1891
Physicians Committing, Dr Jacoby & W. O'Carpion
Correspondents, Mrs Aug. Sommer (wife) Minnesota Lake, Minn.

No. of Year, 85
Insane Relatives, None.
Cause Exciting, Paralysis.
Cause Predisposing, —
Form, post Apoplectic Dementia
Accompanying Bodily Disorder, Paralysis,
Suicidal or not, Not.
Date of this Attack, October 2. 1899.
Duration, 2 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 50 yrs.
Time of Leaving, May 29. 1900
Time in Hospital, 5 mo 25 d
Result, Discharged Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Wanous Date of Dec 5 99.

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION, 2 Mos.
ONSET, Gradual or Sudden, Sudden -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
2 children - well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
2 Mos. ago had an apoplectic attack.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Shoe dealer.
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 sluggish -
TONGUE, Coatings or Promptness of Movement, Clean - Responds slowly -
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal -
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING,
COORDINATION, Arms, Not obtainable - Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands -
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No
Apex Beat, N. Regular~~ity~~,
ARTERIES,
full & compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion fair
Sounds Vesicular
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, 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 fairly well developed mentally - at times appears excited & agitated causing considerable noise & incoherence in speech. This trouble all came on with his apoplectic attack which is probably due to a cerebral haemorrhage. He has no use of left side or extremities & is confined to his bed. Otherwise is fairly well nourished & in good condition.

Personal and Medical History of August Dammer.

1899

This patient was brought here by Sheriff J. McDonald attended by Dr. J.A.H. Smith, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor parents. First symptoms of insanity manifested October 2 1899 by hallucinations: Disease appears increasing: Not variable: Derangement now manifested on various subjects: believes he is away from home, thinks he has sold his furniture; thinks he is on a ship; thinks his wife & neighbors are lying to him & deceiving him: Not disposed to injure anyone: No filthy or destructive habits: No peculiarities previously manifested: No severe diseases, excepting paralysis, no injuries to head sustained: No confinement nor restraint employed: Sopnifics have been given without slight benefit. On personal examination left side paralized.

12/4/99 On admission put upon Infirmary East (E.W.R.) Complexion dark: hair black: eyes blue: Skin in good condition: Left leg paralyzed & badly swollen below knee: Deep scar on left leg between ankle and knee: 1 tooth out right lower jaw & one from front upper jaw: Dec 4 Behavior good: J. Patient received on ward (I.W.), and given bath: put to bed: left leg is swollen & paralyzed. Dec 10. Under massage treatment and extremities improved. Dec 17. Visited by wife: 10/17 to be given massage every day. Dec 22. Patient is sitting up, on ward. Dec 24. Was quite restless, 22/24 the greater part of the day. Jany 1/1900. Wt 141# - Jany 31. Was visited by friends. Feby 17. Was 1900 Jan 1/31 taken with severe pain in chest and abdomen: these continued through the night. Apl 2. Visited Feb 17 by wife & daughter: Patient is given hot Saline baths: also massage: one week's treatment of Apl 2 electricity. April 30. Patient is wheeled out on lawn, when weather permits. May 25. Patient seems 30 to have been making some improvement. May 29. Was taken home by friends. May 29

Discharged

Personal and Medical History of

Personal and Medical History of Escar B. Smith.

Whole No. 5456
Residence, Winona Co. Minn.
Date Admission, December 6' 1899.
Admitted by Dr. E. J. Manous hour, 7 PM.
How Sent, H.K. Buck D. of P. Winona Co.
Sex, male. Age, 30 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Methodist.
Habits, Not intemperate.
Nativity, Minn. - Father Mass - Mother Ky.
Physicians Committing, J.A. Pierce & B. McLaughlin
Correspondents, Edmund Smith (father) Fairwater, Minn.

No. of Year, 86
Insane Relatives, 2 maternal uncles & mother's cousin
Cause Exciting, La Grippe
Cause Predisposing, Heredity
Form, Paranoia
Accompanying Bodily Disorder, La Grippe in 1898.
Suicidal or not, not.
Date of this Attack, March '98.
Duration, 1 yr 9 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving, October 2nd 1901.
Time in Hospital, 1 Yr 9 mo 26 ds
Result, Improved -
Discharged by Bd'd. Apl 14 - 1902

EXAMINATION ON ADMISSION BY DR. ..... *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.

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State, Cannot convince him of his delusions - does not comprehend condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Somewhat depressed -

DELUSIONS, Systematized, Transitory, Special Subjects, Thinks neighbors want to get his land.

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 yrs.

ONSET, Gradual or Sudden, Gradual -

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

Father, Healthy

Paternal Relatives,

Mother, Healthy

Maternal Relatives, 2 brother's uncles died insane & one of the cousins insane - apparently

Brothers and Sisters,

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

HABITS, Drinking and Smoking, no.

HEADACHES, VERTIGO, OR CONVULSIONS, no -

OCCUPATION, Healthy or not, farming.

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

Sleep, Fair Appetite, rather irregular and Bowels,

Oscar B Smith, a young man 30 years of age, was this morning in the probate court adjudged of unsound mind and ordered taken to the Rochester asylum. Smith, who has resided with his parents at Fairwater ever since he was born, has of late become imbued with the idea that parties, including the post-master of that place, were persecuting him and intended to do him bodily harm. This delusion dates back a year and was given little attention until about a week ago, when he went to St. Charles and purchased a revolver. This loaded he carried with him at all times and it was feared that he would do someone bodily harm. His insanity, it is thought, is due to a severe attack of la grippe that he suffered a year ago. He will be taken to the asylum tomorrow.—Winona Herald. 12/6/99

Medical History of

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 128½ USUAL WEIGHT, NUTRITION,

and condition of Skin, has reddish patches on arms, back and limbs. Skin sluggish.

omptness of Movement, Clear, responds readily.

Response to Light, and Accommodation, Equal - size normal. responses good.

lt, 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, do.

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, irregular

Apex Beat, no Regularity, Regular & very rapid.

ARTERIES,

full & compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical Expansion good - B. 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, 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 worries a good deal about himself. Thinks his neighbors are influencing him; that they use "Hypathy" to convey thoughts to him. Cannot get along with his parents. Says old people are hard to get along with. Hears voices about him, people cursing him. Condition is one of paranoia - Physically is well-nourished - has eczema on both arms & limbs which worries him - Scratches it continually

Personal and Medical History of Oscar B. Smith

Whole No. 5456
Residence, Winona Co. Minn.
Date Admission, December 6' 1899.
Admitted by Dr. E. J. Marcus hour, 7 PM.
How Sent, H.K. Buck & of P. Winona Co.
Sex, male. Age, 30 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school -
Profession, Religion, Methodist.
Habits, Not intemperate.
Nativity, Minn. - Father Mass - Mother Ky.
Physicians Committing, J.A. Pierce & H.B. McGaughey
Correspondents, Edmond Smith (father) Fairbater, Minn.

No. of Year, 86
Insane Relatives, 2 maternal uncles
Cause Exciting, La Grippe
Cause Predisposing, Heredity
Form, Paranoia
Accompanying Bodily Disorder, La Grippe in 1898.
Suicidal or not, not.
Date of this Attack, March '98.
Duration, 1 yr 9 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 28 yrs.
Time of Leaving, October 2nd 1901.
Time in Hospital, 1 Yr 9 mo 26 ds
Result, Improved -
Discharged by Bd. Apl 14 -1902

EXAMINATION ON ADMISSION BY DR. ..... *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.

REASONING POWER, Ordinary Subjects, fair

Special Subjects,

Own Mental State, Cannot convince him of his delusions. Does not comprehend condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Somewhat depressed -

DELUSIONS, Systematized, Transitory, Special Subjects, Thinks neighbors want to get his land.

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 yrs.

ONSET, Gradual or Sudden, Gradual.

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

Father, Healthy

Paternal Relatives,

Mother, Healthy

Maternal Relatives, 2 brothers uncles died insane & one of mother's cousin insane. apoplexy

Brothers and Sisters,

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

HABITS, Drinking and Smoking, no.

HEADACHES, VERTIGO, OR CONVULSIONS, No -

OCCUPATION, Healthy or not, farming.

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

Sleep, Appetite, fair, rather irregular and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8½ PRESENT WEIGHT, 138½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, has reddish patches on arms, back and limbs. Skin sluggish.

TONGUE, Coatings or Promptness of Movement, Clear, 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, normal Legs, normal - Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes, do.

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, &c. Mu

Apex Beat, Regularity, Regular & very rapid. irregular

ARTERIES,

full & compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical Expansion good - B. 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, 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 worries a good deal about himself. Thinks his neighbors are influencing him; that they use "Hypathy" to convey thoughts to him. Cannot get along with his parents. Says old people are hard to get along with. Hears voices about him, people cursing him. Condition is one of paranoia - Physically is well-nourished - has eczema on both arms & limbs which worries him - Scratches it continually

Personal and Medical History of Escar B. Smith.

1899.

This patient was brought here by Sheriff A.W. Fuhrmann in good physical condition, with the following history:- No history of consanguinity: Two maternal uncles and mothers cousin insane: First symptoms of insanity manifested March 1898 after attack of Labrippe - believed he was accused of stealing registered letters. Disease appears increasing: Is variable: Derangement now manifested by thinking he is persecuted & in personal danger: Hears strange voices at night: Is disposed to injure others: No filthy nor destructive habits: Before accession of disease was always rather quick-tempered: No severe diseases excepting Labrippe: was overcome by heat at one time. Has never been confined nor restrained: No treatment pursued.

On personal examination is self possessed but expresses belief that others wish to injure him.

12/6/99 On admission put upon B³ E. (Gth Rpt. Complexion dark; hair & eyes brown: Skin fair condition: Scar on left forefinger. Eczema on arms, legs & back. 2 teeth out left upper & one from right upper jaw: also one out either side lower jaw: Behavior good: Temp 99² P. 76 R 18)

Note - (Information obtained from mother) Patient always healthy & a hard worker - but somewhat nervous, irritable & quick-tempered. Has been overcome by heat 5 times. Worst in Aug. '97 In stupor about 4 hrs. very pale. In Spring of '98 remarked to mother that a registered letter had been stolen from Postoffice in winter - he had known it a good while & they said it to him & he was posted all over the country as a thief. Mother told him that was impossible but could not make him understand. He said he had heard it. Was affected severely by heat the following summer. Delusions of persecution have been gradually increasing since. Frequently said people were coming to kill him & kept a gun at hand. Winter of '99 Struck by falling limb in woods - causing large sore on head. Knocked down & appeared stunned - Mental condition gradually grew worse altho worked up to time of commitment seemed to be incapable of managing affairs. Seemed preoccupied by delusions of persecution. Mother further states that he has always been a very quiet boy, religiously inclined. Never used liquor: used tobacco only a short time. So far as she knows habits have otherwise been good.

Dec 6 Received on B³: given bath. Answers questions readily. Shows delusions of persecution and of
7 telepathic influence. Dec 7. Seldom speaks unless spoken to: acts queerly. Walks about ward.
13 Is rather depressed: Sometimes seen crying: patient put on forced nourishment, receiving 10
1900 Eggs, a day. Jany 4 1900. Wt 139#. Expectorates a great deal: Sputum examined microscopically
Jan 25 negative results. Feb 25. Visited by mother. May 1. Wt 146#. P 81. June 10. Visited by mother.-
June 21 Visited by friends. Patient seems somewhat lighter & more sociable. July 14. Transferred to B 3.

Personal and Medical History of Escar B. Smith.

1900

July 17 Vaccinated successfully. July 20. Complains of headache, and general mal-aise - July 27. Was
27 Transferred to IW. Aug 1 1900. 146#; Aug 15. Visited by parents. Sep 27. Visited by mother.
Oct 3 Received burn on left hand, in. dining room: wound healed promptly. Nov 14. Transferred to A!
Dec 1901/30 Wt 145# P 80. - Dec 30. Patient is rather disagreeable towards other patients. Jany 24 1901. Has
Jan 24 trouble with other patients in bowling alley; wants to play and not give others a chance. -
31 No general change. Feby 28. Quiet & well-behaved: does no work now. Apl 30. Visits
May 31 by mother - May 31. Condition shows no special change. Is somewhat indolent: Does no
July 31 work. July 31. Went out Camping, with some other patients, At Moose. Read Library books -
Aug 27/27 Came on A³. (having returned from Camp) - Aug 27. Transferred to A!: health
Sep 27 fairly good: quite well-behaved: mental condition is fairly satisfactory: Sep 25. 134#
Oct 2 Was taken home by mother.

Discharged

Personal and Medical History of Henry Loken.

Whole No. 5457
Residence, Trontenac, Minn.
Date Admission, December 8' 1899.
Admitted by Dr. E. J. Wanous hour, 7 P.M.
How Sent, Axel Haller Dept Goodhue Co.
Sex, male Age, 20 yrs.
Civil Condition, Single
Children, none
Age Youngest Child, —
Occupation, Potter.
Degree Education, Common school.
Profession, Religion, Episcopal.
Habits, Not intemperate.
Nativity, Minn. (Parents born in Norway)
Became resident of State in 1879.
Physicians Committing, Rhudersoon & H. L. McKinstry.
Correspondents, Mrs. A. H. Hartnagle & 116 Fulton St. Redwing Minn.

No. of Year, 87
Insane Relatives, brother
Cause Exciting, being overheated.
Cause Predisposing, Probably heredity.
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, 2 mnths ago.
Duration, about 2 mnths.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Sept. 26' 1900.
Time in Hospital, 9 mo. 18 da.
Result, Discha. Recov. Feb. 5' 1901

EXAMINATION ON ADMISSION BY DR. Wanous. Date of

MENTAL CHARACTERISTICS.

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

HISTORICAL.
LENGTH INVASION, 2 mnths.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, 1 brother insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Great exhaustion while working in harvest field.
HABITS, Drinking and Smoking, drank some- not a smoker.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Potter.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, poor Appetite, poor and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, Emaciated.
WOUNDS, Abnormalities and condition of Skin, None. Skin sluggish & anaemic.
TONGUE, Coatings or Promptness of Movement, Coated and slow to respond.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated. response to light fair - Accom. slow.
SIGHT, Good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, impaired Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands & tongue.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, indistinct Size, n.
Apex Beat, n Regularity, rapid.
Regular.
ARTERIES,
Full & compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good.
B. 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, 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). Seems much confused, will not remain in bed, says in a muttering way "the room is on fire" thinks everything is burning about him. Thinks harm will befall him. Has hallucinations apparently tries to talk with people whom he supposes are about him. Gesticulates most of time. Will not stay in bed unless restrained. Case is one of Acute Mania - with delusions & hallucinations. Physically is somewhat emaciated, has a beginning bed sore over sacrum caused by restraint while at home, some slight eruption over skin on face and back.

Personal and Medical History of Henry Loken.

1899.

This patient was brought here by Sheriff P.J.Lundquist attended by Drs. Harthnagle, in fair physical condition, with the following history:- No history of consanguinity: one brother insane: No intemperance in patient(?) nor his parents. First symptoms manifested about two mths ago by seeing imaginary things and attempting to run away. Disease appears increasing: Is variable: Derangement now manifested by fear that people will kill him: No filthy nor destructive habits: Patient became over heated in harvest field: No severe disease ever sustained: Only restraint employed - tying hands during two mths. Has been treated by local physicians: On personal examination pupils dilated, tongue tremulous + coated, is restless, muttering, glances around as though afraid.

12/8/99 On admission put upon Infirmary (Gtd.Rpt. Complexion light: hair brown: eyes blue: skin in rather poor condition: Has an eruption on hips: left elbow + right knee black + blue: Is clean: Two front teeth gone from upper jaw: Had to be put in protection sheet. Temp: 100°.)

Dec 8 Received on IW and put to bed. "Thinks his life is in danger": very restless: sits in bed: keeps hands + body

11 in motion: very much agitated: saliva flowing freely from mouth: talks to himself. Dec 12. Much disturbed;

15 put in protection. Dec 15. Is quite filthy. Dec 30. Extremely restless all night + day: out on hall,

1900/30 continually. Jan 1/1900. Wt 134#. Speech incoherent. Feb 8. Gives clothes up at ward. Feb 12 Remains

Jan 1 more quiet, since up. Is left in "bay" Mar 11. Returned to bed. Patient seems weak and more demented.

Feb 12 Ears + lips Sore; caused by picking them. Mar 31. Patient dressed, and put in "Bay": Apl 7. Transferred

Mar 27/31 to B1. Apl 8. Assaulted nurse, with shoe. Apl 12. Struck patient Robert Hanson. May 24. Complains of

Apl 7/8/12 pain in Stomach: refused dinner. appetite very poor, of late. Put on treatment and improved. —

May 24 Visited by Sister and brother, and Jakere Horne Aug 17. Returned. Put on B3. Wt 159# No disease

June 22 was manifested, but is boisterous + troublesome to other patients — (Recently broken sick + disorderly) —

Aug 17 Habits tidy: health apparently very good: Eats and sleeps well. Sep 9. Has trouble with J.W. Folin

Sep 9 + became troublesome in dining-room: afterwards kicked Foster, aforesaid. Sep 22. Danefeld & Co's

22 Troublesome to other patients - Sep 25. Eloped, while outside, at work.

Discharged

Personal and Medical History of

Personal and Medical History of Thomas B. Hurley.

Whole No. 5458
Residence, St. Paul. Minn.
Date Admission, December 9. 1899.
Admitted by Dr. C.B. Heyerdale hour, 7 P.M.
How Sent, E.W. Bazille Co. Ramsey Co.
Sex, male Age, about 47 yrs.
Civil Condition, Married.
Children, none.
Age Youngest Child, —
Occupation, Locomotive engineer.
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, Not intemperate.
Nativity, Conn. (Parents born in Ireland.)
Physicians Committing, E.A. Whitcomb & Arthur Brenny
Correspondents, Mrs T.B. Hurley 189 Laboid St. St. Paul, Minn.
T.B. Hurley (bro.) Two Harbors, Minn.

No. of Year, 88
Insane Relatives, None
Cause Exciting, Injuries received.
Cause Predisposing, unknown.
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, About one year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46 yrs.
Time of Leaving, 27th September 1901.
Time in Hospital, 1 yr 9 mos 18 ds
Result, Died. Paresis

EXAMINATION ON ADMISSION BY DR. Wauoner *Date of* 12/10/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events,
Recent Events, Very forgetful. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, poor.
Own Mental State, Says he is only troubled with stomach-
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None brought out
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 yr.
ONSET, Gradual or Sudden, following injury.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
~~1~~ Brothers and ~~5~~ Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Oct. 98 - Injury in R.R. accident.
HABITS, Drinking and Smoking, No
HEADACHES, VERTIGO, OR CONVULSIONS, No
OCCUPATION, Healthy or not, R.R. engineer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Very irregular

Personal and Medical History of

Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Total Time.	per Day.	$	Cts.

To Doctor of Hospital of Rochester, if any thing wanted for T.B.B. Hurley. Write to John B. Hurley at Two Harbors, Minn.

PHYSICAL CHARACTERISTICS.

STATURE, 5 ft 6½ in. WEIGHT, 166½ lbs. USUAL WEIGHT, NUTRITION, Fairly well nourished
COMPLEXION, Pale - Skin sluggish
EYES, Pupils, Size, Equal. Form, Irregular. Color, Iris, Dilated. Responds slowly.
Vision, Right, Accommodation, Equal. - Rigt normal - Response to light slow - Accom. deficient
SIGHT, somewhat impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands, tongue & facial muscles,
PATELLAR REFLEX, delayed & decreased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, rather weak.
Apex Beat, In Regularity, Regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest slightly depressed - 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, 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 well up to Oct. 98 when he received a severe concussion in Railroad accident when he became very much dazed & has been confused ever since. Memory impaired ~~when~~ when a question is put to him the second time forgets previous answer. Appears somewhat depressed & indifferent to surroundings - Complains of stomach trouble & continually "belches" gas. Condition came on after injury - has received treatment for same at Kansas City hospital. without relief. (See note next page)

Personal and Medical History of Thomas B. Hurley.

Whole No. 5458
Residence, St. Paul. Minn.
Date Admission, December 9th 1899.
Admitted by Dr. O.C. Hazardale hour, 7 P.M.
How Sent, E.W. Bazille Co. of Ramsey Co.
Sex, male Age, about 47 yrs.
Civil Condition, Married.
Children, none.
Age Youngest Child, —
Occupation, Locomotive engineer.
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, Not intemperate.
Nativity, Conn. (Parents born in Ireland.)
Physicians Committing, E.A. Whitcomb & Arthur Brenny
Correspondents, Mrs T.B. Hurley 189 Lafond St. St. Paul. Minn.
T.B. Hurley (bro.) Two Harbors, Minn.

No. of Year, 88
Insane Relatives, None
Cause Exciting, Injuries received.
Cause Predisposing, Unknown.
Form, Paresis
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, about one year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 46 yrs.
Time of Leaving, 27th September 1901.
Time in Hospital, 1 yr 9 mos 18 ds
Result, Died: Paresis

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 12/10/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events,
Recent Events, Very forgetful. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, poor.
Own Mental State, Says he is only troubled with stomach.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
None brought out
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 yr.
ONSET, Gradual or Sudden, following injury.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
1 Brothers and 5 Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Oct. 98 - Injury in R&R accident.
HABITS, Drinking and Smoking, No
HEADACHES, VERTIGO, OR CONVULSIONS, No
OCCUPATION, Healthy or not, R.R. engineer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Very irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7½ PRESENT WEIGHT, 166½ lbs USUAL WEIGHT, NUTRITION, Fairly well nourished
WOUNDS, Abnormalities and condition of Skin, None - Skin sluggish
TONGUE, Coatings or Promptness of Movement, Coated. Responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. - Rigs normal - Response to light slow - to accom. deficient
SIGHT, Somewhat impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Good Legs, good - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of Hands, tongue & facial muscles.
PATELLAR REFLEX, delayed & decreased. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, rather weak Sounds, Size, N
Apex Beat, N Regularity, regular.
ARTERIES,
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest slightly depressed - 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, 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 well up to Oct. 98 when he received a severe concussion in Railroad accident when he became very much dazed & has been confused ever since. Memory impaired when a question is put to him the second time forgets previous answer. Appears somewhat depressed & indifferent to surroundings - Complains of stomach trouble & continually "belches" gas. Condition came on after injury - has received treatment for same at Kansas City hospital. Without relief. (see note next page)

Personal and Medical History of Thomas B. Hurley.

1899

This patient was brought here by F.G. Wagoner, in good physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in parents or patient: First symptoms of insanity manifested about one year ago. Talked strangely: Disease appears increasing: is variable: Derangement was manifested by vagaries in regard to things he is doing: has lost his memory & interest in things about him: Not disposed to injure anyone: no filthy nor destructive habits: No peculiarities previously manifested: Was injured in a railway wreck in October 1898. No confinement nor restraint employed. No treatment pursued. On personal examination is apathetic, dull, deficient in memory and has very little interest in anything.

12/9/99 On admission put upon B3. 1/4 G. 1/4 H. Rpt. Complexion fair: Hair brown a little gray: Tattoo on left fore arm ~~FBH~~ & heart pierced by arrow on back of left hand. 2 small scars on L. fore finger & one on thumb: Sclerae Teeth good: Temp. 101. P. 96. R. 24.)

12/13/99 Note Patients brother gave following account of accident to Dr Kilbourne. Patient was running an engine out in Kansas ~~Colorado~~ and Oct. 15'98. in going down a hill engine got away from them & while going at rate of 40-50 miles an hour patient jumped as he saw a collision inevitable, injured head & leg and side was sore for some time: He had no convulsions following accident & no external injuries to head noticed. but has never been himself since; has seemed dazed & confused, has done no work & has seemed indifferent to everything most of time. Was unconscious for a time after wreck: In November started for home & was taken sick at Ellis Kansas. Telegraphed that he would be home & was not heard from for some time, was finally located in Kansas City hospital Brother went to him at once, patient knew him but seemed dazed and said "Well I'm pretty near done" - Complained of stomach trouble (always a strong man previous to accident) Was at Kansas City hospital from Nov. 29'99 to Dec. 6'99. & physician there said he was suffering from "melancholic dementia" No delusions noticed. except that he told on his return from Colorado that he had had earned $900.00 & sent it to his wife, while he had earned nothing. On being brought to hospital did not worry about family, said brother had plenty of money & would care for them.

12/9/99 (Summary by Dr Emmons) Reid on B3. Somewhat depressed: speech faltering: gait unsteady: Vomited several times: Dec 10 Is depressed Answers questions rationally: hesitates & memory is poor.

Dec 11 Sits in same place all day. Complains of stomach. Dec. 12 Trans. to Infirmary & put to bed. Dec. 13 Complains of stomach: vomited after dinner: gives medicine t.i.d. Bowels constipated.

Personal and Medical History of Thomas B. Hurley

Dec 14. Visited by brother: Vomits small quantity frequently. Put upon light diet. Dec 16 Vomited frequently through day. 17 Do. Complains of bad taste in mouth. 18 Quite nervous. Believes he is to be taken to Ramsey county jail. Frequently asks for his his release. Sometimes quite noisy.

19. Feels much better - not so restless. Dec 20 Still vomits. Dec. 23 Quiet unless speaks when asked questions. 26 Visited by wife. 27 Given one quart of milk extra per day. also has is receiving eggnogs. Will not take anything except a little toast & milk. Jan. 1 Wt. 152. Expectorates considerable mucous Bowels regular - July 13 Seems more talkative: Carries on conversation with other patients noted as talking to himself a great deal - Put on full diet with extras.

1900 Jany Has several discolorations on face & elbows swollen from striking himself Jan. 22 more badly swollen from self inflicted bruises Jan 30 Is exalted sings & talks to himself through day. Feb. 16. Dressed & up. Appetite good. Occasionally requires cathartics. Is demented, restless at night & at times noisy. March 1 Wt. 160. Pulse 74. Appears more demented, quite obstinate & noisy at times. 23 Vomited Appetite very poor. Apr. 1 Wt. 149# Pulse 68. Appears to be failing, appetite very poor: Apr. 22 Refused breakfast, unable to retain nourishment. Apr. 24 Got into trouble with another patient. Struck him with shoe. Apr. 30 Trans. to B3. May 1. Wt. 145# Pulse 80. May 13. Refused nourishment. Appeared quite sick Temp. 102°. Pulse 96. Rest to bed. May 14 Complained & vomited frequently. May 17. Vomited some blood. May 18 Trans. to Infirmary - put to bed. Put on milk diet unable to retain it as a rule given medicine. May 25 Able to retain some food in small quantities. 27 Talks to himself much of time. June 1. Visited by friend. June 6 Vomited after dinner. June 9 Wt. 121. 15 Seems somewhat better. able to retain nourishment. 22 Dressed & up on ward.

Aug: Wt. 139. Up & around, goes out for exercise. Quite untidy in appearance. Imagines he is a great man & is to die soon. Aug 8 Put on hypos. of strychnia

Oct 1. Wt. 147# Pulse 72. Oct 31 Restless & noisy at night. Very much emaciated bodily demented, unsteady in his gait. Nov 1. Patient up on ward: somewhat improved physically. Nov 9. Transferred to A4. Dec 8. Severy noisy: refused nourishment.

Dec 8/13 Extremely restless. Dec 13. Visited by brother. Jany 9/1901. Patient was much disturbed all day; climbs on radiator & attempts to open windows & tries to get out. Jany 21 Visited by wife. Jany 31. No special change. Phys. Wt 168# Pat. Physt. Is much demented & delusional. Takes his clothes off & throws them on the floor - vomited, several times: vomits, also, after meals. Apl 2. To I.W. & put to bed. Given clothing & got up, on ward. Transferred to A4 East. May 1. Wt 143#. Pulse 8 & extremely restless, nights - Patient has been failing July 31. Continues to fail, both mentally & physically. Aug 1. Wt. 134#. Aug 10. Same today. Very restless: tears his clothing & is kept in a strong-suit - Aug 15. Patient very restless & reckless. Fell from a chair today & bruised his eye. Sept 1 - Wt 141# -

Carried to 68 -

Personal and Medical History of Felix Lach.

Whole No. 5459
No. of Year, 89
Residence, St. Paul, Minn.
Insane Relatives, Sister Annie Lach died here.
Date Admission, December 9th 1899.
Cause Exciting, Excessive drinking.
Admitted by Dr. O.C. Huyndale hour, 7 P.M.
Cause Predisposing, probably heredity.
How Sent, Ex. W. Bazille J. of P. Ramsey Co.
Form, Circular Insanity
Sex, male. Age, 33 yrs.
Accompanying Bodily Disorder, None mentioned.
Civil Condition, married
Suicidal or not, Not.
Children, 3 living.
Date of this Attack, One week ago.
Age Youngest Child, —
Duration, About one week.
Occupation, Butcher.
No. of Attack, 1st
Degree Education, Common school.
No. of Admission, 1st
Profession, Religion, Roman catholic.
Age First Attack, 33 yrs.
Habits, very intemperate.
Time of Leaving,
Nativity, Germany. (Parents also born there)
Time in Hospital,
Physicians Committing, E.C. Eckelley & J.A.C. Markoe
Result,
Correspondents, Mrs. Annie Lach Cor. Augusta & Winslow Sts. St. Paul, Minn.

EXAMINATION ON ADMISSION BY DR. Watsons *Date of* Dec. 11/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish.
MEMORY, Past Events, poor.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull
REASONING POWER, Ordinary Subjects, No
Special Subjects, Will not express himself
Own Mental State, depressed.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Believes wife & sister want to poison him or kill him with a knife

HALLUCINATIONS, Hears wife & sister planning to kill him - at night
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 sister died here. 3 children living
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
0
HABITS, Drinking and Smoking, Excessive drinker
HEADACHES, VERTIGO, OR CONVULSIONS, no
OCCUPATION, Healthy or not, butcher.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, poor fair irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 170 lbs USUAL WEIGHT, NUTRITION, fairly well nourished.
WOUNDS, Abnormalities and condition of Skin, Index finger amputated. Large scar on R. ankle Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated. Responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - normal -
SIGHT, distinct
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, Sluggish. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Muffled Sounds, Size,
Apex Beat, Regularity, rapid regular.
ARTERIES, not very full. 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,
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, only 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 presents little mental development has a poorly developed head & has always been easily irritated. Has been an excessive drinker - now appears much depressed & apparently is worrying about something. Believes his wife & her sister are trying to get rid of him & hears them planning at night. His sister (Annie Lach) died here. Patients condition is probably due first to his being a defective, secondly to excessive drinking. Is much depressed & a case of acute melancholia. Physically in fair condition.

Personal and Medical History of Felix Lach.

1899.

This patient was brought here by Sheriffs Deputy T. Hanson in good physical condition, with the following history: No consanguinity in family. Sister, Annie Lach, died here: First symptoms of insanity manifested about one week ago: believed his wife wishes to kill or poison him. Disease appears increasing: is variable: Derangement now manifested by delusions: believes his wife wishes to kill him or get rid of him in some way. 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: No treatment pursued. On personal examination is melancholy in appearance.

12/9/99 On admission put upon B3 E (G.H.A.) Rpt. Complexion dark: Hair black: eyes brown: Condition of skin good. Left forefinger off at 2nd joint: Several small scars on back & shoulders. Is dirty: Four teeth gone from upper & seven from lower jaw. Behavior good. Temp. 100 P. 76 R. 18 ———

Dec 9 Received on B3. Answers questions rationally but hesitatingly: eyes down-cast: seems depressed. Head hangs low. 10/11 "Afraid he will be injured by family". Dec 11. Somewhat brighter. Dec 20. Is quiet: sits a ward: anxious 20/23 to go home. Still thinks people are trying to kill him". Dec 23. Relapsed into melancholy condition: — 24 Seems somewhat brighter. Jany 2/1900. Restless: dressed frequently during night. Jany 10. Became 1900 Jan 2/10 violent & ugly: demanded to be let out: is very maniacal. Feb 15. Patient again depressed: sits in one Feb 15 position most of time: Refused nourishment: transferred to T.W. Mar 1. Remains in bed, in one position. Mar Suppurating ear: treated & improved. Apl 1. Wt 148# — May 1. He is in bed, with eyes closed all the time. May 1/31 must be fed by nurse. May 25. Dressed & put in "Bay". May 31. No special changes to note. — Aug 1 Wt 145# — Aug 1 — Sept 1. Has been receiving electrical treatments — Mental Condition improved. Sep 7/10 Talks rationally. Sept 1. Ingrowing toe-nails pared by Dr Hanna. Sept 17. Tooth extracted — 17 very noisy & swearing, because he cannot go home: became pugnacious when spoken to 21/24 by nurses. Transferred to C1. Sept 21. Visited by friend. Sept 24. Transferred to T.W. Appears stupid: Oct 7 will not talk. Is melancholic. Oct 7. Dirty ward. Is still confused mentally: Eats 16 and Sleeps well. Oct 16. Transferred to B1. Is stubborn; dirty in habits: inclined to make Nov 1/30 trouble. Nov 1. Wt 194# — Nov 30. Patient good-natured & very industrious for a few days. — Constantly looking for something to do. Soon relapses into stupid condition when he will not 1901 Jan 31 speak nor move — Jany 31/1901. In apparent excellent physical health; has been troubled with incontinence of urine (probably due to dirty habits) — Mental Condition variable — resembling "Circular Insanity". For several days at a time, will be very depressed; lying on benches; neither talking nor moving; will scarcely open his eyes: says "he is sick" occasionally: will suddenly become very active & talkative & a diligent worker for a time; & then will relapse into his former Condition. July 1 Wt 199# — Mar 10. Cut 2 fingers of left hand on broken cup: (not serious) Apl 30 Mental condition improving rapidly: is anxious to get well & go home: is a good worker. — May 1 Wt 191#. May 10-11. attempted to run away from crowd. "May 15. Dropped fire-Extinguisher on 25 foot, bruising it badly: (apparently intentionally) Transferred to W. June 6. Transferred July 17 to B1. July 17. Visited by wife: noisy during night. July 31. Continues about the same.

Personal and Medical History of Felix Lach

1901 July 31 Aug 1/Jan 31 manner very changeable; at times, moody & depressed; at others, cheerful & active: his physical health is very good. Augs. Wt 181#. Nov. Wt. 207#. Jany 31/02. Has become more quiet: duller in manner: does very little: sits about quietly, paying a little, but unduly taking no notice of anything: occasionally is ugly. Feb 1/02 Wt. 212#. Aug 1/12. 214#

1903 Jan 31 Early in year patient was somewhat ugly & violent but has grown more peaceable. Works some-what; quite cleanly in habits; seldom talks to anyone; talks and laughs sillily to himself; very delusional.

Personal and Medical History of Gust Alexandersons

Whole No. 5460

Residence, Oliver Tp. Waseca Co. Minn. Became resident of state 12th yr 1892.

Date Admission, December 12th 1899.

Admitted by Dr. C.L. Chapple hour, 4 P.M.

How Sent, Ed. Wilson J. of P. Waseca Co.

Sex, male Age, 27 yrs.

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Farm Laborer

Degree Education, Common school in Sweden.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Sweden (Parents also born there)

Physicians Committing, C.D. Cummings & Wm Chamberlin

Correspondents, Uncle. Gustav Carlson, Otisco, Minn.

No. of Year, 90

Insane Relatives, none.

Cause Exciting, unknown.

Cause Predisposing, unknown

Form, Acute Delirious Insane

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, One week ago.

Duration, One week.

No. of Attack, 1st

No. of Admission, 1st.

Age First Attack, 27 yrs

Time of Leaving, August 30 - 1900

Time in Hospital, 8 Mos 18 Ds

Result, Transferred to Hastings Hospital — Ofcpm

EXAMINATION ON ADMISSION BY DR. Abamons. Date of

MENTAL CHARACTERISTICS.

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

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

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

REASONING POWER, Ordinary Subjects, } poor
Special Subjects, }
Own Mental State, }

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks he is going to die.

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 wk.

ONSET, Gradual or Sudden, Sudden.

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 124½ USUAL WEIGHT, NUTRITION, Anaemic

WOUNDS, Abnormalities and condition of Skin, Skin anaemic & sluggish

TONGUE, Coatings or Promptness of Movement, Coated - responds slowly.

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

SIGHT, indistinct

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, delayed. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating & slow

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity, full & bounding

ARTERIES,
Regular.

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, Insomnia -

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 shows only a small Mental development. is confused, depressed and apparently worrying much about something. Does not know where he is or why sent here. Sits around with head stooped & is very quiet. Physically is anaemic & somewhat emaciated. and apparently all organs are sluggish

Personal and Medical History of Gust Alexanderson.

1899.

This patient was brought here by Sheriff Collins, attended by C.G. Carlson in good physical condition, with the following history: No consanguinity heredity nor intemperance in patient nor parents: First symptoms of insanity manifested one week ago, was suddenly taken with delirium while in bed, being possessed with a fear of death. Disease appears increasing: is variable with brief rational intervals. Derangement during past week manifested by spending day walking about house talking to himself: avoiding conversation with others: most disturbed by dreams. Talk is mostly prayers & preaching. Not disposed to injure anyone: no filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head sustained: No confinement nor restraint employed: No treatment pursued. On personal examination Pulse 112, Temp. 98. Sits with eyes closed & lips moving in whispered conversation with himself: is restless & depressed.

12/27/99 On admission put upon B2 (Gen'l Hpt. Complexion light. Hair light brown eyes blue: Skin in good condition: Scar on left side of neck: One tooth out Upper jaw: Behavior good) ——— .

Dec 1/99 Received on B3. Seems quite hysterical. Dec 13. Walks back & forth in restless manner: talks to self: makes queer gestures. Dec 30. Is dull and confused: restless all night. Insolent: and does no work. Feb 25 1900 Behavior variable: kneels & prays: at other times, jumps about in a peculiar manner. May 1. Wt 160 lbs. May 1/1900 7 yr. Is continually meddling with curtain rings &c - May 15. Patient transferred to B3. — May 23 had trouble with Patient Abbott, receiving cut over right Eye. July 5. Was visited by friends. July 20/1900 Vaccinated unsuccessfully. July 25. Transferred to Annex. July 31. Nothing special to note. Aug 1/30 180 lbs. Aug 30. Is rather fleshy, but seems in fair physical health: works some in farm, but will not do much. Is constantly picking up things: taking off his shoes &c — very irrational. Eats & sleeps well: never causes any trouble.

Was, today, transferred to Hastings Hospital.

Personal and Medical History of Thomas B. Hurley.

From 60.

1901 cont'd

Dec 1/26 Does not grow any better: seems, in fact, rather worse. Sep 26. Does not show very marked symptoms, but today, seems to be failing quite rapidly: has been, in fact, failing, for some time. Put to bed, today, on account of a convulsion, which was very severe. Sep 27. Patient did not seem to rally well from the convulsion; maintained a semi-comatose condition and Died at 5th PM: (was visited by wife, just before death). ——— .

Died

Personal and Medical History of William Ryan

Whole No. 5461

Residence, Belle Creek, Goodhue Co. Minn.

Date Admission, Became resident of State & Co. in 1869. December 12 1899.

Admitted by Dr. L.L. Chapple hour, 7 PM.

How Sent, Axel Haller Cop P Goodhue Co.

Sex, male. Age, 55 yrs

Civil Condition, married.

Children, 17 (?) (Eight in 1893)

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Intemperate.

Nativity, Ireland (Parents also born there.)

Physicians Committing, B. Jacking & G.G. Millner.

Correspondents, Wife Bridget Ryan, Belle Creek, Minn. Deceased

No. of Year, 91

Insane Relatives, None.

Cause Exciting, Injury Head & Intemperance.

Cause Predisposing, Previous attacks.

Form, Acute Mania.

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, Dec. 8 '99.

Duration, 4 days.

No. of Attack, Not 1st probably 5th

No. of Admission, 3rd

Age First Attack, 32 probably.

Time of Leaving, Apr. 13. 1900

Time in Hospital, 4 mo. 1 d.

Result, Discharged Nov. 6. 1900

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Confused at times.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, fair.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects, on religion

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 yr,

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, all well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
received injury to head 29 yrs ago.

HABITS, Drinking and Smoking, Excessive drinker

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, farmer

Detail Date, Duration, and Character of Previous Attack, if any,
Committed to hospital - 24 yrs ago.

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 6½ PRESENT WEIGHT, 170 lbs USUAL WEIGHT, NUTRITION, good.

WOUNDS, Abnormalities and condition of Skin, Injury to head. skin sluggish.

TONGUE, Coatings or Promptness of Movement, Clean - responds quickly when

PUPILS, Equality, Size, Response to Light, and Accommodation, responses slow.

SIGHT, indistinct

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, tongue & facial muscles.

PATELLAR REFLEX, exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Rapid & excitable.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, irregular

ARTERIES,
Quite full & pulse bounding

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, 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 excited, is very talkative and rather confused. Does not answer questions and is rather skeptical about questions put to him. So much disturbed at night by voices and people who are "after him." Physically is in pretty good condition. Has been a hard drinker and condition is probably due to that + is one of mania

Personal and Medical History of William Ryan.

1899

This patient was brought here by Chief of Police C. W. Lee, attended by Bu-hupt in fair physical condition, with the following history:- No history of consanguinity or heredity: Patient intemperate: First attack of insanity occurred in 1876 followed by others in 1880, 1891, & 1893. Was here from Jan. 26/91 to Mch. 15/91 (Vol. 15 P. 213 No. 2592.) & from Feb 10/93 to Nov. 11/93. (Vol. 23 Fol 33 No. 3264).
First symptoms of present attack manifested Dec. 8/99 by hallucinations. Disease appears increasing. Is variable: Derangement manifested more principally on religion. Not disposed to injure any one: Is destructive of clothing & furniture: Before accession of disease drank to excess & was very jealous: Received injury to head 29 years ago. Has been in restraint 24 hours. No treatment pursued since leaving hospital.
On personal examination is loud, hilarious & excitable.
12/17/99 On admission put upon B3 E (G.W.R. Rpt) Complexion dark: hair gray & brown: eyes blue: Skin in good condition Scar running from breast bone to right arm pit. Bruises on hands: Has a double hernia: No teeth left in upper jaw; 9 black & decayed in lower jaw: Behavior good T. 101. P. 120 R. 24.)
Dec 17 Received on B3. Patient is irrational & incoherent. Became violent: put to bed. Is very destructive and noisy through night: kicks & strikes other patients. T 101. P 120. Dec 14. Transferred to C.
" 14 Visited by daughter. Jany 31/1900. Through month, was very troublesome & abusive to other patients.
" 28 1900
April 12 visited by wife and taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Thomas Teresi,

Whole No. 5462

Residence, Brooklyn New York.

Date Admission, Dec. 12. 1899.

Admitted by Dr. E.J. Wanous hour, 7 P.M.

How Sent, C.W. Bazille D. of P. Ramsey Co.

Sex, male Age, 41.

Civil Condition, married.

Children, one.

Age Youngest Child, ——

Occupation, Ship caulker.

Degree Education, Cannot read nor write.

Profession, Religion, Roman catholic.

Habits, Not intemperate.

Nativity, Italy - (Parents also born there)

Physicians Committing, H.S. Nippert + Arthur Penny.

Correspondents,

No. of Year, 92

Insane Relatives, None.

Cause Exciting, unknown

Cause Predisposing,

Form, Acute Delirious Mania

Accompanying Bodily Disorder, None mentioned

Suicidal or not, Stabbed himself with fork.

Date of this Attack, 2 wks. ago.

Duration, 2 ~~wks~~.

No. of Attack, unknown.

No. of Admission, 1 here

Age First Attack, unknown.

Time of Leaving, Jan. 25. 1900

Time in Hospital, 1 m. 13 d. St Jos

Result, Discharged Feb. 7. 1900 Recovered.

Taken to Brooklyn by State Agt Gates.

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Will not explain herself

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
yes of persecution. Thinks people want to do her harm.

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, A few weeks ago.

ONSET, Gradual or Sudden, Sudden.

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

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Lost eye in shipyard.

HABITS, Drinking and Smoking, no.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.

OCCUPATION, Healthy or not, shipbuilder

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

Sleep, Appetite, and Bowels, Good generally.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9- PRESENT WEIGHT, 153. USUAL WEIGHT, NUTRITION, Anaemic.

WOUNDS, Abnormalities and condition of Skin, Lost eye in shipyard. Recd injuries to left leg + knee by coming in contact with street car in St. Paul - Skin sluggish

TONGUE, Coatings or Promptness of Movement, Clear - rather sluggish.

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

SIGHT, pretty good.

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

HEARING, Good.

COORDINATION, Arms, Normal Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands + tongue.

PATELLAR REFLEX, Slight exaggeration. 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, Very rapid

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, 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 confused and depressed Believes people are after him and are trying to kill him. Left Ry. to avoid them - came to St Paul to his father-in-law. Could not find him - Jumped before Street Car to kill himself. Also while in City Hospital stabbed himself with fork in hypogastric region - no serious injury resulted - Physically is well nourished. Has bad leg + knee from street car injury.

Personal and Medical History of Thomas Tresi.

1899

This patient was brought here by Sheriff's deputy K. Hanson, in fair physical condition, with the following history:- No history of heredity, consanguinity or intemperance given: First symptoms of insanity manifested two years ago; believed that people were after him to injure him. Disease appears increasing: Is variable: Still thinks that people are after him to kill him: Not disposed to injure anyone; no filthy nor destructive habits: Nothing known concerning poisonous proclivities: No severe diseases nor injuries to head: Was at City Hospital ten days: No treatment pursued. On personal examination talks freely about persecution & maintains that people are trying to injure him.

12/12/99 On admission put upon B³ E/ Gen. Rpt. Complexion dark: Hair grayish black, bald on top: Eyes brown, left artificial: Skin in good condition: Lame in left knee: open wound med in street car accident: Is clean: Teeth good: Behavior good: Temp. 98⁸ P 72 R, 18)

Dec 17/99 Received on B³. "Fears he is being persecuted by enemies" Dec 18. Complains of knee paining him — Says he left Brooklyn to escape enemies: thought they followed him to St Paul. Dec 19. Is quiet: plays pool: seems quite rational. Jan 1/1900 Complains of headache & sore throat. T 103. P 96. Put on treatment and improved. Jan 24/1900. Taken to Brooklyn by State Agent Yates.

Jan 1 1900

Discharged

Personal and Medical History of

Personal and Medical History of John Mahew or Maher.

Whole No. 5463
Residence, State Prison. Washington Co, Minn.
Date Admission, December 13' 1899.
Admitted by Dr. E.J. Wanous hour, 7 P.M.
How Sent, J.T. Wilson S. of P. Washington Co.
Sex, male Age, 36.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Stone cutter.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, unknown.
Nativity, Wisconsin - (Parents born in Ohio.)
Physicians Committing, J.C. Clark & E. Aydy Bolyn.
Correspondents,

No. of Year, 93.
Insane Relatives, unknown.
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Paranoia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, Seven years ago.
Duration, 7 years.
No. of Attack, 1st
No. of Admission, 1st here.
Age First Attack, 29 yrs.
Time of Leaving,
Time in Hospital,
Result,

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, } Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects, "
Own Mental State, Does not appreciate it.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal.

DELUSIONS, Systematized, Transitory, Special Subjects,
Thinks people are working on him through secret processes.
HALLUCINATIONS, of hearing
ILLUSIONS, Yes.
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.

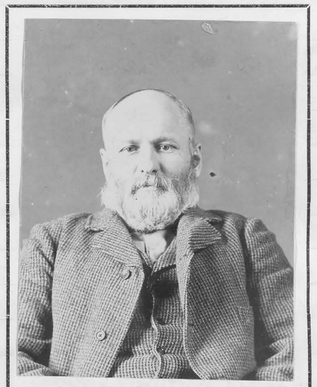
LENGTH INVASION, 7 yrs. ago.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
None obtainable.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No.
HABITS, Drinking and Smoking,
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, fair

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 193½ USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Injuries received to head before commitment - Skin in good condition.
TONGUE, Coatings or Promptness of Movement, Coated - prompt.
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, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked of hands & tongue.
PATELLAR REFLEX, Normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, N 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,
Compressible - quite 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, 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). Talks intelligently on most subjects. Believes, however, that he has had a revision of trial & has been shut up two years in solitary confinement awaiting trial. Says people tried to influence him, would appear in his cell at night & try to influence him. Often he would wake up & find them throwing dust on him which would cause him great distress. Has delusions of persecution also hallucinations. Physically fairly well but somewhat anaemic.

Personal and Medical History of John Mahew

1899

This patient was brought here from State Prison, Stillwater, by Dr. Withrow, deputy sheriff, in good physical condition, with the following history:- Patient thinks parents were 3rd cousins; no heredity known. First symptoms of insanity manifested seven years ago: Disease appears stationary. Not variable. Derangment now manifested by Delusions of persecution: Appeal of case by supreme court: claims malignant influences were exerted over him etc. Is disposed to injure others: no filthy nor destructive habits: No information concerning previous peculiarities; history of intemperance or cause of disease: 3 injuries to head received by prior commitment. Has been in solitary confinement at prison during past six years. Has received no treatment; refused medicine.
On personal examination & conversation discloses facts as stated above. *Note:- Patient sentenced May 16'93. to State Prison, for crime of Rape, for period of 15 years.
On admission put upon C.E. (G.H.A.R.F.) Complexion light: Eyes & hair gray: Skin in good condition: Vaccination scars on right arm: 2 scars over R. eye. one on right leg: over left foot. & several on head. Is clean: 3 teeth gone from either side of upper jaw: Behavior good:

Dec 13 Received on B.3. Has delusions of persecution. "Thinks he is persecuted by prison authorities" - on other subjects, is quite rational. Dec 17 "Declares he is unlawfully detained & that he will persecute those who detain him" Jany 24/1900. Stubborn ill-natured. Says "he knew nurses, years ago, and calls them by names of some one he knew then". Jany 26. Threatens to kill nurse Allen.
Feb 1 Wt 192# Ht 65. Says "people possess secret influences which they practice on him". Patient
Apl 4 kept in, when others go out for walk. Apl 4. Became very much excited: asked other patients to assist in hanging nurse to window curtain: had to be held & was moved to "Bay":
5/6/8 Refused nourishment. Says "tin dishes poisoned him". Apl 13. Again eats regularly. -
July 20 Patients condition continues the same. Augt. 198#. Sept 19. Has trouble with Joseph
Sept 19 Brikke, over a game of cards: struck Brikke: thumb bitten by Brikke. Oct 31. Has continued
Oct 31 in good health: Conversation change mentally: plays games: attends amusements: reads a good deal: talks a good deal to himself: has numerous "delusions of persecution" - Says "that people are taking away his strength from him": talks about "pittiness" (?): "Thinks that others can use his mind" - Says "he is illegally committed here - he has served his time & wants a writ of "Habeas Corpus". Nov. 196#. Nov 30. Condition remains about the same -
Nov 1901-2-9 No apparent change in any way. At times, uses threatening language & becomes con-
Jany 31 siderably excited about being retained here - "thinks he is not insane." Feby 2. Wt 198#
Febr
May 1, 31 Wt 190#. May 31. No change: very irrational: soliloquises: talks about his imaginary persecutors. Says "people take his mind, strength, blood &c". Usually very surly in manner & often becomes abusive & violent: read a good deal. Is exclusive in his
July 31 manner. July 31. No improvement: still talkative & irrational; threatening, at

Personal and Medical History of John Mahew

1901 Aug 10 times: has numerous "delusions of persecution". Frequently asks to be sent back to the Penitentiary & to be given his liberty. Says "he is held illegally". - Aug 2 Wt 186# Nov Wt 188#
Aug 31 1902 Jan 31 No change noticeable: works well on ward: plays games & attends amusements: Inclined to be disagreeable at times & quarreling. Very delusional. Says "nurses injure him at night &". Believes in "Secret influence". - Feb 1 Wt 185# Aug 1 Wt 181#
1903 Jan 31. But little change in general condition; is inclined to violence at times; seldom picks a quarrel; has delusions of persecution and forms dislikes for certain patients; is more peaceable of late. Has worked lately, making hair chains and will also work on the ward; sits in his own room most of the time; plays cards and other games and attends amusements.

Personal and Medical History of William Mattson

Whole No. 5464
Residence, Sent to State Prison, Stillwater, from St Louis Co.
Date Admission, December 13' 1899.
Admitted by Dr. O.C. Heyerdale hour, 7 PM.
How Sent, F. T. Wilson Sh of P. Washington Co.
Sex, male. Age, 40
Civil Condition, married
Children, 4 ~~yrs~~
Age Youngest Child, —
Occupation, Miner
Degree Education, Reads & writes Finnish.
Profession, Religion, Lutheran.
Habits, Unknown.
Nativity, Finland (Parents also born there.)
Physicians Committing, W.C. Clark & E Sydney Boleyn.
Correspondents,

No. of Year, 94
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing,
Form, Acute Religious Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, Nov. 7th 1899.
Duration, 1 mo. 5 days.
No. of Attack, 1st
No. of Admission, 1st here
Age First Attack, 40 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Dull & confused.
MEMORY, Past Events, Fair
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, Poor.
Own Mental State, indifferent.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.
DELUSIONS, Systematized, Transitory, Special Subjects, On 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, Nov. 7 '99.
ONSET, Gradual or Sudden, Sudden.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Unknown.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Small pox.
HABITS, Drinking and Smoking, Unknown
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, Miner
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Very irregular

Personal and Medical History of

See letter (on file) from C. McC Reese, Warden of Minnesota State prison: Dated Jany 29/1901. advising that William Mattson's term of Sentence having, this day, expired, according to law, he is released from further custody. Also advising regarding money due him.

RISTICS.

WEIGHT, NUTRITION, Only fair
Skin anaemic & sluggish
readily
ige normal- response to accom. slow.

Grasp,
- slight tremor of tongue.
Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, N.
Apex Beat, N Regularity, irritable.

CRANIAL MEASUREMENTS.
Circumference Horizontal,
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,
Quite feble.
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, Insomnia.
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 foreigner & shows no mental development- probably a defective. Appears depressed & silly at times. Has delusions on religious subject and think he is lost. Patient understands little English & cannot not answer questions. Physically he is anaemic and only fairly nourished.

Personal and Medical History of

Whole No. 5464

Residence, Cent. St. State Prison, Stillwater, from St. L.

Date Admission, December 13, 1899.

Admitted by Dr. O.C. Hyerdale hour, 7...

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

Sex, male. Age, 40

Civil Condition, married

Children, 4 ~~yrs~~

Age Youngest Child, —

Occupation, Miner

Degree Education, Reads & writes Finnish.

Profession, Religion, Lutheran.

Habits, Unknown.

Nativity, Finland (Parents also born there.)

Physicians Committing, W.C. Clark & E. Sydney Boleyn.

Correspondents,

Accompanyi...

Suicidal or not, ...

Date of this Attack, Nov. 7

Duration, 1 mo. 5 days.

No. of Attack, 1st

No. of Admission, 1st here

Age First Attack, 40 yrs.

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair
Recent Events, " Special Subjects,

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

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

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

DELUSIONS, Systematized, Transitory, Special Subjects, On 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, Nov. 7 '99.

ONSET, Gradual or Sudden, Sudden.

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

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Unknown

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Miner

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

Sleep, Appetite, and Bowels, Very irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 159½ USUAL WEIGHT, NUTRITION, Only fair

WOUNDS, Abnormalities and condition of Skin, Small pox scars - Skin anaemic & sluggish

TONGUE, Coatings or Promptness of Movement, Clear, responds readily

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

SIGHT, indistinct

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

HEARING, Right ear deaf.

COORDINATION, Arms, normal Legs, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite steady - slight tremor of tongue.

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

ARTERIES,
Quite feble.

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, Insomnia.

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 foreigner & shows no mental development - probably a defective. Appears depressed & silly at times. Has delusions on religious subjects and think he is lost. Patient understands little English & cannot not answer questions. Physically he is anaemic and only fairly nourished.

Personal and Medical History of William Mattson.

1899

This patient was brought here from State Prison,× Stillwater by Dr Mithrow as sheriffs deputy, in fair physical condition, with the following history:- No information concerning history of heredity, consanguinity, intemperance, previous peculiarities, sickness or injury. Patient first manifested symptoms of insanity Nov. 7th 1899. by religious delusions & talking to himself. He has since been confined in Prison hospital. Disease appears stationary & not variable. Thinks he has committed the unpardonable sin. Not disposed to injure anyone. No filthy nor destructive habits. Has been given sedatives. No further particulars noted on personal examination.

×Note. Patient committed to State Prison May 19'97 for a term of five years for grand larceny.

12/15/99 On admission put upon B3 E. (Gtn. Rpt. Complexion fair: hair light brown: eyes blue: skin in good condition: Vac. scar on left arm: small scar on right knee: Is clean: Teeth all sound. Behavior good. Igg2. P84 R. 20.)

Dec 13 1900 Received on B3. Patient is quiet: walks back & forth, over short space: acts queerly: talks to himself. Wt 133# Pgr. Makes queer gestures: talks to himself. April 14. Attempted to strike Nurse Spillane, with chair. Transferred to C1. April 16. Complains of constipation – June 30. Quarrelsome and pugnacious, "by spells". July 30. No improvement noticed in patients condition. 197# Augs. Attacked Nurse Keefer. Oct 30. Kept in "Bay". very threatening in demeanor- and fights without provocation. Can speak little English & is very sullen; mutters to himself at times; appears in excellent physical health. Nov 2. 186#. – Nov 30. Threatening lives of nurse & Doctors; excited & maniacal. Dec 30. Continues the same. Usually quiet- but stutters threatening, at times. Dec 31/1900. Works some inward; habits tidy. Mental condition continues the same. Wt 187#. May 31. Wt 178#. May 31. Visited by acquaintance. July 31 Little change to be noted, during the 6 months: is tidy in habit: works a little inward: nearly always sits in the one place: occasionally, becomes very excited, maniacal & pugnacious: has delusions of "persecution" Speech incoherent. Augs. Wt 174# Nov. Wt 168#. Jany 31/02. No change noticeable: Works some inward & with crowd outside. Treacherous at times: Shows considerable incoherence and becomes excited. Feb 1/02 160#. Aug 1/02 Wt. 149#

1903 Jan 31 Patient has become somewhat more peaceable; was very violent & troublesome for a time; works about buildings & on ward; & is very tidy; cannot speak English; but always ready to shake hands with the physicians. Health quite good. (Dec. 18. Struck by Harry Duerre, breaking & cutting nose badly)

Personal and Medical History of

Personal and Medical History of John Dexter.

Whole No. 5465

Residence, St. Paul. Minn.

Date Admission, December 13' 1899.

Admitted by Dr E.J. Watrous hour, 7 PM.

How Sent, Exp. Bazille Dept Ramsey Co.

Sex, male Age, 47.

Civil Condition, married.

Children, one

Age Youngest Child, -

Occupation, switchman.

Degree Education, common school.

Profession, Religion, methodist.

Habits, not intemperate (?)

Nativity, Canada - (Parents also born there)

Physicians Committing, Maltraville & Talbot Jones.

Correspondents, Mrs John Dexter 270 Iglehart St. St Paul, Minn.

No. of Year, 95

Insane Relatives, None.

Cause Exciting, unknown.

Cause Predisposing, Previous attacks

Form, Recurrent Mania

Accompanying Bodily Disorder, is anaemic.

Suicidal or not, not.

Date of this Attack, unknown.

Duration, unknown.

No. of Attack, many.

No. of Admission, 3rd Rec. (also at Running Ill. Kankakee & Pontiac. Mich.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Watrous *Date of* 12/14/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Only fair.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State, Excited.

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, Several years.

ONSET, Gradual or Sudden, Gradually increasing

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

Father, Dead.

Paternal Relatives,

Mother, dead.

Maternal Relatives,

Brothers and Sisters, Well.

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

HABITS, Drinking and Smoking, Drank to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, RR. work.

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

Sleep, Good Appetite, Good and Bowels, regular.

Paroled Rochester Patient.

John Dexter, 590 Selby avenue, a paroled patient of the Rochester state hospital, will be returned to that institution to-day. Dexter since receiving his parole several months ago has been employed as watchman by John Kilray, contractor on the Great Northern building. He was arrested yesterday morning on complaint of his wife, who alleged he was in a condition which rendered him unsafe to be at large.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 150 USUAL WEIGHT, NUTRITION, somewhat emaciated

and condition of Skin, Anaemic.

romptness of Movement, responds readily - some coating.

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

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, Quite marked of hands & tongue

PATELLAR REFLEX, delayed. Other Reflexes,

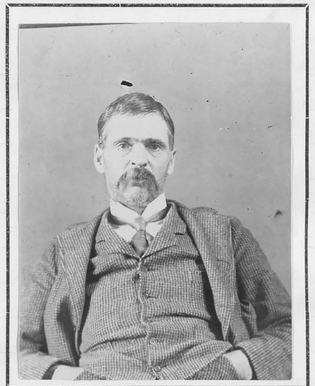
ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Normal

Apex Beat, 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,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical. Expansion good. B. sounds normal.

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, Regular

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 and exalted, maniacal in character. rather incoherent in speech and when talking locates same event in several places. Has had several attacks & has been here twice before. Physically is somewhat emaciated and anaemic - Was on a protracted spree in Chicago about four weeks ago and was sent to workhouse for a time.

Personal and Medical History of John Dexter,

Whole No. 5465

Residence, St. Paul. Minn.

Date Admission, December 13 1899.

Admitted by Dr E.J. Ivanovo hour, 7 PM.

How Sent, Exp. Bazille Dept Ramsey Co.

Sex, male Age, 47.

Civil Condition, married.

Children, one

Age Youngest Child, -

Occupation, switchman.

Degree Education, common school.

Profession, Religion, methodist.

Habits, not intemperate (?)

Nativity, Canada - (Parents also born there)

Physicians Committing, Mabon Mille + Talbot Jones.

Correspondents, Mrs John Dexter 290 Iglehart St. St Paul, Minn.

No. of Year, 95

Insane Relatives, None.

Cause Exciting, unknown.

Cause Predisposing, Previous attacks

Form, Recurrent Mania

Accompanying Bodily Disorder, is anaemic.

Suicidal or not, not.

Date of this Attack, unknown.

Duration, unknown.

No. of Attack, many.

No. of Admission, 3rd Adm. Cases at Dunning Ill, Kankakee & Pontiac. Mich.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Ivanovo Date of 12/14/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, only fair.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

alert,

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State, excited.

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, Several years.

ONSET, Gradual or Sudden, Gradually increasing

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

Father, dead.

Paternal Relatives,

Mother, dead.

Maternal Relatives,

Brothers and Sisters, Well,

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

HABITS, Drinking and Smoking, Drinks to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, RR. work,

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

Sleep, Good Appetite, Good and Bowels, regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9½ PRESENT WEIGHT, 150 USUAL WEIGHT, NUTRITION, somewhat emaciated

WOUNDS, Abnormalities and condition of Skin, Anaemic.

TONGUE, Coatings or Promptness of Movement, responds readily - some coating.

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

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, Quite marked of hands + tongue

PATELLAR REFLEX, delayed. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Ns. Ns.

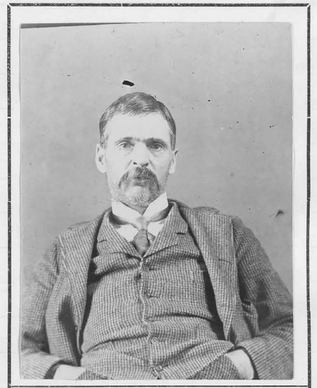
Apex Beat, Regularity, regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion good.
B. sounds normal.



CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, 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 very talkative and exalted, maniacal in character. rather incoherent in speech and when talking locates same event in several places. Has had several attacks + has been here twice before. Physically is somewhat emaciated and anaemic - Was on a protracted spree in Chicago about four weeks ago and was sent to Workhouse for a time -

Personal and Medical History of John Dexter.

1899

This patient was brought here by Sheriffs Deputy K. Hanson attended by A.L. Phillips in fair physical condition with the following history: No consanguinity, heredity nor intemperance known: First attack of insanity occured six years ago: Patient has been in hospitals at Dunning Ill: Kankakee Ills Pontiac, Mich. & was here from Oct. 14'96 to Apr 28'97 (Vol. 35. Fol. 53. No. 4552) also from Dec. 9'98 to Feb. 25'99 (Vol. 41 - Fol. 209 - No. 5193.) Not known when present attack was first manifested: Disease appears increasing: Is variable: Derangement now manifested by delusions accompanied by much mental excitement. Is disposed to injure others: No filthy nor destructive habits: No severe diseases nor injuries to head: Has been confined as above stated.

3/13/99 On personal examination is extremely talkative also is anaemic. On admission put upon B3 (5ft 11in. 6ft) Complexion dark: hair grayish black: eyes brown: skin in good condition: Vaccination scars on left arm, scar on back of head: Hernia on Right side: Is clean 3 Teeth out & 2 broken off in upper jaw, 3 out & 3 broken in lower jaw Behavior good: J 99. P 84 R. 18.)

Dec 13 Received on B3. Talks about being discharged soon. (Patient has been here before). Dec 14. Talks in
15 a rambling manner. Dec 15. He appears in about normal condition. Dec 16. Talks great deal &
1900 has exaggerated ideas of his ability Does light work on ward. Jany 29/1900 seems quite normal
Jany 30 rather talkative Febys Sent Home alone. Aug 17/1900. Was Returned from home. —
Feb 1
Aug 17/31 Put on B3. Aug 31. Is confused & elated: talks incessantly in a careless manner, —
Oct 8 somewhat improved - Nov 14. Transferred to A1. Patient shows both mental & physical
Dec 6 improvement. Dec 6. Patient is abusive to other patients and was transferred to B3. Is somewhat
1901 excited and talks at random. Jany 4/1901 Transferred to A2 - Jany 18 had teeth extracted. -
Jan 18 " Working with Carpenter, outside. Jany 31. Continues to improve. Febys. Wt 172# P 72.
26/3 Works with Carpenter is agreeable aboard. Apl 11. Was sick at Stomach: Improved
Feb 27 in treatment - May 11. Prepared for operation, but was not operated on. July 3 Very
May 11 noisy all day & disagreeable. July 25. Transferred to B3 - July 31. Is now more
July 31 quiet again: less disagreeable. Aug 1. Wt 150# - aug 31. Quite talkative: Works some.
Aug 31 Talks rather rationally at present, but rambling. Jany 31/02. Has worked some:
1902 but quite restless: more talkative & not so well, as at previous note.
Jany 31 Feb. 1/02 Wt. 168# Feb. 28 Transferred to B3 - by request as he thought he could get on on a Hall. Mar. 18 Trans. to C1. Has been quite excited, talkative & inclined to be violent. May 1 Wt. 140# Continues very noisy & troublesome; Inclined to be abusive & violent; distructive to clothing. June 30 Trans. to D1/2. Has been very restless, distructive & troublesome since last note - Health impaired. July 1/02 Wt. 126 1/2#. Aug 1. Wt. 145. Has improved past month physically

Personal and Medical History of

and is becoming quieter. Sleeps well & eats well. Aug 9 Up on ward. Aug 21-27. In camp at Orinoco. Still rather talkative & troublesome. Sept 1 Wt. 166 1/2#. Works quite well - has parole. Sept 30 Trans to A2.

1903 Jan. 31. Has continued to improve somewhat; still has parole. Still very talkative but is not disagreeable. Quite ambitious; health quite good.

Personal and Medical History of Jack. Layton.

Whole No. 5068
Residence, Spring Valley, Minn.
Date Admission, December 18' 1899
Admitted by Dr. C. L. Chapple hour, 3 P.M.
How Sent, E.N. Farrington & J. of P. Fillmore Co.
Sex, male Age, 20 yrs.
Civil Condition, Single.
Children, –
Age Youngest Child, –
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Intemperate.
Nativity, Wisconsin (Parents also born there.)
Physicians Committing, H.H. Phillips & G.D. Love.
Correspondents, Mrs. Selina Layton, Spring Valley Minn. Reserved.

No. of Year, 98
Insane Relatives, None. Father intemperate.
Cause Exciting, Epilepsy & dissipation.
Cause Predisposing,
Form, Acute Alcoholic Insanity
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Tried to fracture skull.
Date of this Attack, Dec. 9' 1899.
Duration, 9 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 20 yrs.
Time of Leaving, Mar. 10. 1900
Time in Hospital, 2 mo. 20 da.
Result, Discharged Sept. 22, 1900

EXAMINATION ON ADMISSION BY DR. Chapple *Date of* 12/20/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear quick.
MEMORY, Past Events, Seems good.
Recent Events, Good. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Good
Special Subjects,
Own Mental State, Says he is all right.
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 - 69 - typhoid - drank.
Paternal Relatives,
Mother, living - well.
Maternal Relatives,
Brothers and Sisters, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid last winter.
HABITS, Drinking and Smoking, both.
HEADACHES, VERTIGO, OR CONVULSIONS, none -
OCCUPATION, Healthy or not, Office + chore boy.
Detail Date, Duration, and Character of Previous Attack, if any,
None
Sleep, good Appetite, good and Bowels, regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 PRESENT WEIGHT, 151 USUAL WEIGHT, 152 NUTRITION, Good
WOUNDS, Abnormalities and condition of Skin, Scar on forehead - also on thumb palm + middle finger - left hand - on R knee
Skin healthy -
TONGUE, Coatings or Promptness of Movement, Clean - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - Responses good -
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Very slight of hands -
PATELLAR REFLEX, Sluggish - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal - quick
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Quite strong Sounds, Size,
Apex Beat, 5 Regularity, regular.

ARTERIES,
normal.

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). Physical condition apparently good - Does not appear insane + says he feigned insanity in order to get out of jail. Says he pretended to have convulsions but never had one in his life + was in no danger of hurting himself. Drank + smoked cigarettes to excess + has been otherwise dissipated. Talks somewhat under restraint but speaks of imprisonment etc very lightly. Is a man of dissipated + loose moral habits + low mental grade

Personal and Medical History of Jack Layton

1899

This patient was brought here by Sheriff E.K. Blesrud attended by Alfred Erickson, in fair physical condition, with the following history:- No Consanguinity or heredity known: Patient & his father both intemperate: First symptoms of insanity manifested Dec. 9th by having Epileptic Convulsions: Disease appears increasing: Is variable: Derangements now manifested by suicidal tendencies: Not disposed to injure anyone: No filthy nor destructive habits manifested: No peculiarities previously noted: Has had epilepsy for a years past: No confinement nor restraint employed: No treatment pursued.

17/8/99 On personal examination sits very quiet with head in hands, can get no information from him. On admission put upon B3 E. G.H.M. Rpt Complexion light, hair brown: eyes gray: Scars on R. side of neck 1 in. long: one on L. thumb ½ in long also on L. middle finger: one on R. palm: on R. elbow: one on lower part of back: one on L. knee: & one on R. eye. Bruise on L. hand & over L. Eye: Is clean: One tooth out upper jaw & one snag in upper jaw: Behavior good.)

Note History given by brother - Frank Layton to Dr Chapple. Patient has used tobacco since 9 yrs. old & has smoked & chewed to excess. Has also drank to excess for 5 yrs. About 4 years ago after a dance & drinking debauch he had a a chill & convulsion & was unconscious for two hours - After this was unable to work for 3-4 weeks. Was well for two years when he had two rapidly successive convulsions during which he bit tongue - After this attack was rather nervous. Continued to drink & use tobacco to excess & out late nights. During Oct. & Nov. 99 had been drinking more than usual when about last of Nov. had another Convulsion & since then has been irritable, mind unsound & condition appeared increasing - As a child was very bright & learned more easily than the average - Was always a good boy at home - but got into bad company Was once locked up for carousing.

Dec 18 Received on B3. quite rational: says "he was unjustly accused of robbery and had trouble with the Sheriff." Dec 19. Says "he never had epilepsy: does not know why he was sent here". Takes part in amusements. Dec 20. Is somewhat erratic: delights in teasing other patients. Dec 22. Patient 21/22 very restless & tries to elope. Dec 28 Attempted to hide. Jany 1900 Says: he will do something 28 desperate, if kept here". Jany 1 Attempted to elope. while out walking. picked up club & was going 1900 to use it, if nurse would not let him go. Returned & transferred to C. Jany 9 visited by friends. Mar 5/6 Wt 163 lbs. B. 64 Patient has frequent trouble with other patients. Mar 6 Seems quite rational, 9 though surly. Mar 9. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Charles Vogel.

Whole No. 5469

Residence, St. Paul, Minnesota.

Date Admission, December 18th 1899.

Admitted by E.W. Wanous M.D. hour, 7 P.M.

How Sent, E.W. Bayliss J of P. Ramsey Co.

Sex, male Age, 58 yrs.

Civil Condition, widowed -

Children, None -

Age Youngest Child, -

Occupation, Architect.

Degree Education, College.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Germany. (Parents also born there)

Physicians Committing, H. Hawkins + J.M. Archibald.

Correspondents, Louis Eisenmenger, Cor. 8 + Wabasha Sts, St. Paul, Minn

No. of Year, 99

Insane Relatives, None.

Cause Exciting, Age + hardships

Cause Predisposing, unknown.

Form, Senile Dementia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Attempted by hanging.

Date of this Attack, ?

Duration, ?

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 58 yrs.

Time of Leaving, October 31 - 1901.

Time in Hospital, 1 yr 10 mo 13 ds

Result, Died. Senile Dementia

EXAMINATION ON ADMISSION BY DR. Wanous. Date of 12/29/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, do. Special Subjects, do

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, gradual.

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

Father, 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, Not to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Architect.

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

Sleep, Appetite, and Bowels, irregular.

NOOSE FROM SUSPENDERS.

Charles Vogel Is Rescued and Sent to the Insane Hospital.

Charles Vogel was yesterday committed to the insane hospital at Rochester by the probate court. A few years ago he was a well known and competent architect. Yesterday morning he attempted to hang himself with his suspenders in the county jail. The jailer discovered him before he had done much damage and took the suspenders away.

About ten years ago Mrs. Vogel died. He became morose, and a year or two later when his only daughter died he became worse. He seemed to depend entirely on his son-in-law, Moritz Weiser, for support. A year or so later Weiser was killed. Since then Mr. Vogel has done little or nothing. His habits were good, but he seemed to have "lost his grip." He moved from one place to another, seldom having money to pay rent. A year or two ago he reached the point where he was forced to find places to sleep in deserted buildings. The police have tried to take care of him and his friends have done what they could.

Mr. Vogel is fifty-seven years old. He has been in St. Paul about fifteen years, coming from Germany, where he was born. He is a graduate of a prominent German university. He objected to leaving the jail yesterday and was carried to court and afterward to the carriage that took him to the train. He resisted the officers with all his strength.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION, Anaemic.

s and condition of Skin, Skin sluggish.

Promptness of Movement, Clean - slow.

Response to Light, and Accommodation, Equal - Size normal - response slow.

int, Arcus Senilis, or other troubles,

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

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands + tongue -

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, yes slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Fairly normal.

Apex Beat, Regularity, irritable -

ARTERIES,
sclerotic.

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,

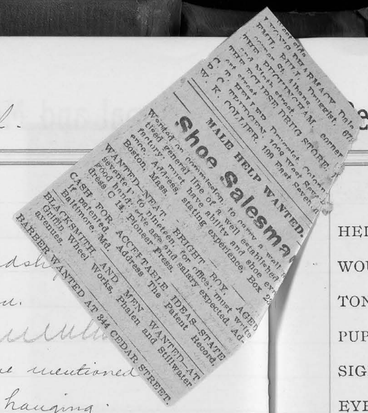
SLEEP, Present Amount and Character, Poor,

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 had considerable trouble, has worried about his affairs + his age has brought on his present Trouble.
Physically he is poorly nourished + anaemic: has been very irregular in his habits.

Personal and Medical History of Charles Vogel.



Whole No. 5469

Residence, St. Paul, Minnesota.

Date Admission, December 18th 1899.

Admitted by E.W. Wanous M.D. hour, 7 P.M.

How Sent, E.W. Bagille Jof P. Ramsey Co.

Sex, male Age, 58 yrs.

Civil Condition, widowed -

Children, none -

Age Youngest Child, -

Occupation, Architect.

Degree Education, College.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Germany. (Parents also born there)

Physicians Committing, J.V. Hawkins + J.M. Archibald.

Correspondents, Louis Eisenmenger, Cor. 8+ Wabasha Sts, St. Paul, Minn

No. of Year, 99

Insane Relatives, None.

Cause Exciting, Age + hardship.

Cause Predisposing, unknown.

Form, Senile Dementia

Accompanying Bodily Disorder, none mentioned

Suicidal or not, Attempted by hanging.

Date of this Attack, ?

Duration, ?

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 58 yrs.

Time of Leaving, October 31 - 1901.

Time in Hospital, 1 yr 10 mo 13 Ds

Result, Died: Senile dementia

EXAMINATION ON ADMISSION BY DR. Wanous. Date of 12/27/99.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, do. Special Subjects, do

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

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, gradual.

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

Father, 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, Not to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Architect.

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

Sleep, Appetite, and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10 PRESENT WEIGHT, 166 USUAL WEIGHT, NUTRITION, Anaemic.

WOUNDS, Abnormalities and condition of Skin, Skin sluggish.

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

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

SIGHT, poor

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

HEARING, poor.

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

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands + tongue -

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, yes slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Sounds normal.

Apex Beat, Regularity, irritable -

ARTERIES,
sclerotic.

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, 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 had considerable trouble, has worried about his affairs + his age has brought on his present trouble.
Physically he is poorly nourished + anaemic: has been very irregular in his habits.

Personal and Medical History of Charles Vogel.

1899.

This patient was brought here by Sheriffs deputy Hansen attended by A. L. Phillips in fair physical condition, with the following history:- No history of Consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested by incoherence & by incapacity to care for himself: Disease appears increasing: Is variable: Derangement now manifested by dementia: 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 received no treatment.

On personal examination Insanity shown by hallucinations, lethargy & stupor. On admission put upon Infirmary (G.P.A. Rpt) Complexion fair: hair gray: eyes blue: Skin in good condition: Scar on right shoulder: Two abrasions of skin on left temple thickly scabbed over: Bruises on each knee, on left shin & on left eye - eye badly discolored. Is dirty: Behavior good) One tooth out R. upper jaw: one out each side lower jaw.

Dec 18 Received on T.W. & put to bed. Left eye is swollen & discolored: abrasion above temple: bruise on each knee.
" 22 Is feeble, physically: demented. Dec 22. Very restless & frequently out of bed: frequently strikes & hits patients
1900 Jan 10 No change especially noticeable. Feb 16. Now, is quite well-behaved: neat in dress. Transferred to B2.
May 3/5 Wt 187#. Feb. May 5. Transferred to A1. May 4. Is much confused & stubborn. Transferred to B2.—
Sept 7 Was vaccinated unsuccessfully. Aug 1. 185#. Sept 1. Habits rather untidy; very sluggish: is somewhat demented: quite irritable in behavior. Oct 6. Had a peculiar attack, while at stove—
Oct 6 had to be supported to bunks - pulse very rapid - recovered in a few minutes - Nov 1 186#
1901 Jan 31 Patient is growing more feeble, both mentally & physically: quite unsteady in movements: and liable to fall easily: stumbles over small objects: Eats & sleeps well. Is quite demented, but answers questions fairly well: very childish in manner. Febys. Wt 192#. Pulse 96.—
Feby 1 Mar 19 Transferred to A1: is gradually failing: very unsteady on feet: demented & confused: Is
20 unable to dress himself, at times: slouchy & filthy. Mar 20. Transferred to T.W. Was put to
21 bed. Mar 31. Still gradually failing: eats well: urine & stools regular: is filthy; confused:
Apl 30 often very restless & noisy. Apl 4. Destructive to bed-clothing. Apl 30. Still gradually failing.
May 31 Wt 172#. May 31. Still failing: very confused: speaks but little: tremulous; stumbles about
June 30 easily: filthy. June 30. Still failing: very restless; confused: noisy and sleeps poorly.
July 31 178#. July 31. Still failing: gets about with difficulty; almost helpless: falls out of bed.
Aug 31 Has bed-sore: constantly wets bed: Aug 31. Senile failing: has to be fed by nurse.—
Sept 30 Very filthy: scarcely able to speak. Sept 1. Wt 160#. Sep 30. Still failing: has to be fed by nurse: very helpless: filthy: bed-sore dressed twice daily: Is on regular extra Diet:
Oct 29 eats well. Oct 29. Becoming very weak: given salts (1 oz): Result good: Oct 30. Does
30/31 not eat: failing rapidly. Oct 31. Failed very rapidly & died at 12 15 P.M.

Died: Diagnosis: Senile Dementia

Personal and Medical History of

Personal and Medical History of John F. Regan.

Whole No. 5470
Residence, St Paul, Minn.
Date Admission, December 19 1899.
Admitted by Dr E.J. Warnock hour, 7 PM.
How Sent, E.W. Bazille D. of P. Ramsey Co.
Sex, male. Age, 24 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Rattan finisher.
Degree Education, Common school.
Profession, Religion, Roman catholic.
Habits, intemperate (?)
Nativity, Ohio - (Parents born in Ireland)
Physicians Committing, O'Meehl & E.E. Riggs.
Correspondents, Mrs Winifred Regan 1428 W. Walnut St. Des Moines, Iowa.

No. of Year, 100
Insane Relatives, Unknown. Parents both living.
Cause Exciting, Dissipation
Cause Predisposing, Unknown.
Form, Alcoholic Dementia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, 3 mo ago.
Duration, 3 Mo.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 24 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Chapple *Date of* 12/22/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear - Quite quick.
MEMORY, Past Events, Impaired.
Recent Events, fair - sluggish Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert - Correct.
REASONING POWER, Ordinary Subjects, Quite good.
Special Subjects, fair.
Own Mental State, Thinks he is all right.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
somewhat depressed.

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

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, died - 48 - paralysis.
Paternal Relatives,
Mother, living & well.
Maternal Relatives,
3 Brothers and Sisters, Sister died consumption.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Gonorrhoea - lung fever - measles.
HABITS, Drinking and Smoking, both - also used much snuff.
HEADACHES, VERTIGO, OR CONVULSIONS, None.
OCCUPATION, Healthy or not, Rattan finisher
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
Impaired appetite fair - bowels regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 PRESENT WEIGHT, 148 USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, Vac. scar - left arm. Large mole on abdomen - Left varicocele. Skin quite healthy
TONGUE, Coatings or Promptness of Movement, clean - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - responses good.
SIGHT, slightly impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, right eye opens slightly more than left.
HEARING, good.
COORDINATION, Arms, good Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal - rather 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
Expans. fair - Chest rather narrow
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, Sound -
BOWELS, Present Condition, Regular

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment) In fairly good physical condition. Fairly well nourished - Is dull. Talks slowly. Says he thinks mind is all right. Memory not good - Says has been drinking a good deal & going with fast women. Also smokes Cigarettes & uses snuff. Denies use of opium. Says he used to masturbate frequently & has emissions. Denies worrying over habits - says has been well - has had blues at times like other people. Says he was discharged by his employer because he did not work regularly. Has up late nights a good deal & slept mornings. Patient apparently of little education & very ordinary mental grade. Diagnosis Acute Melancholia of a mild type resulting from bad habits & dissipation.

Personal and Medical History of John F. Regan.

1899

This patient was brought here by sheriffs deputy Hansen, attended by A. J. Stabert, in fair physical condition, with the following history No consanguinity: Heredity unknown: First symptoms of insanity manifested by insane way of acting: Disease appears increasing & is variable: Derangement now manifested by carelessness in dress; melancholy: wish to be alone - will do no work. Nothing known concerning previous peculiarities: Both parents intemperate: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. No further facts noted on personal examination.

12/9/99 Dar admission put upon B3 E (G.H.M. Rpt Complexion dark: hair black: eyes dark brown: Skin dirty: Is vaccinated: Hernia on left side: Behavior good: One tooth gone from right upper jaw & one from left lower jaw.)

Dec 1/99 to 1/31 Feb 28 Received on B3. Is very melancholy & depressed. Dec 31. Has continued about the same, since above date. Surly & obstinate: walks floor a great deal: refuses to work. July 6. Wt 186# P84. July 20 Vaccinated successfully. July 31. Is more talkative but still confused. In other respects, condition about the same.

Aug 31 Patient confused & deluded: does no work. Sept 30. Seems more rational. Nov 1. Wt 200# P76

Dec 1901 Rather untidy: lies around on benches. Jany 31/1901. No change noticeable. —

Jany 31 Indolent & untidy: Health seems good. Feby 1. Wt 205# P84 — Mar 31. Is quiet; lazy; in good physical condition. No change in mental condition. July 31. No change noted, mentally & physically. Aug 1. 213#. Jany 31/02. Talk is fairly rational in form. Is usually quiet, neat & has good appetite. Mentally is rather indifferent & childish & delusional.

Jan. 31/03. Weight 202#; rather silly & childish. Works constantly. Is of a cheerful disposition & is seemingly contented.

Personal and Medical History of

Personal and Medical History of Frank Dellar.

Whole No. 5472

Residence, St. Paul, Minnesota.

Date Admission, December 20, 1899.

Admitted by Dr. A. J. Kilbourne hour, 7 PM.

How Sent, E.W. Bazille Sheriff Ramsey Co.

Sex, male. Age, 36 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Horse dealer.

Degree Education, Common school.

Profession, Religion, Roman Catholic.

Habits, not intemperate.

Nativity, Minnesota (Parents born in Germany)

Physicians Committing, Jennette M. McGarvan-Aa Pine.

Correspondents,

Charles Dellar 143 W 4th St. St. Paul, Minn (father)

No. of Year, 102

Insane Relatives, None.

Cause Exciting, Masturbation (?)

Cause Predisposing, Not known.

Form, Paranoia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Nat.

Date of this Attack, 4 yrs. ago.

Duration, 4 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 32 yrs.

Time of Leaving, Nov. 21. 1900

Time in Hospital,

Result, Transferred to Hastings

EXAMINATION ON ADMISSION BY DR. C.L. Chapple *Date of* 12/22/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear. quick.

MEMORY, Past Events, Quite good.

Recent Events, good. Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

alert - Correct on ordinary subjects.

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State, Says he is all right.

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, living - well.

Paternal Relatives,

Mother, living - well.

Maternal Relatives,

3 Brothers and Sisters, well.

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

Typhoid - measles.

HABITS, Drinking and Smoking, drank & smoked.

HEADACHES, VERTIGO, OR CONVULSIONS, none.

OCCUPATION, Healthy or not, horse dealer.

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

L.

Sleep, Appetite, and Bowels, regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft ½ PRESENT WEIGHT, 172 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Scar on forehead - on R thumb - Vac. scar on L arm - Large birth mark on back. Some acne on skin

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

PUPILS, Equality, Size, Response to Light, and Accommodation, R. enlarged - L normal. Responds good.

SIGHT, good.

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

HEARING, Slight impairment.

COORDINATION, Arms, fair Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Some tremor of hands - Tongue slightly unsteady.

PATELLAR REFLEX, N. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, N.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity, Regular

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion good.
B. Sounds normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Sound.

BOWELS, Present Condition, Regular

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient tall & vigorous seems in good physical condition. Talks rationally but seems rather evasive & is inclined to argue. Yesterday he expressed delusions - said he thought fore other people & could think a long distance. & that people talked about him. Has evidently tried to conceal his queer ideas - Says he has not been at work for sometime - Could not get kind of work he wanted & his folks had plenty of money but that he staid in bed because he had no money & would not ask for it. Is of very ordinary mental grade & education. Is a paranoiac probably of a mild type.

Personal and Medical History of Frank Dillar.

1899.

This patient was brought here by Sheriff's deputy Hanson attended by Ad. Phillips, in fair physical condition, with the following history:- No history of consanguinity, lunacy or intemperance in patient or parents: First symptoms of insanity manifested four years ago: believes that people are thinking for him. Disease appears increasing: Is variable: Derangement manifested by hallucinations: Thinks "that President Cleveland has an upholder pull & makes patient do his thinking for him". Not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities manifested: Received injury to head: No confinement nor restraint employed: No treatment pursued: On personal examination has triangular scar in center of forehead. Expression of face apathetic.

12/20/99 On admission put upon B3 E. (Gth Kit. Complexion dark: hair black: eyes brown: Skin in good condition: Birthmark on back: Little fingers slightly crooked: Scars on forehead; on R. thumb: Vaccination on L. arm. Is clean: One tooth out L. upper jaw: Behavior good. T. 100 P. 104 R. 18.)

Dec 20 Patient received on B3 Answers questions readily: will not talk unless spoken to. Says "Is
31 glad to be where he is free from care and does not require money" Dec 31. No special Change to note.
1900 Is well-behaved. Does no work. Seems satisfied with surroundings. Feb 6. Wt 177." Pgo.
Jan 1 Lounges about in a careless manner: Slouchy in appearance. June 18 Complains of headache
Feb 6 and stomachache: remained in bed. July 10. Vaccinated successfully. Dec 31. No change to note.
July 10 173½ lbs. Sept 1. Vomited: complains of Stomach. Sept 29-30. Is bed: no special complaint—
Aug 1 sat again in bed: says "he does not feel well" — Oct 30. Transferred to D3. Nov 29. No perceptible Change.
Oct 30 appears in good health: habits tidy: manner careless & indifferent: insolent & does no work
Nov 29 of any kind, (except occasionally sweeping the stairs): sits about, with eyes shut: appears rational in all subjects. Says "he has done all the work he is going to do & that he is a soft snap" —

Was, today, transferred to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of James Simpson.

Whole No. 5474

Residence, St. Paul. Minnesota.

Date Admission, December 22. 1899.

Admitted by Dr. R. A. Bebb hour, 7 PM.

How Sent, E.W. Bazille Sup.P. Ramsey Co.

Sex, male Age, 30 yrs.

Civil Condition, single.

Children, –

Age Youngest Child, –

Occupation, Plumber.

Degree Education, Common school.

Profession, Religion, Catholic.

Habits, Intemperate

Nativity, Minn. (Father Ireland. Mother Canada)

Physicians Committing, H.R. Wemick & C.T. Miller.

Correspondents, Andrew Simpson (bro.) Dodge Centre, Minn.

No. of Year, 104

Insane Relatives, None.

Cause Exciting, Epilepsy & drink.

Cause Predisposing, Previous attacks

Form, Alcoholic Insanity

Accompanying Bodily Disorder, Epilepsy

Suicidal or not, Attempted to cut throat.

Date of this Attack, Dec. 19' 99.

Duration, 2 days.

No. of Attack, Several.

No. of Admission, 4th

Age First Attack, 28 yrs.

Time of Leaving, June 4. 1900

Time in Hospital, Five 13 d.

Result, Discharged Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Wemick *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good
Recent Events, " Special Subjects,

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

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

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

ONSET, Gradual or Sudden, gradually.

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

Father, dead - asthma

Paternal Relatives, No history of insanity

Mother, dead - lung trouble

Maternal Relatives, No history of insanity

3 Brothers and 3 Sisters, all well.

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

HABITS, Drinking and Smoking, to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Railroad Man.

Detail Date, Duration, and Character of Previous Attack, if any,
Has had several attacks. See former history.

Sleep, good Appetite, good and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9½ PRESENT WEIGHT, 152 lb USUAL WEIGHT, NUTRITION, good.

WOUNDS, Abnormalities ~~and condition of Skin~~, None skin sluggish

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, fair

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, Normal

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

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, 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 depressed & melancholy When admitted - Now says it was "put on" to get into Hospital. Has attempted suicide several times - Says that hard drink has caused it. Physically in fairly well nourished - somewhat sluggish - Gives history of specific trouble.

Personal and Medical History of James Simpson.

1899.

This patient was brought here by Sheriffs deputy N. Hansen, attended by A. L. Phimps apparently in good physical condition, with the following history: No consanguinity heredity nor intemperance in parents - Patient intemperate: First symptoms of insanity manifested Apr. 30'97. - June 25'97 (Vol. 35. Fol. 357 No. 4758.) Feb 11'98 - Apr. 7'98 (Vol. 39. Fol. 49 No. 4972.) May 7.98 - Aug 3'98 (Vol. 39. Fol. 225. No. 5049) First symptoms of present attack manifested Dec. 19' 1899. by attempting to commit suicide: Disease appears increasing: Not variable: Derangement manifested by general depression and suicidal mania: Not disposed to injure anyone. Has attempted suicide four times: No filthy nor destructive habits. No severe diseases nor injuries to head sustained: Is an epileptic: Was confined in County Jail two day: No treatment except at this hospital: On personal examination

12/22/99 shows general melancholia. On admission put upon. B.2.E. (G.H.H. Rpt. Complexion fair: Hair dark brown: eyes blue: Skin in fair condition: Vac. marks on left arm: Small red blotches all over body: 4 slight scratches on neck: Is dirty: One tooth gone from either side of lower jaw: one root in right lower jaw: Behavior good)

Dec 22 Received on B3. Said he had been drinking and got into trouble. Resigned at suicide in order to be sent
31 here instead of workhouse. Is troubled much with Constipation. Dec 31. Has improved some.
1900 Assists with work: is rational. Feb 1. Wt 153# P&R. Apl 30. Is rational: Appetite good: bowels
June 3 regular. June 3. Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Alfred Bucher.

Whole No. 5475
Residence, St. Paul, Minnesota
Date Admission, December 28th 1899.
Admitted by Dr. E. E. Marcoux hour, 7 P.M.
How Sent, Ems Bazille Jap? Ramsey Co.
Sex, male Age, 39 yrs.
Civil Condition, married.
Children, none
Age Youngest Child, –
Occupation, Laborer
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Not intemperate.
Nativity, Switzerland (Parents also born there)
Physicians Committing, J.D. Cavanaugh + H.R. Minnich
Correspondents,

No. of Year, 105
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing, Unknown.
Form, Chronic Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, about 2 years ago.
Duration, 2 years.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 37 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Marcoux *Date of* 12/29/99.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused.
MEMORY, Past Events, poor.
Recent Events, do. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State, Thinks he is well.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.
DELUSIONS, Systematized, Transitory, Special Subjects,
On military + political 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, 1 yr.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died Heart Trouble (?)
Paternal Relatives, father's brother insane
Mother, died peritonitis (?)
Maternal Relatives, No.
Brothers and Sisters, well –
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
no.
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,
Sleep, Appetite, and Bowels, to.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 in PRESENT WEIGHT, 153½ USUAL WEIGHT, NUTRITION, Well-nourished.
WOUNDS, Abnormalities and condition of Skin, None – skin sluggish.
TONGUE, Coatings or Promptness of Movement, Clear – prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, normal –
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, normal Legs, to – Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands + tongue.
PATELLAR REFLEX, normal – Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating + slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, N
Apex Beat, Regularity, regular.
ARTERIES, 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,

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 appears quite clear at times tho confused on special subjects, is rather exalted in his ideas. Has delusions.
Physically is fairly well nourished + in good condition; rather sensible in appearance.

Personal and Medical History of Alfred Bucher.

1899.

This patient was brought here by Sheriff's deputy H. Hansen in fair physical condition, with the following history: No consanguinity: heredity nor intemperance in patient nor his parents: First attack of insanity manifested about two years ago, by delusions: Disease appears increasing: Not variable: Derangement manifested on military & political subjects: Not disposed to injure anyone: No filthy nor destructive habits: No information concerning previous peculiarities: No severe disease nor injuries to head sustained: No treatment pursued: On personal examination shows confusion of ideas, talks irrationally on military & political subjects. On admission put upon B[3] & C[1] W & Rot. Complexion light; hair & eyes gray: Skin in good condition: Wart on back: Scar on left forearm: Vaccination on left arm: 3 teeth out, left upper jaw: 2 out right upper jaw & 2 broken off. Behavior good. T. 100°. P. 96 R. 20)

Dec 28 1900 Received in B[3]. Is lost & confused: Speech incoherent. Jany 5/1900 Is quiet in ward. Jany 15 Is some brighter, but he has a timid expression. Apl 6. Wt 110[#]. P 88. Is well-behaved; talks to himself.
July 31 Transferred to B[2]. July 29 Vaccinated successfully. July 31. Frequently asks to go home.
Aug 31 1903 = Nov 30. Behavior quite good: works on ward. Labors tidy. Inclined to melancholy.
Jan 31 1902 Visited by wife. Jan 31 Has been in fairly good physical condition & health. Walk quite well on ward. Habits neat & tidy: behavior usually very good: inclined to be melancholy: does not appear to understand why he is kept here: constantly asking to go home. At times, becomes very noisy and talking irrationally: frequently talks to himself. Feby 1 Wt 153[#]. Apl 30. No apparent change—
Apl 30 health good: neat & clean in habits: works well on ward: Eats & sleeps well: answers questions rationally: has considerable intelligence: is almost constantly talking to himself & is very noisy at times: "Thinks people are bothering his head": Constantly wants to go home": always
May 1 well-behaved: does anything asked of him. May 31 Wt 150[#]. July 31. No change noticeable: health good. Augs Wt 149[#]. Nov Wt 152[#]. Jany 31/02. No change mentally:
Feb 28 1903 Jany 31 very talkative, noisy & deluded: stubborn, but, otherwise, not troublesome: Works well on ward. Is in good health: attends amusements.
Feb. 1/02 Wt. 154[#]. July 19 Visited by wife. Aug 1/02 Wt. 150[#].
1903 Jan 31 No important change during year. Has considerable intelligence but is very delusional; talks loudly; is not troublesome or threatening. Neat in habit; willing worker on ward or about institution.

Personal and Medical History of

Personal and Medical History of John O Dykes. (colored)

Whole No. 5476

Residence, Hennepin Co. Stone State Prison, Stillwater

Date Admission, December 28th 1899.

Admitted by Dr. E. J. Warnow hour, 7 PM.

How Sent, J. J. Wilson Sup't. Washington Co.

Sex, male. Age, 25

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Bicycle repairer.

Degree Education, Reads & writes.

Profession, Religion, not a church member.

Habits, unknown.

Nativity, Kansas. (Parents nativity unknown.)

Physicians Committing, H. H. Kanis & E. B. Freleigh.

Correspondents,

No. of Year, 105

Insane Relatives, Unknown - patient says mother insane.

Cause Exciting, unknown.

Cause Predisposing, unknown.

Form, acute dementia. Paranoia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, ?

Duration, ?

No. of Attack, ?

No. of Admission, 1st.

Age First Attack, ?

Time of Leaving, 13th July 1901. (to State Prison)

Time in Hospital, 1 yr 6 mo 15 Ds ok Pm

Result, Recovered. Discharged Nov 30/1901.

EXAMINATION ON ADMISSION BY DR. Warnow. *Date of* Dec 30/99

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair

Recent Events, " Special Subjects, do.

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, poor.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat exalted

DELUSIONS, Systematized, Transitory, Special Subjects,
Of poisoning
Thinks he inherited large sum of money.

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, 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, Ns.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, bicycle repairer.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11½ PRESENT WEIGHT, 161 lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Scar on R. wrist.

TONGUE, Coatings or Promptness of Movement, Prompt. clean.

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

ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

ARTERIES,
Full & compressible

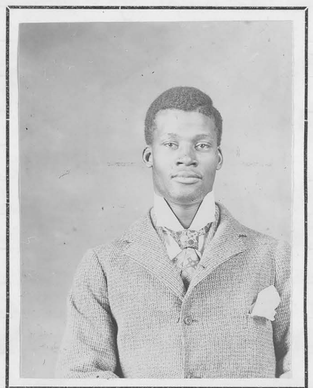
LUNGS, Chest, Symmetry, Expansion,

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's mental development poor. probably a defective. Believes he has a lot of money coming to him. Has fear of being poisoned. Says people put poison in his food to kill him. & obtain his property. Committed from Stillwater. Physically is in fair condition due probably to confinement.

Personal and Medical History of John S. Dykes.

1899.

This patient was brought here by sheriffs deputy Dr. Withrow, from State Prison at Stillwater, Minn., in fair physical condition, with the following history:- No consanguinity known: patient says mother was insane No intemperance known in patient or parents: Insanity manifested by hallucinations about marriage with a white girl and inheritance of a large property: Not disposed to injure anyone: No filthy nor destructive habits: No information concerning previous peculiarities: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination no further facts noted -

Note Patient sentenced to State Prison, Stillwater June 14 1899, on charge of assault in second degree, for a term of six years:

On admission put upon B3 E/ Gt. N Rpt. Complexion black: hair black: eyes brown. Skin in fair condition: 3rd finger nail looks as if it had been injured: 2 scars on L. cheek: 1 over R eye: Scar ½ in. long on L. big toe. 5 on R. fore arm: 4 on breast: Vaccination on L. Arm. Scars on R. hip. One tooth out R. lower jaw. Behavior good: Pyg R. 84. R 20.)

Dec 8 Received as B3. Is deluded: Has slight impediment in speech. Thinks he was sent here for wrongs he had done". Dec 30. Says "he has a lot of property willed to him". Transferred to B1. Jan 3 1900. Assists in ward. Jan 3. Says "he can always earn money, through his schemes". Feb 13. Patient is disposed to impose on other patients & frequently has trouble with them - appetite. Nothing special to report - Complains of pain in back: has still frequent trouble with other patients. July 20. Vaccinated; no report. July 31. Patient's condition remains about same. Takes part in patients' amusements. Aug 1 167#. Nov 30. no noticeable change in condition. Still holds to some of his delusions. - Jan 1 1901 Patient has been in excellent health: works willingly in ward & about institution, doing whatever is asked of him: habits fairly tidy: Eats and sleeps well: plays games & attends amusements: converses rationally. Thinks, however, that he has property coming to him & that he has unusual abilities". Is quite mechanical & constantly "tinkering" at something. Is a "defective", of small mental calibre. Takes part of nurses on the ward, but is domineering & often patients & inclined to cause them & get into trouble. Feby 1 Wt 167#. April 30. No change - April 30 Patient in good health: works well on ward & "tinkers" a great deal. Inclined to order patients about & be disagreeable. Ideas somewhat incoherent. (Evidently a defective). May 1 Wt 169# - July 13. Health good: works well on ward & around buildings: no July 13 mental change. Was returned to State Prison today.

Discharged

Personal and Medical History of

Personal and Medical History of Leo J. O'Shaughnessy.

Whole No. 5477
Residence, St. Paul, Minn.
Date Admission, December 29, 1899.
Admitted by Dr. E.J. Warnow. hour, 7 P.M.
How Sent, E.W. Bazille Dep. Ramsey Co.
Sex, male Age, 20 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, none.
Degree Education, College.
Profession, Religion, Catholic.
Habits, Began to drink at age of 13 yrs.
Nativity, Minn. (Father born in Ireland, Mother Minn.)
Physicians Committing, M. Allen — A Sweeney.
Correspondents, M.J. O'Shaughnessy c/o Nw. Brass Factory - St. Paul Minn.
Ky Wolfer - Same address -

No. of Year, 107
Insane Relatives, None.
Cause Exciting, Unknown
Cause Predisposing,
Form, Mixed Dementia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 2 years ago.
Duration, 2 years.
No. of Attack, 1st
No. of Admission, 1st. at St. Vincents Institute, St Louis Mo.
Age First Attack, ?
Time of Leaving, Sept. 7. 1900
Time in Hospital, 8 mo. 9 d.
Result, Discharged Mch 7, 1901 - Improved

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* 12/30/99

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear.
MEMORY, Past Events, fair
Recent Events, Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct at times.
REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Normal
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, 6 yrs.
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, well.
Maternal Relatives, no history of insanity.
2 Brothers and/Sisters, living.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Syphilis.
HABITS, Drinking and Smoking, drinks + smokes to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
at St. Vincents hospital St Louis Mo.
Sleep, Appetite, and Bowels, irreg. irregular.
good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 11 PRESENT WEIGHT, 135 USUAL WEIGHT, NUTRITION, fair
WOUNDS, Abnormalities and condition of Skin, None
TONGUE, Coatings or Promptness of Movement, Clean - prompt.
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, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, steady.
PATELLAR REFLEX, normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, about normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, regular

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, 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 an excessive drinker + smoker, which has probably caused him to be unsteady + at times says he cannot control himself. Gives history of specific trouble: Has taken treatment for six months at Hot Springs. Physically is fairly well nourished but somewhat anaemic.

Personal and Medical History of Leo J. O'Shaughnessy.

1899.

This patient was brought here by Sheriff's deputy Hansen attended by Henry Walker, in fair physical Condition, with the following history:- No consanguinity, heredity nor intemperance in patient nor parents: Patient began to drink at age of 13 & manifested deficiency of moral sense subsequently he committed various assaults: Disease appears increasing: is variable: Attacks seem to be of an epileptic character: Derangement now manifested by making unreasoning assaults which he is subsequently conscious of: lacks judgment & is at times irrational: No filthy nor destructive habits manifested: Case has been a gradual degeneration for six years past with lessening of will power & judgment: No severe diseases except recently acquired specific disease: No injuries to head sustained: Has been at various sanatoria and insane hospitals: On personal examination talks rationally but is unable to give adequate motives for his erratic and violent conduct.

On admission put upon B3 E1 G4 N4 Rpt. Complexion dark: hair black: eyes brown: Skin in fair condition: Left ear deviates slightly from normal shape: Small scar on back of neck: Slight eruption on shoulders, hips & lower limbs: Is Clean: Several fillings in Teeth - Behavior good).

Summary of letter (on file) sent by brother June 22 1900. Patient fell in with bad companions at age of 18 yrs. was expelled from three different colleges. Then given employment in brothers factory at Oshkosh. & discharged for throwing fuel at foreman: taken into office where he drew a pistol on the cashier: attacked brother with paper knife: later discharged both barrels of a gun at a man at Boiling Springs. Penn. After this his brother was killed & patient grew worse: cried & laughed & was very melancholy: also attacked Mother & physician (forgetting all about it 5 minutes later). diagnosed case as "transitoria mania" Sent to West Newton, Mass. to Dr Paynes Institution, could not be kept there so sent back to Huntsville where he threatened brother with pistol was on several occasions found crying on streets: Then sent to Institution near St Louis: escaped: Then sent to Denver Colo. under Dr Rothwell's care. was shot at by fellow boarder there: Sent to two other institutions & finally met a woman at Hot Springs Ark, whom he decided to marry. Sold most of his clothes in pawn shop. & only $5.00 which he borrowed from a woman of easy virtue: Brother had him arrested & brought to St Paul: Where he was examined before the Probate court & adjudged insane to be at large.

Dec 29 1900 — Received on B3. Patient has been drinking, but no signs of it at present. Dec 31. afraid of Jones who threatened to harm him. Transferred to B2. Jan 4 1900. Patient works on ward. Jan 4 6/10 Complains of sore throat. Says "he has had Syphilis". Jan 10. Is still complaining —

Personal and Medical History of Leo. J. O'Shaughnessy

1900

Jan 10 — Took very little nourishment. Transferred to IW. Application & throat improved condition. —

15 — Patient is up & around. Jan 22. Transferred to B2. Jan 25. Refused medicine. Nothing special & report. —

Mar 1 — Wt 155 lbs 8 oz. Physical condition improved; no change mentally. Apl 30. Condition continues the same.

Apl 30 — Condition remains about the same. May 9 1900. Was taken home today. Guest. Returned to B2.

Aug 31 — Patient has been at Camping, with other patients, at Oronoco, for several weeks this Summer. Behavior was very erratic. Yet he seems, on the whole, to have made some improvement. Has been Quiet - neat & clean in habits & personal appearance. Is inclined to boast, a good deal & statements are not always reliable. For some time past. Has been rather uneasy and quite restless at being kept here, and has wanted to go home, but has made no attempt to escape. Was allowed to leave today. —

Sept 7 — Discharged

Personal and Medical History of James H. Goggin

Whole No. 5478
Residence, Washington Co Minn.
Date Admission, December 30 1899
Admitted by Dr Ezz. Warnow hour, 7 PM.
How Sent, T. T. Wilson Dep. Wash. Co.
Sex, male Age, 35 yrs.
Civil Condition, married.
Children, Three
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, uses tobacco to excess.
Nativity, Wash. Co. Minn. (Parents born Ireland.
Physicians Committing, B.B. Clark & B.F. Merrill.
Correspondents, Mrs Jas. Goggin Oak Park Minn. Removed

No. of Year, 109
Insane Relatives, Unknown.
Cause Exciting, Unknown
Cause Predisposing,
Form, Bordeaux, Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, June 1899.
Duration, 6 mos.
No. of Attack, 1st,
No. of Admission, 1st
Age First Attack, 35 yrs.
Time of Leaving, Mar. 13. 1900
Time in Hospital, 2 m. 13 d.
Result, Discharged Sept. 22, 1906

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* 1/2/1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused.
MEMORY, Past Events, fair
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct at present.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State, Says he is well.
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, 6 mos.
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.
4 Brothers and 3 Sisters, Well
3 children, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fracture of right leg. Bones not displaced causing protrusion toward median line.
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,
Since June has had several spells & then becomes rational again.
Sleep, Appetite, and Bowels, fair fair fair

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ in. PRESENT WEIGHT, 172 lbs USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Broken leg - united but deformed. Skin anaemic & sluggish.
TONGUE, Coatings or Promptness of Movement, Clear - prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - 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, Quite marked 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, N.
Apex Beat, N. Regularity, Regular.

ARTERIES,
Pulse full & bounding.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good -
B. 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,
Color and Appearance,

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, 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 having spells when very much disturbed and irrational. Believes people are after him & intend to do him harm. At has hallucinations, is indifferent toward work & in manner. Cause of condition not known, except that he worries a great deal. Physically he is in good condition - When examined he appeared quite rational - evidently just out of spell.

Personal and Medical History of James H. Goggin.

1899
11

This patient was brought here by Sheriffs deputy Oscar Anderson in good physical condition with the following history: No information concerning consanguinity or heredity: Uses tobacco & excess: First symptoms of insanity manifested 1st June 1899. by hallucinations as to persons sleeplessness: Disease appears increasing: & variable, with irregular rational intervals: Derangements now manifested by various hallucinations, sleeplessness; is very talkative: entire change in manner both in work & manner to family: Not inclined to injure anyone: No filthy nor destructive habits: Before accession of disease married over broken limb: No severe diseases nor injuries to head: No confinement nor restraint employed: Has refused treatment: No further particulars noted on personal examination: On admission put upon B3E. 1st Ward Ept. Complexion dark: Hair black: eyes brn: Skin in good condition: Right leg has brgnn broken below knee: Scar on right ankle: Is dirty: 3 teeth out left upper & one out right upper jaw: Behavior good)

Dec 30 1900 Received on D3. Quite rational: Says "he had been drinking steadily for some time": "also using
Jan 31 some catarrh preparation". At times, has "Confused Spells". Jany 31/1900 Is quiet and
Feb 28 well-behaved: apparently forgetful. Febry Well-behaved, Works on ward. Transferred to A!
Mar 3 Visited by wife and taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Franklin E. Gleason.

Whole No. 5480

Residence, Douglass, Minn.

Date Admission, January 4 1900.

Admitted by Dr. E. J. Wanous. hour, 3 P.M.

How Sent, J. A. Leonard & off. Olmsted Co.

Sex, male Age, 48 yrs.

Civil Condition, single

Children, —

Age Youngest Child, -

Occupation, farmer.

Degree Education, Common school.

Profession, Religion, Presbyterian.

Habits, ~~Not~~ intemperate.

Nativity, Wisconsin (Parents born in New York.

Physicians Committing, H.H. Witherstine & C. J. Granger.

Correspondents, Andrew Gleason (father) Douglass Minn. Improved

No. of Year, 110.

Insane Relatives, Aunt insane & brother here.

Cause Exciting, Supposed to have followed La Grippe

Cause Predisposing, Previous attacks

Form, Acute Mania.

Accompanying Bodily Disorder, None mentioned

Suicidal or not, not.

Date of this Attack, 3 weeks ago.

Duration, 3 wks.

No. of Attack, 3rd

No. of Admission, 4th

Age First Attack, 41 yrs.

Time of Leaving, Feb. 14. 1900

Time in Hospital, 1 m. 10 d

Result, Discharged Aug. 8. 1900

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair only.

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,
Depressed

DELUSIONS, Systematized, Transitory, Special Subjects, Electricity is controlled by electrical forces.

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

Paternal Relatives,

Mother, living

Maternal Relatives, Aunt in hospital several times

Brothers and Sisters, 1 brother here.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Injury to head sustained.

HABITS, Drinking and Smoking, drank to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chron. headaches

OCCUPATION, Healthy or not, farming.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 136½ USUAL WEIGHT, NUTRITION, pretty good.

WOUNDS, Abnormalities and condition of Skin, Skin reddish & fair.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, fair.

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

HEARING, fair

COORDINATION, Arms, Normal Legs, do, Grasp,

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

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, 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 very much excited at periods - so full of delusions & very noisy. Condition due probably to injury to head - Has always been a chronic drinker. Physically is somewhat emaciated - irregular in habits. Has bruise on right elbow & leg from injury received while being put on train, as he was very fugacious & violent.

Personal and Medical History of Frankin E. Clason.

1900.

This patient was brought here by Sheriff Vine in good physical condition with the following history:- No history of consanguinity: one aunt insane: No history of intemperance in patient nor parents:- Patient has had two previous attacks of insanity; & this is fourth admission here: Here from to (Vol 18 Fol. 316 No. 7944) 2nd From. June 24'96 to. (Vol. 33 Fol. 237 No. 4427) 3rd from Jan. 10/98 to (Vol. 39 Fol. 13 No. 4952) First symptoms of present attack manifested three weeks ago: disease appears increasing: Not variable: Derangement now manifested by refusal to answer questions & violence if opposed. Not disposed to injure anyone: No peculiarities previously shown: Is not inclined to injure anyone & has no filthy nor destructive habits: Has had no severe diseases nor injuries to head: Has received hospital treatment as above stated: No further facts noted on personal examination - On admission put upon B³ E. G.H.R. Rpt. Complexion sandy: hair light: eyes blue: Skin in good condition: Tumor on back & several small marks: mole on R. thigh: Vac. mark on left arm. Scar on L. side head & on L. leg below knee: Is clean: 5 Teeth out upper jaw & 1 out lower: Behavior good: Exam by Moses Horn & Fahey.)

Jan 11/98 Received in Ward: Speech irrational & incoherent: behavior erratic. Jan 6. Patient hysterical in behavior. Jan 8. Noisy through night. Jan 11. Vomited after breakfast. Jan 15. Visited by brother. Jan 16. Is quieter and better behaved. Jan 29. Works: is rational; somewhat melancholy. Transfered to A². Works in main kitchen; reads papers & works when on the wards.- Feb 1/98 Still works. Feb 14 Visited by father and Talen Lowe.

Discharged

Personal and Medical History of

Personal and Medical History of Ernest Kiese

Whole No. 5481

Residence, Winona Co. Minn.

Date Admission, January 4th 1900

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

How Sent, H.L. Buck J. asst. Winona C.

Sex, male. Age, 37 yrs.

Civil Condition, Single

Children, -

Age Youngest Child, -

Occupation, Shoemaker.

Degree Education, Common school.

Profession, Religion, Lutheran

Habits, Very intemperate - Drinks alcohol.

Nativity, Wisconsin (Parents born in Prussia.)

Physicians Committing, N. Lichtenstein + W.F. McGaughey.

Correspondents, Chas. Kiese (bro.) Lewiston, Minn.

No. of Year, 111

Insane Relatives, Aunt + cousin

Cause Exciting, Epilepsy + intemperance -

Cause Predisposing, Previous attacks.

Form, Epileptic Dementia.

Accompanying Bodily Disorder, Epilepsy -

Suicidal or not, not.

Date of this Attack, Last Summer,

Duration, about 6 mos.

No. of Attack, ?

No. of Admission, 2nd

Age First Attack, Has had Epilepsy since 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,
somewhat confused + sluggish

MEMORY, Past Events,

Recent Events, poor Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, poor.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed -

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Patient dull + somewhat confused - Intermittant in speech.

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, Since last Summer,

ONSET, Gradual or Sudden, Gradual -

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

Father, Dead - dropsy

Paternal Relatives, No history of insanity

Mother, living - well -

Maternal Relatives,

Brothers and Sisters, Brother, sister + Cousin insane.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Epilepsy since 12 yrs. old. Struck 6 yrs. kicked in head by horse. No depression.

HABITS, Drinking and Smoking, Drinks alcohol + excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chron. headaches

OCCUPATION, Healthy or not, farmer.

Detail Date, Duration, and Character of Previous Attack, if any,
Nov. 15 '98 to June 1 '97.

Sleep, Appetite, and Bowels, Regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 163 USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin, None - Skin sluggish

TONGUE, Coatings or Promptness of Movement, prompt - no coating.

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, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Quite marked - tongue slightly marked.

PATELLAR REFLEX, somewhat exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, pretty fair tho frequently stops between words + sentences.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Soft blow M

Apex Beat, Regularity, Regular M

ARTERIES,
Full + compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion good
B. sounds vesicular

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 only.

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 somewhat confused + depressed - has been a heavy drinker of alcohol + ales has Epilepsy which is cause of his present trouble. Mother is relative's insane - which may account for hereditary traits to help cause his condition.
Physically is fairly well nourished. The skin looks clammy + sluggish. Has all but two molars - two canines out upper jaw + left posterior molar out lower jaw - other teeth in good condition.

Personal and Medical History of Ernest Kriese

1900

This patient was brought here by Sheriff Aug. Fuhrmann, attended by Com. Lang in good physical condition with the following history:- No history of consanguinity: Aunt + Cousin insane: Patient has had epilepsy since 17 years of age: Has been very intemperate: drinks alcohol: Was in this hospital from Nov. 15' 93 to June 4 '97 (Vol. 25 Fol. 203 No. 3555.) discharged Improved: He began to grow worse again last Summer, attacked + choked a woman: Desires appear increasing: Is not variable. Derangement now manifested by being incoherent + quarrelsome, frequently violent + attacks members of the family with dangerous weapons: Is disposed to injure people: No filthy nor destructive habits: Has always been cross + irritable: Has epileptic fits twice a week now: Has been confined here as above stated:

Jan 4 On personal examination required to be hand cuffed + brought into Court: Is in ugly mood: Talks incoherently. On admission put upon 6' E(G'n. Rpt Complexion fair: hair light brown: eyes blue: Skin in good condition Several small scratches on left shoulder: bruises on L. thigh, on elbow + on wrists from handcuffs. Is clean: Several teeth out, unable to count them Is stubborn + ugly: Exam. by T. Allen + A. Sheldon (J. Howe.) Slept 8 hours: Attacked 5 nurse Chase + afterwards attacked Nurse Allen was very violent: Jan 5. T 98 E. P 90. R 18. Given 6 light diet: bowels + urine regular: sullen + very ill-tempered: Jan 6. Slept 8 hours. Jan 7. Slept well 13 is brighter + better-natured. Jan 13. Temp. + Pulse has been normal: is on regular diet: Good appetite: bowels regular: he has been quiet and well-behaved: slept well. Today, had a severe "Epileptic 16 seizure", bruising face. Jan 16. Since last convulsion, has been restless, stubborn, noisy + violent; 17 gets up + dresses, during night: had another convulsion, today. Jan 17. Still stubborn and ill-natured: works some on ward: general physical condition quite good: good appetite: bowels regular 31 General condition about same: is rather dull: slow of speech: stubborn, with pugnacious "Spells": Feby 1 Wt 167#. P 80. Mar 1. Wt 169#. P 74. Remains about the same: quarrelsome; frequently pugnacious: Mar 31 ill-tempered: has quite frequent Convulsions. Mar 31. 2 Teeth extracted, from upper jaw: physical Apl 1/30 condition good: mentally about the same. Apl 1. Wt 172#. P 76. Apl 30. No mental Change: Is very irritable + quick tempered: quarrels + fights, without provocation: Convulsions continue quite May 14 frequent. May 14. Transferred to B 1. July 2. Attacked nurse Sheehan + attempted to choke July 2/10 him. July 10. Vaccinated: result good. July 31. Some improvement in mental condition, 31 during past month: is more quiet and less liable to get into trouble: Still has Con-vulsions quite frequently. Works on ward: is tidy: Physical condition is good. ———

Aug 1 153#. Nov 30. Conditions remains about the same, all the time: Convulsions continue. — 1901 Jany 1/31 Visited by relatives. Jan 31. Very little change noticeable. In fairly good health, aside from "Epileptic Seizures", which occur quite frequently + are very severe. Usually before + following Convulsion he is very stubborn, irritable + confused + liable to get into trouble with other patients. Is a willing worker on ward + about the Institution. Aside from "Confused Spells" he is quite well-behaved + Talks pleasantly. - Feby 1. Wt 148#. Mar 5. Severe convulsion; striking Chin on Spittoon, Feby 1 Mar 8 cutting Chin badly; wound Stitched. Mar 8. Struck another Person with fist,

Personal and Medical History of Ernest Kriese

1901

Mar 8 knocking him down: March. Attacked nurse Fruit: was very ugly: May 1. Wt 150#. — June 5 Bruised left eye, in Convulsion. July 3. Similar accident. - July 13. Fell in Convulsion, cutting July 13/31 cheek, quite severely. July 31. Little Change to be noted in Mental Condition; convulsions quite frequent and very severe: becomes, then, very much confused + violent. Is always at work on ward: will not permit any interference: is very stubborn + unreasonable. Aug Wt 142#. Sept 13. Cut scalp, over left eye, during Convulsion. Nov 1. Wt 146#. 1900 July 31/02. Very July 31 little change: has rather frequent and severe "Epileptic Seizures", becoming very confused and ugly, at times. Works well on ward + is tidy. "Thinks it his business to see that the work is done right" —

Feb 1/02 Weight 179#. Aug. 1/02 141½#

1903 Jan 31 Has failed somewhat both mentally + physically. Severe convulsions quite frequently; thus receiving injuries about face + head. Very confused; talks very irrationally. Finds difficulty in expressing what he wants to say; Irritable; frequently quarrels with other patients; violent to nurses. Habits tidy; works considerably on ward.

Personal and Medical History of J. B. Benedict.

Whole No. 5484

Residence, Winona Co. Minn.

Date Admission, January 4th 1900.

Admitted by A. F. Kibbourne M.D. hour, 4.20 P.M.

How Sent, K. L. Buck Dep. P. Winona Co.

Sex, male. Age, 65 yrs.

Civil Condition, married.

Children, five

Age Youngest Child, —

Occupation, book keeper.

Degree Education, High school.

Profession, Religion, Not a church member.

Habits, uses liquor & opium.

Nativity, Penna. (Father Ky. Mother Conn.)

Physicians Committing, L. A. Kelly & J. B. McNaughey.

Correspondents, Mrs J. B. Benedict (wife) 176 W. Broadway. Winona Minn.

No. of Year, 1st

Insane Relatives, maternal aunts insane: mother & sister both used opium.

Cause Exciting, La Grippe & Intemperance

Cause Predisposing, Heredity.

Form, Morphinism

Accompanying Bodily Disorder, Disease of prostate gland & bladder.

Suicidal or not, yes - took opium.

Date of this Attack, 2 yrs ago.

Duration, 2 yrs.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, about 45 yrs.

Time of Leaving, June 9. 1900

Time in Hospital, 5 m. 5 d.

Result, Discharged Nov. 6. 1900. Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused

MEMORY, Past Events, fair.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Alert.

REASONING POWER, Ordinary Subjects,

Special Subjects, fair.

Own Mental State, ~~Good~~

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

somewhat indifferent. Very restless.

DELUSIONS, Systematized, Transitory, Special Subjects,

Thinks he is freezing always complains of being cold.

HALLUCINATIONS, no.

ILLUSIONS, no.

Seems as though intoxicated from drugs or liquor.

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, dead.

Paternal Relatives,

Mother, used opium - is dead.

Maternal Relatives,

Brothers and Sisters, Sister used opium. 5 children well

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

La Grippe

HABITS, Drinking and Smoking, used Opium & liquor.

HEADACHES, VERTIGO, OR CONVULSIONS, has had some convulsions

OCCUPATION, Healthy or not,

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

20 yrs ago here for 6 mos.

Sleep, Appetite, and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

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

WOUNDS, Abnormalities and condition of Skin, no skin anaemic

TONGUE, Coatings or Promptness of Movement, prompt - no coating.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - small - responses slow.

SIGHT, fair.

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

HEARING, good.

COORDINATION, Arms, slight record - Legs, the intoxicated Grasp,

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

PATELLAR REFLEX, Sluggish. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, No Regularity,

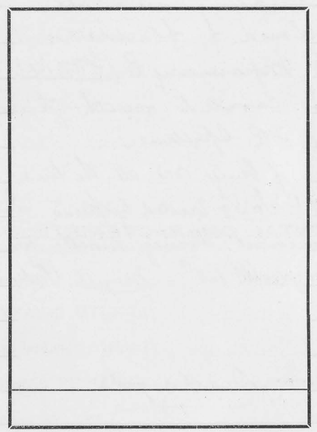
ARTERIES,

Sclerotic.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion good
B. 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, troubled with 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). Very restless & complains Continually of being cold - wants to be near a stove. Has been a chronic user of morphine & whiskey which has probably caused his present derangement. Gives history of having had some convulsions but not recently. Has kept coal fire in room all summer & lamp lighted.
Physically well nourished tho somewhat anaemic & senile in appearance.

Personal and Medical History of J. B. Benedict.

1900

This patient was brought here by Sheriff A.W. Fuhrmann attended by Carl Fuhrmann, in physical condition, with the following history:- No history of consanguinity: Two maternal aunts insane: Mother & sister both used opium & patient uses liquor & opium: Patient was Lem from Feb. 28' 1880 to Vol 1. Fol. 90 No. 93). sent home improved: Has always been nervous & troubled with insomnia: about two years ago became more nervous & irritable, had fright & refused to leave his bed: Disease appears increasing: Is variable: Derangement manifested by insisting upon a coal fire in room all summer, excludes sunlight from room & uses artificial light: draws ashes from stove one floor: Is disposed to injure others: Habits filthy & destructive: Has had several convulsions, none recently: No treatment pursued recently. On personal examination is haggard in appearance: rambling in talk: restless & nervous, Has disease of prostate gland & bladder.
On admission put upon Infirmary E (Gen. Ref. Hair gray: eyes brown: Skin in fair condition: Is covered with pimples: Is clean: No teeth Behavior good. Exam. by Dr. Spillane.)

Jan 4/1 Received on T.W. put to bed: complains of being cold, all the time: is addicted to morphine. Jany 7. Still
8/1 complains of cold: (This is delusional). Jan 8. Visited by friend. Jan 18. Is neat & clean in habits: Very
Feb 28 talkative. Febry. Showed much improvement during month: works on ward, is well-behaved. —
Mar 31 Given parole, but seldom goes out. May 1. Wt 150# - May 16. Patient was visited by friends. —
June 9 Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Herman Schloss.

Whole No. 5483

Residence, Iowa State Training School.

Became resident of State in 1869 & of Co. in 1897.

Date Admission, January 4th 1900.

Admitted by Dr E. J. Wanous hour, 7 P.M.

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

Sex, male. Age, 18 yrs.

Civil Condition, Single

Children, –

Age Youngest Child, –

Occupation, None.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, unknown.

Nativity, Illinois (Father German Mother Ohio.)

Physicians Committing, Chas. R. Wirtz & J. V. Anderson.

Correspondents, Mr. W. Brower, State Training School, Redwing, Minn.

In case of death Call up Windsor Hotel – St Paul – Taken back to Redwing Training School.

No. of Year, 113

Insane Relatives, unknown.

Cause Exciting, Self abuse.

Cause Predisposing, unknown

Form, Acute mania

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, Dec. 24. 1899.

Duration, 10 days

No. of Attack, 1st

No. of Admission, 1st. At State Training School.

Age First Attack, 18 yrs.

Time of Leaving, Feb. 21 – 1900

Time in Hospital, 1 m. 17 d

Result, Discharged Aug. 8. 1900 Recovered

Redwing, Minn.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 4th Jan

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects, of
Thinks mother was shot.

HALLUCINATIONS, hears mother's voice.

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, Dec. '99.

ONSET, Gradual or Sudden, Sudden.

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

Father, don't know.

Paternal Relatives,

Mother, living – well.

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, Training school pupil

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3 PRESENT WEIGHT, 122 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Acne vulgaris over face & back. –

TONGUE, Coatings or Promptness of Movement, Tongue badly coated – sluggish

PUPILS, Equality, Size, Response to Light, and Accommodation, dilated – Equal – 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 of hands & tongue.

PATELLAR REFLEX, Exaggerated Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Nr

Apex Beat, Nr 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,

ARTERIES,
full – compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion normal
B. sounds Vesicular

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, 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 very much excited. Has delusions of persecution & hallucinations. Thinks his mother is being killed & tortured. Condition commenced with a sudden weakness & severe nervousness probably due to self abuse & hereditary predisposition. Physically is anaemic & face & shoulders are covered with a small red eruption.

Personal and Medical History of Herman Schloss.

1900

This patient was brought here by Sheriffs Deputy Dr. Brown, in good physical condition, with the following history:- No information concerning consanguinity, heredity nor intemperance in patient nor in parents: First symptoms of insanity manifested December 24' 1899. was unable to sit up, blood general physical weakness, was irritable & refractory: Disease appears increasing: Is variable: Derangement now manifested by hallucinations & positive statements of same to the court. Thinks Superintendent of School has shot his Mother: Patient struck other boys at school & broke window: Practiced self abuse, for which he has been in straight jacket: Was sent to State Training School for incorrigibility. No severe diseases nor injuries to head sustained. Has been in restraint & has been given bromides. No further facts noted on personal examination. On admission put upon B^3 E (Gen. Rpt. Complexion fair: Hair black: eyes brown: Skin in good condition: Vac. marks on left arm: eruption on face: Symptoms of hernia on left side: Is clean: One tooth out L. lower jaw: Behavior good. Exam. by Nurses Tahy & Toms)

Jan 4, Received on B^3. Is very hallucinatory & maniacal, during night. Jany 5- Transferred to IW. -
14 put to bed & kept in sheet: says "he thinks he hears his mothers voice". Jany 14. Patient remains quiet.
22 Gwin clothes & is up. Delusions still present. Jan 22 Seems quite rational & well behaved:
31 is still on treatment. Jan 31. Transferred to B^3. Is rational & assists in work. Habits Cleanly.
Feb 20 Taken back to Training School.

Discharged

Personal and Medical History of

Personal and Medical History of Joseph Carpentier.

Whole No. 5486
Residence, St. Paul. Minn.
Date Admission, January 11 1900.
Admitted by Dr. E. J. Wasicow hour, 7 PM.
How Sent, E.W. Bazille Dept. Ramsey Co.
Sex, male Age, 62 yrs.
Civil Condition, widowed.
Children, one.
Age Youngest Child, —
Occupation, Clerical work.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Rhode Island. Parents born in Canada.
Physicians Committing, J.A.C. Marcen & H.B. Darling.
Correspondents, None.
Little Sisters of the Poor.

No. of Year, 116
Insane Relatives, None.
Cause Exciting, Senility.
Cause Predisposing, Unknown.
Form, Senile Dementia.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 4 mos. ago.
Duration, 4 mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 62 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wasicow. *Date of* 1/11/1900.

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, fair.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Somewhat exalted.
DELUSIONS, Systematized, Transitory, Special Subjects, of wealth.
HALLUCINATIONS, No.
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 Mos.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history of heredity.
Father, Dead.
Paternal Relatives, No history of insanity.
Mother, Died Cancer.
Maternal Relatives, No history of insanity.
3 Brothers and 4 Sisters, no insanity.
1 Died.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Sunstroke several years ago.
HABITS, Drinking and Smoking, Not to excess
HEADACHES, VERTIGO, OR CONVULSIONS, Hemicrania.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, O.K.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 1 PRESENT WEIGHT, 114 USUAL WEIGHT, NUTRITION, Emaciated.
WOUNDS, Abnormalities and condition of Skin, Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated - slow to respond.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal - response good.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, slight incoordination Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, some hesitation.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, No. Strength, Sounds, Normal Size, Normal
Apex Beat, Regularity, Regular
apex beat - below nipple line - due to deformed chest.
ARTERIES,
Quite full - Compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest deformed.
Expansion poor.
R. & L. 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, insomnia.
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).

Wanders about wards - talks continually of his great wealth says he is worth about $50,000, tho cannot give account of how he acquired it. Brought here from Little Sisters of Poor. Physically he is emaciated & says he has lost considerably in weight of late. Organs are sluggish & patient rather anaemic condition due to senility & depleted system - brought on by insomnia & irregular habits.

Personal and Medical History of Joseph Carpenter.

1900

This patient was brought here by Sheriffs Deputy Hansen- in poor physical condition, with the following history: No history of consanguinity: no heredity: no intemperance in patient nor parents: First symptoms of insanity manifested 4 months ago by delusions as to possession of great wealth: 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: No treatment pursued. On personal examination Has delusions concerning wealth- general tremors.

1/1/1900 On admission put upon B3 E/ G.H.N. Rpt. Complexion light: eyes blue: hair dark gray: skin in good condition: Right shoulder deformed: In dirty: 6 teeth in upper jaw: 2 gone from lower + rest all poor: Behavior good: Temp. 100° P 68 R. 18)

Jan 11 Received on B3. Has delusions of wealth: Does not realize where he is. T 100. P 68. Patient dislikes being detained: "wants to go home". Jan 31. Patients condition shows no special change. —

Feb 6/00 Wt 116# P 76 — Feb 21. Some slight improvement is noticed. Mar 5. Complains of pain in

Mar 5 abdomen; given treatment: bowels moved. Patient improved. May 30. No apparent change

July 20 in condition — July 20. Vaccinated successfully. July 31. Condition remains about the same.

Aug 31 Patient "thinks he is immensely wealthy and is soon to marry some famous woman"

Oct 30 frequently asks to go home. Oct 30. Still holds delusions regarding marrying women —

Nov 24 Complains of pain in Chest + Stomach: was transferred to 1W: put to bed: put on treatment

Nov 1900/ Jan 31 1901 and improved. Nov 26 Wt. improved. Nov 29 Transferred to B3: Jan 31/901 Wt 115#. P 76. —

Mar 31 Condition due to senility. — Mar 31. Is irritable, cross + profane. Still manifests

Jul 31 delusions, as above — Jul 31. No special change, in any way. Is still delusional

July 1900/ Aug 31 and very troublesome. Augs. Wt 113#. Aug 31/01. During period, quite well-behaved, although easily excitable: at times, untidy: Physical health good: has "ideas of his own greatness". —

Jan. 31/03 Patient is rather senile; bent looks weak; no special weakness however; is not failing particularly. Is noisy at times.

Personal and Medical History of

Personal and Medical History of Andrew Gilbertson.

Whole No. 5499.

Residence, Spring Grove, Minnesota.

Date Admission, January 16 1900.

Admitted by Dr. E. J. Marcuse hour, 7 P.M.

How Sent, Ex. Bayliss & of P. Pamcy Co.

Sex, male Age, 29 yrs.

Civil Condition, single

Children, none

Age Youngest Child, —

Occupation, Laborer

Degree Education, Common school.

Profession, Religion, Lutheran

Habits, Intemperate.

Nativity, Norway. (Parents also born there.)

Physicians Committing, H. Adair & F. L. Hatch.

Correspondents, Christian Gilbertson, Ricford Minnesota

(Telephone) Notify sheriff A. J. Barneard when able to leave. Patient Charged with Horse stealing.

No. of Year, 119

Insane Relatives, No history

Cause Exciting, Is a degenerate - Excesses

Cause Predisposing, unknown.

Form, Dubitable

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Threatens it.

Date of this Attack, 4 mos. ago.

Duration, 4 weeks.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 29 yrs.

Time of Leaving, 21st July 1901.

Time in Hospital, 1 yr 6 mos & 5 ds

Result, Recovered. Discharged Nov 30/1901

EXAMINATION ON ADMISSION BY DR. Waranse *Date of* 1/20/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused & sluggish.

MEMORY, Past Events, forgetful. Stops a great many times to think - in talking about his trouble.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

dull.

REASONING POWER, Ordinary Subjects, poor.

Special Subjects, Will not reason - apparently afraid

Own Mental State, of getting into trouble.

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, 4 Mos.

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, all well.

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

No.

HABITS, Drinking and Smoking, drinks to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farm 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 7½ PRESENT WEIGHT, 148 3/4 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, Normal

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

HEARING, Good

COORDINATION, Arms, normal - Legs, normal. Grasp,

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

PATELLAR REFLEX, normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, irritable

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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,

Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion good.
B. sounds Vesicular

EXAMINATION URINE, Quantity, Sp. g. Reaction,

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Variable

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 presents a low mental grade of development. Has been inclined to wander about, not steady at work - different from other children - so his brother says - Has delusions of persecution - is depressed & melancholy. Has been a hard drinker. Has spells of crying - Condition probably due to dissipation - Physically is well nourished & in good condition. Is under arrest for horse stealing.

Personal and Medical History of Andrew Gilbertson.

1900

This patient was brought here by Sheriff J. Z. Barnicard[x] attended by Christian Gilbertson in fair physical condition, with the following history: No history of consanguinity[x] or heredity. Patient uses alcohol to excess. First symptoms of insanity manifested about 4 months ago, ill & restless. Disease appears increasing: Not variable: Disarrangement now manifested by depression and by delusions of persecution: Has been inclined to wander from home for years: Not disposed to injure anyone: No attempts to commit suicide made, but has threatened it: No filthy nor destructive habits manifested: No history of severe diseases nor injuries to head: Has been in County Jail: & while there treated by County physician: On personal examination Temp. 100 Pulse 120, Resp. 42. Marked tremors of entire body: In a very sick man. Note[x] Patient was in Co. Jail Charged with horse stealing was taken out under Habeas Corpus - Sheriff wishes to be notified when he improves - On admission put upon Infirmary East (Gtt. Apt. Complexion light: Eyes blue: Hair light. Right leg broken between knee & ankle: 1 in. scar on L. hand: 1½ in. scar on L. great toe: In clean: One tooth out either side upper jaw: the rest poor: Behavior good: Complains of pain in left side: T. 100[x] P. 78 R. 48. Exam by J.R. Spillane)

1/16/1900 Received on Ward (IW): given bath & put to bed: Complains of pain in chest. Temp 100. P 78. Became quite confused when being examined by Doctor. Jan 17. Given clothes & transferred to B[3] - patient seems depressed & complains of headache: holds head in hands: lips quivering & speech faltering - cries at intervals. Mar 10. No special change to note. Still despondent, at times. Apl 6 Wt 168[lbs]. P 90. May 30. Works on ward: is despondent, at times. "Thinks people are working against him". July 3 Transferred to B[2]. July 25. Vaccinated successfully. July 27. Working with painters. Aug 1 Patient's behavior good: seems quite well, both mentally & physically. Sept 24. Visited by friend. Sept 30 Taken away by Sheriff. Nov 5. Was returned, and taken on I.W. Complains of pain in region of heart and in head: T 99 P 86 R 38. Nov 12. Patient dressed & up on ward. Complains of having pain in heart frequently. Nov 23. Transferred to B[3]. Dec 1. Patient works on ward. Rather despondent: "Sometimes thinks everybody is against him". Jan 7/1901. Complains of pain in head and side. Transferred to IW & put to bed: put on treatment: Coughs & expectorates considerably: some blood in sputum. Jan 11/1901. Patient is up & around again. Works on ward. Jan 31. Patient is still up & around: condition shows no special change. Wt 158½ lbs. Feby 8. Transferred to B[2]. Apl 30. Went to work in Laundry: "He said he could not stand the heat. May 1. Wt 156½ lbs. May 31. Out working at barn: July 21. Physical condition quite good, but appears somewhat anaemic & neurasthenic: is rather nervous & easily excited; habits neat: a good worker & always well-behaved: appears rational in all subjects. Eloped today from Barn.

Jas Chapple

Personal and Medical History of

Personal and Medical History of Brudick Nelson

Whole No. 5492.

Residence, Olmsted Co. Minnesota. Became a resident about 1 year ago.

Date Admission, January 19 1900.

Admitted by Dr. O.C. Heyerdale hour, 7 P.M.

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

Sex, male Age, 31 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, None.

Degree Education, Common school.

Profession, Religion, Lutheran -

Habits, ~~Not~~ intemperate!

Nativity, Norway (Parents also born there)

Physicians Committing, A.S. Adams & C.T. Granger.

Correspondents,

No. of Year, 1-2

Insane Relatives, Sister, Mother ac

Cause Exciting, unknown.

Cause Predisposing, Heredity?

Form, Alcoholic Dementia?

Accompanying Bodily Disorder, heart intermittent

Suicidal or not, not.

Date of this Attack, 1st 1898,

Duration, over a year.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27 30

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. A.S. Adams *Date of* 1/26/1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, poor.

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

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

HALLUCINATIONS, no.

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 - stomach trouble.

Paternal Relatives, no insanity

Mother, dead. Cramps or spasms, but lost mind when sick

Maternal Relatives,

3 Brothers and 5 Sisters, 1 sister insane.

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

HABITS, Drinking and Smoking, drinks to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, Laborer.

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

no.

Sleep, good Appetite, poor and Bowels, irreg

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ PRESENT WEIGHT, 128 USUAL WEIGHT, NUTRITION, Anaemic

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, no coating. sluggish.

PUPILS, Equality, Size, Response to Light, and Accommodation, equal - normal -

SIGHT, normal

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

HEARING, good.

COORDINATION, Arms, normal Legs, normal. Grasp,

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

PATELLAR REFLEX, sluggish. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size?

Apex Beat, Regularity, irregular

ARTERIES,
Easily compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, 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).

Shows a low mental development. Gives a history of always being "peculiar" in manner & "lacked judgment". Has been a hard drinker & very irritable in habits. Has hereditary history which accounts for his condition. Physical condition, anaemic, skin sluggish

Personal and Medical History of Brudick Nelson.

1900

This patient was brought here by sheriff Vine: patient in fair physical condition. The following history accompanied him: No consanguinity. Patients mother an epileptic, sister insane: First symptoms of insanity manifested in 1898. Disease appears increasing: Is variable: Has delusions, wanders from home, is incompetent to care for himself: Not disposed to injure anyone: No filthy nor destructive habits: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination pulse 130. heart intermittent. Probably given to masturbation.

1/9/1900 On admission put upon B3C (Gtn. Ret. Complexion fair: Hair dark brown: eyes blue: Skin in good condition: Vaccination marks on left arm. 2 Scars on left ankle & on left leg below knee: Is clean: Tm Teeth gone on left side: Behavior good: Exam. by Evs. Allen & H. Spillane.)

Jany 31/1900 Received W.D.3. Is nervous: very talkative: walks about a great deal. Jany 31. Has improved some
Feb 6 Wt 132#. P 96. May 21. Patient is well-behaved: quiet: works on ward: At times, thinks it hurts
July 31/1900 him to work: July 20. Vaccinated unsuccessfully. July 31. Patient Continues to improve.
Aug 30/1901 Much confused: Works on Ward: has delusions. Nov 1 Wt 129# Pulse: frequently asks to go home.
Dec 13/1901 face generally flushed. Dec 13. Transferred to A1 - Jany 31/1901 no further change to report -
Jany 31/1902 still confused at times; & shows delusions. Nov 1 Wt 128# P 98. General condition good. -
May 31/1902 No special change. Continually trying to elope. June 17. Eloped, while out with crowd: was returned
July 3/1902 same day. July 3. Again eloped: returned same day. July 31. No change to report in condition -
Aug 1/1902 Wt 129#. Jany 31/03. During period, has worked some on F.W. Is rather indifferent and
July 31/1903 has delusions. Usually, answers questions well.

Feb 1/00 Wt. 132# May. 20 Visited by sister. May 27
Trans. to B2 June 25 Visited by brother. Aug 1 Wt. 117#

1903 Jan. 31 Has not changed appreciably; very quiet and peaceable; indifferent; works quite well in main kitchen. Answers questions but listless, incoherent way; habits tidy.

Personal and Medical History of

Personal and Medical History of Alonzo B. Choate.

Whole No. 5493

Residence, St. Paul, Minn.

Date Admission, Became resident of State Jan 4; 1900 January 4, 1900

Admitted by Dr. E.J. Wanous. hour, 7 P.M.

How Sent, E.W. Bazille Sup't. Ramsey Co.

Sex, male. Age, 71 yrs.

Civil Condition, married.

Children, 4.

Age Youngest Child, —

Occupation, manufacturer.

Degree Education, Common school.

Profession, Religion, Not a church member

Habits, Not intemperate.

Nativity, Vt. Parents born in New England.

Physicians Committing, E.C. Eshelby — H.P. Merrick.

Correspondents, Alonzo Choate Jr. 196 Eaton Ave. St. Paul.
or % Osgood & Blodgett. Frank & E. 7th St.

No. of Year, 113

Insane Relatives, None.

Cause Exciting, Probably senility.

Cause Predisposing, Unknown.

Form, Senile Dementia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, June 1899.

Duration, 7 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 71 yrs.

Time of Leaving, Aug. 9. 1900

Time in Hospital, 6 m. 20 d.

Result, Died Senile Dementia

EXAMINATION ON ADMISSION BY DR. Wanous. *Date of* 1/20/1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor.

Special Subjects, poor.

Own Mental State, Much confused.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
On various 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),
Chronic Constipation.

HABITS, Drinking and Smoking, no

HEADACHES, VERTIGO, OR CONVULSIONS, Chronic headaches.

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Good Constipated.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 130. USUAL WEIGHT, NUTRITION, poorly nourished.

WOUNDS, Abnormalities and condition of Skin, Skin sluggish.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, only fair.

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

HEARING, Deaf in R. ear.

COORDINATION, Arms, Not obtainable Legs, do. Grasp,

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

PATELLAR REFLEX, Absent Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, 2nd sound Weak Sounds, Size, n.

Apex Beat, n Regularity, irregular

ARTERIES,
Some sclerosis.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical.
Expansion poor
Sounds Vesicular

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 poorly — troubled with 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 manifests a very poor memory. Speech confused. Condition due to senility. Physically patient is emaciated, weak and rather unsteady in his gait. He has many delusions especially his health and says does not eat for fear of getting sick though he takes his nourishment well at the table here.

Personal and Medical History of Alonzo B. Choate.

1900

This patient was brought here by Shipps deputy Sheriff Hanson, in poor physical condition, with the following history: No consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested during June 1899 by irrational actions. Disease appears increasing & variable but never entirely rational. Derangement now manifested by delusions & incoherent speech: Not disposed to injure anyone: Habits filthy & destructive: No peculiarities previously noted: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination is apparently a case of senile dementia: On admission put upon B.3 E. (G.H.N. Rpt. Complexion fair: hair gray: eyes blue: skin in good condition: 2 dentity: 2 teeth gone from upper & 5 from lower jaw: Behavior good. Exam. by H. Spillane & Ed. Allen). Patient received on I.W. Given bath & put to bed: is confused & stubborn: (a case of senility): has no control over bowels or bladder: refused to go to bed. Patient is very deaf. — Noisy & restless at times. Patient seems to be failing: manifests hallucinations: restless. Continues to fail. Mar 1. Wt 129 lbs. appears failing both mentally and physically. — requires catheterization quite frequently: still has hallucinations. June 1. Mental condition Continues to fail. July 9. Wt 104 lbs. Is physically failing. July 31. Continues to fail. Patient is in bed & on treatment. Aug 9. Shows considerable failure. Aug 8. Refused dinner. Respiration labored. Continued to fail and died at 12:20 a.m. (9th) —

— Dies —

Personal and Medical History of

Personal and Medical History of Harold Holden (Holdren) (or Ernest Gabriel)

Whole No. 5494
Residence, St. Paul, Minn.
Date Admission, January 7th 1900
Admitted by Dr. E. J. Wanous hour, 7 P.M.
How Sent, E. W. Bazille Dept. of P. Ramsey Co.
Sex, male Age, 19.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, none.
Degree Education, 6th Grade. Com. school
Profession, Religion, Christian.
Habits, dissipated ?
Nativity, Minn. (Parents nativity unknown)
Physicians Committing, J. J. McNamara & L. E. Penny.
Correspondents,

No. of Year, 1st.
Insane Relatives, unknown.
Cause Exciting, ?
Cause Predisposing, Heredity.
Form, Imbecile
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, ?
Duration, ?
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving, Oct. 15. 1900
Time in Hospital, 9m. 23d
Result, Discharged Nov. 15. 1900 Recovered.

EXAMINATION ON ADMISSION BY DR. Wanous. Date of 1/27/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Sluggish & confused.
MEMORY, Past Events, poor
Recent Events, Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects, poor
Special Subjects,
Own Mental State, thinks he is alright.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Scarlet fever at 6 yrs. Typhoid at 12. yrs.
HABITS, Drinking and Smoking, no.
HEADACHES, VERTIGO, OR CONVULSIONS, Complains of frontal headaches the past 3 weeks.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, N.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 PRESENT WEIGHT, 120 USUAL WEIGHT, NUTRITION, fairly good.
WOUNDS, Abnormalities and condition of Skin, Skin reddish & clear.
TONGUE, Coatings or Promptness of Movement, slight coating - prompt.
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, sluggish. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, normal
Apex Beat, 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,

ARTERIES, Compressible & full.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds, Normal.
EXAMINATION URINE, Quantity, Sp. g. Reaction, Color and Appearance,
Albumen, Sugar,
Casts and Crystals,
OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, 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 presents an abnormal mental development. Is simple in manner & without judgment. Apparently very forgetful. Knows nothing about his parents. Brought up in an orphan's asylum. Physically is abnormally developed & shows signs of a congenital syphilis.

Personal and Medical History of Harold Holden.

1900

This patient was brought here by sheriff's deputy H. Gallick, in fair physical condition, with the following history: No history concerning consanguinity nor heredity. Patient said to have been dissipated: first symptoms of insanity manifested by loss of memory: roving disposition: peculiar actions: Disease appears increasing: is variable: Patient is a victim of untreated hereditary syphilis: shows no disposition to injure anyone: No filthy nor destructive habits noted: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: no treatment pursued: On personal examination no further facts noted. On admission put upon B³ E (Fit n Pfit. Complexion & hair light: eyes blue: skin in good condition: mole on left side: Vac. scar on left arm: says left wrist has been broken: is clean: one tooth out right lower jaw: behavior good. Temp. 100° P. 90 R. 20.)

Jan 22 Received on ward: has appearance of a "Degenerate" T 100. P 90. Says "he has been sick for
Febr past 3 weeks": has gonorrhoea: also a deep stricture. Denies history of fit. Relyes Complains
of severe pain in groin & limbs: swelling of left testicle: appears weak and nauseated.
11 Transferred to I.W. Put to bed & treated for the same. Feb 11. Temp on ward. Relyes. Was
Mar 16 Transferred to B³: medicine discontinued. Mar 16. Transferred to A¹. Mar 28. Was taken
31 sick in dining-room. Taken to I.W. & put to bed: Complained of stomach-ache. Mar 31. Temp:
Apl 15 Transferred to A¹. Apl 15. Has inflammation of middle-ear: treated. Discharged the 17th
23 Transferred to I.W. for treatment Apl 23. Patient's ear is well. Transferred to A¹. May 31. Con-
May 31 dition remains about same: Nothing special to report. Is neat, clean & tidy in habits
July 30 Wt 133th. Oct 74. July 30. Vaccinated unsuccessfully. July 31. Is neat & tidy: well behaved: assists with ward work.
Aug 1 Out Camping at Oronoco. Sept 11. Returned from Camp. Oct 13. Patient given parole.
Oct 13 Seems quite normal, both mentally and physically. " "
15 Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Edwin K. Amoss

Whole No. 5495
Residence, St. Paul, Minn.
Date Admission, January 22 1900
Admitted by Dr. E. J. Parsons hour, 7 P.M.
How Sent, E.W. Bazille & of P. Ramsey Co.
Sex, male Age, 41 39
Civil Condition, married.
Children, Two.
Age Youngest Child, —
Occupation, Physician
Degree Education, College.
Profession, Religion, Not a ch. member.
Habits, Very intemperate.
Nativity, Canada (Father Scotland - Mother England)
Physicians Committing, W.A. Archibald & A. Sweeny.
Correspondents,

No. of Year, 195
Insane Relatives, None.
Cause Exciting, Narcotics.
Cause Predisposing, Previous attacks.
Form, Morphinism.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, 1st
Duration, Over 7 yrs ago.
No. of Attack, 1st
No. of Admission, 3rd
Age First Attack, 32 yrs.
Time of Leaving, May 19. 1900
Time in Hospital, 3 m. 17 d.
Result, Discharged Nov. 6. 1900
Died since leaving.

EXAMINATION ON ADMISSION BY DR. Parsons *Date of* 1/26/1900

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

a morphine & cocaine fiend.
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 mo.
ONSET, Gradual or Sudden, following pneumonia.
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),
Fracture of ribs. Pneumonia
HABITS, Drinking and Smoking, drinks & uses drugs -
HEADACHES, VERTIGO, OR CONVULSIONS, headache
OCCUPATION, Healthy or not, Physician.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ~~not given~~ 5ft 7 7/8 PRESENT WEIGHT, ~~not given~~ 138 USUAL WEIGHT, NUTRITION, fairly well.
WOUNDS, Abnormalities and condition of Skin, skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated, sluggish.
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, usual Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, sluggish Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, Size, n.
Apex Beat, Regularity, regular.

ARTERIES,
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. 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 has been committed here before. Condition caused by excessive use of morphine & cocaine. Says last attack came on from morphine given him while suffering from Pneumonia. Has been a hard drinker Physically fairly well nourished - all organs are sluggish - has had considerable trouble with bowels.

Personal and Medical History of Edwin L Amoss.

1900

This patient was brought here by Sheriffs Deputy Hanson, in fair physical condition, with the following history:- No consanguinity in heredity known patient drinks excessively: This is patient's 3rd admission here - First as an inebriate / see Vol. 22. Fol. 351 No. 4126. Second. From Aug 8'99 - Sept 28'99 - See Vol. 43 Fol. 225 No. 5373. First symptoms of insanity manifested several years ago. Began to use morphine & cocaine. Disease appears increasing: Is variable: Derangement now manifested by inability to restrain appetite for morphine & cocaine: Is disposed to injure others: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head: Has received hospital treatment as above stated -

1/27/1900 On personal examination is extremely nervous: Has been boisterous & violent & needed police supervision.

On admission put upon B3 (G.N.R. Rpt. Complexion fair: Hair gray: eyes brown: Skin in good condition: Is rather deity: One tooth out left upper & 3 out R. upper jaw - Bridge in lower jaw:

Jan 27 Behavior good.) Patient received on Ward: is very nervous & weak: put on stimulants (hypodermically)

29 Talks readily & sensibly. Jan 29. Patient seems brighter. Jany 31. Quite an improvement noted in condition.

Feb 13/15 Wt. 153# Pder. Feb 15. Seems much improved, both mentally & physically. Mary transferred to 4.

Apr 4 Visited by friends. May 1. Has parole of Grounds. May 15. Much improved in every way.

May 19 Was sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Frank Davidson.

Whole No. 5499

Residence, Redwing Minn.

Date Admission, Became inmate of State Co. in 1885 December 27, 1900.

Admitted by Dr. E.J. Wanous hour, 7 P.M.

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

Sex, male Age, 41 yrs.

Civil Condition, married.

Children, 3

Age Youngest Child, — —

Occupation, Laborer.

Degree Education, Common school.

Profession, Religion, Swedish Lutheran.

Habits, Not intemperate.

Nativity, Sweden. (Parents born there)

Physicians Committing, J. W. Dimmitt & J. V. Anderson.

Correspondents, Mrs. F. Davidson (wife) East 3rd St. Redwing Minn.

No. for Year, 129

Insane Relatives, brother.

Cause Exciting, unknown.

Cause Predisposing, Previous attack.

Form, Chr Mania

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, not.

Date of this Attack, 2 mos ago

Duration, 2 mos.

No. of Attack, 2nd.

No. of Admission, 2nd

Age First Attack, About 25 yrs

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous Date of Jan 28 1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, fair.

Recent Events, Special Subjects, do.

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, Thinks he is well.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Simple & foolish in 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, Nov. 1899.

ONSET, Gradual or Sudden, Gradual.

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

Father, dead.

Paternal Relatives, brother

Mother, living

Maternal Relatives, don't Know

5 Brothers and 3 Sisters, 1 brother insane

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

HABITS, Drinking and Smoking, Not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chr. headaches.

OCCUPATION, Healthy or not, laborer.

Detail Date, Duration, and Character of Previous Attack, if any, Here from Oct 4 - Dec. 12 1884.

Sleep, Appetite, and Bowels, normal.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 7 3/4 PRESENT WEIGHT, 150 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Skin reddish

TONGUE, Coatings or Promptness of Movement, Clear - moist - responds readily.

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

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.

PATELLAR REFLEX, normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Very loud Size, Size - somewhat widened

Apex Beat, Regularity, unstable.

Apex beat near axillary line.

ARTERIES,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical.

Expansion good.

R. 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 appears rather indifferent to anything. is silly in actions, will not reason on any subject & denies all statements made in commitment papers. Admits to King mail boy to his house. When asked who says "just for fun" Physically is fairly well nourished & in good physical condition Gives history of hereditary taint.

Personal and Medical History of Frank Davidson.

1900

This patient was brought here by sheriff P. J. Lundquist attended by F. H. Davis, in good physical condition, with the following history: No information concerning consanguinity, brother insane: No history of intemperance in patient nor parents: Patient had a previous attack of insanity in October 1884 & was in this hospital three months, for history see Vol. 4 folio 72 No. 712. First symptoms of present attack manifested in November 1899; staid at home more than usual & was despondent: Disease appears increasing; not variable. Derangement now manifested by queer actions: acts strangely - gets down on knees & washes head with dirt: baptized baby with coffee &c. Not disposed to injure anyone: No filthy nor destructive habits noted beyond tearing a tablecloth: Has been a little peculiar for a long time: No severe diseases nor injuries to head: Has had to be watched for several days: No treatment pursued: On personal examination is excitable, absolutely denies ridiculous actions which eyewitness he has committed. On admission put upon B3 E/ Gth Rpt.

1/27/1900 Complexion fair: hair: light brown: Vac: marks on left arm: so dirty: 8 teeth out R. lower jaw & 2 decayed in R. upper jaw: Behavior good. Jan 29 T. 100 & R. 20 P. 102. Patient received on B3. Incoherent & peculiar in actions: very restless and stubborn: attacked night-nurse. T 100 P 102. Jan 29. Manifests hallucinations. Feb 10. Condition continues same, from day to day. Mar 3. Wt 157# P 102. Still maniacal & pugnacious. May 30 Is confused: paces hall. July 6. Wt 167#. P 80. July 20 Vaccinated successfully. July 31 Is dressing Aug 31 Patient confused: seldom associates with other patients: Physical condition good. - Nov 1 1900 Wt 172#. P 80. Speaks poor English: has various delusions regarding himself. ——— Jan 31 1901 Wt 170# P 92. Jan 31 - Is more sociable: no other change to note: health seems good. Feb 1 Wt 166½ lbs. April Transferred to B2: very little improvement: well behaved, but easily excited: is rather confused & irrational at times, but no delusions noted. - April 4 Does not understand "why he should be here": habits clean: does some work on ward. May 1 Quite indifferent to surroundings: speaks pleasantly when addressed. May. Wt 158# July 31 apparent slight dementia: takes little interest in anything: will play games, but cannot apply himself: seems confused & wandering: is quiet & orderly: Aug works on ward: health very good. Aug 1. Wt 177#. Jan 11/02. Became very Sept 12 1901 destructive; - pulling down curtains & demolishing plants. Transferred to C! - 31 Little change during period: Usually well-behaved, but very irrational. At times very confused & destructive. Works well on ward.

Feb 1/02 Wt. 162#. Feb 17 Franz to B1. Has been noisy restless & slightly troublesome. Aug 1. 173#.

1903 Jan 31 Improved considerably during summer & fall; quiet rather rational; agreeable in manner; latterly has become

Personal and Medical History of

noisy, threatening & disagreeable. Works little about ward. Habits tidy; health quite good.

Personal and Medical History of Clifton Holder.

Whole No. 5500
Residence, Frown State Prison Stillwater, Dodge Co. Minn.
Date Admission, January 29th. 1900.
Admitted by Dr. E. J. Wamous hour, 7 P.M.
How Sent, F. T. Wilson & ap. Wash. Co.
Sex, male Age, 37 yrs.
Civil Condition, single.
Children, none.
Age Youngest Child, -
Occupation, Farmer.
Degree Education, Can read & write.
Profession, Religion, Methodist.
Habits, unknown.
Nativity, England. (Parents also born there.)
Physicians Committing, W.C. Voight & J.G. Landon.
Correspondents, Edw. B. Dodge (cousin) Rochester, Minn.

No. of Year, 130
Insane Relatives, Unknown.
Cause Exciting, Worry over life sentence, Considered by from insight.
Cause Predisposing, Previous attack.
Form, Acute Mania
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, Not.
Date of this Attack, 3-4 wks. ago.
Duration, 3-4 wks.
No. of Attack, 2nd
No. of Admission, 1st hos. (Was once an attendant here)
Age First Attack, About 34 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wamous Date of Jan. 31 1900.

MENTAL CHARACTERISTICS.

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

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.

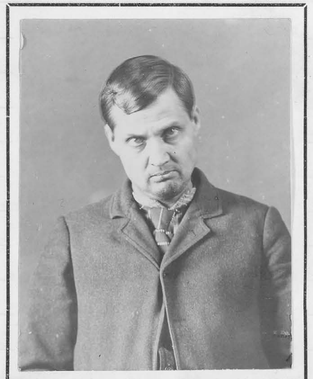
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
none.
Father, living, well.
Paternal Relatives,
Mother, living.
Maternal Relatives,
~~Brothers~~ and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
diphtheria & measles.
HABITS, Drinking and Smoking, not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, has been at penitentiary for 10 yrs.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
All good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, Vac. scars on left arm. Skin healthy.
TONGUE, Coatings or Promptness of Movement, slight coating. prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Size normal. Responses good.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, all good. Legs, good. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of tongue.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds strong, Size, N.
Apex Beat, 5 Regularity, regular.



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

CRANIAL MEASUREMENTS.
Circumference Horizontal,
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). Appears in good physical condition, is muscular & shows effects of labor. Manner is very reserved & when questioned about his condition has a very defiant air. Says he is physically well, but that he has passed through a great mental crisis the nature of which he will not talk about, but hints that it is regard to his future life. Says that he was wrongly convicted. That there was a league against him. Stated that a pardon was sent from the Governor early in January but he was sent here for further punishment as the officials did not wish to discharge him. Says he has not worried about himself but a good deal about his friends

Personal and Medical History of Clifton Forden.

1900

This patient was brought here by sheriffs deputy Dr E.M. Withrow, in good physical health, with the following history:- Patient brought here from State Prison Stillwater where he was serving a life sentence for murder in first degree: Nothing known concerning history of heredity, consanguinity or intemperance in patient nor his parents: First attack of insanity occurred three or four years ago & lasted a few weeks: First symptoms of present attack manifested three or four weeks ago, change noticed in manner & talk: Disease appears stationary, is variable with irregular rational intervals: Derangement now manifested by rambling, incoherent, senseless talk: refusal of food at times, also refusal of medicine: Thinks he is inspired to preach: Not disposed to injure anyone: No filthy nor destructive habits noted: No peculiarities previously noted excepting sensitiveness to sentence: No severe diseases nor injuries to head: Has been confined in cell house: Absolutely refuses to take treatment: On personal examination is rambling & incoherent in talk: Has a peculiar look in eyes.

1/29/1900 On admission put upon C & E/ Gt. N. Rpt Complexion dark: hair dark brown: eyes gray: skin in good condition: Vac. on left arm & scar on left hand: Is clean: 3 teeth out upper jaw: Is pugnacious: Was carried up stairs & put in protection sheet.) Jan'y. Admitted on C: very violent: was put in protection-sheet Jan'y 30. Now quiet: taken out of restraint: up on ward. Talks to self: apparently answering imaginary questions. Is very talkative & delusive: says "J.C. Steel was murdered here". Patient becomes ugly & threatening: very pugnacious: must be restrained. Feb 8. Calls every one by assumed names. Jan'y 30 Feb 6 8 12 appears weak: appetite very poor. Feb 20. Threatens nurses: is very much excited — visited by relatives: must be kept in muffs, thro' day. May 7. Wt 157#. Pulse 100. Patient is frequently found talking to himself. July 30. Condition continues in same, in every way. — 166#. Jan'y 31/1901. Physical condition has improved somewhat during period: no change mentally — Mar 1 July 30 Aug 1 1901 Jan 31 Almost constantly talking to himself in an irrational, incoherent manner. Stays in his room, most of time; does not go out with other patients. Is very threatening to nurses & others: is low spoken & never speaks rationally: habits cleanly & tidy: never does any work. — Feby 2 Weight 163#. April 30 no change: Stays in room, nearly all the time: is not taken out with crowd: Very noisy deluded & threatening; never speaks rationally: language very profane & obscene. habits tidy: does nothing. May 1. Wt 156#. May 28. Visited by friends. July 31. Slightly thinner in flesh, otherwise, no change: continues noisy & deluded. "Thinks every body about him are enemies". Augr. Wt 145#. Nov 2. Wt 144#. Jan'y 30/01. Has remained in room almost constantly: never associates with others: very noisy & obscene and profane in his language ("Soliloquies"): Causes no trouble if not molested. — Feb 1/02 Tt. 140°; Aug. 1 Tt. 139°.

Jan 1901 31 — No important change. Never speaks to any one unless addressed. Almost constantly talking noisily to self,

Personal and Medical History of

using very profane language. Very sullen and treacherous. At times very violent. Seldom goes out. Habits tidy. Health good.

Personal and Medical History of Gilbert Olson. #1

Whole No. 5501

Residence, Farmington, Dakota Co, Minn.

Date Admission, February 1st 1900

Admitted by Dr. E. J. Wanous hour, 7 P.M.

How Sent, P. P. Moran & Jas P. Dakota Co.

Sex, male Age, About 51 yrs.

Civil Condition, single.

Children, none

Age Youngest Child, —

Occupation, Farming

Degree Education, Common school.

Profession, Religion, Lutheran,

Habits, Not intemperate.

Nativity, Norway (Parents also born there.

Physicians Committing, H. VanBeek - J. C. Fitch.

Correspondents, Ole C. Imdt. Farmington, Dakota Co. Minn. (brother)

No. of Year, 131

Insane Relatives, None.

Cause Exciting, Cannot find out.

Cause Predisposing, Many previous attacks.

Form, Chron. mania.

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, not.

Date of this Attack, Has increased the last two or three weeks. Continuous since last commitment.

Duration, ?

No. of Attack, 6th

No. of Admission, 3 here (also at St Peter)

Age First Attack, 31

Time of Leaving, Apr. 26. 1900

Time in Hospital,

Result, Transferred to Hastings

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Feb. 2 1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State, Thinks he is ill.

EMOTIONAL STATE, Normal, Indifferent, Exalted, 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, a few weks.

ONSET, Gradual or Sudden, gradual - is recurrent.

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, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, farming.

Detail Date, Duration, and Character of Previous Attack, if any,
Several previous attacks & commitments.

Sleep, Appetite, and Bowels, Normal.

5501

M Gilbert Olson

Copy of Order for Hearing Petition of Ole C. Imdt for appointment of a guardian for Gilbert Olson insane; served and service admitted Feb. 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, fair.

is sluggish.

nds promptly.

- sys normal - responses slow.

HEARING, good.

COORDINATION, Arms, normal Legs, do. Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Now found weak

Apex Beat, Regularity, Regular.

ARTERIES,
Easily compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest asymmetrical
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, 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 rather defective having many signs of degeneration. This is third commitment here, in a maniacal state; Spells abate. However. When under care in Hospital. Condition is one of Chronic mania. Physically is fairly nourished - muscles are flabby & small. ~~abscess~~ Observe a condition of probably congenital alopecia.

Personal and Medical History of Gilbert Olson. #1

Whole No. 5501

Residence, Farmington, Dakota Co, Minn.

Date Admission, February 1st 1900

Admitted by Dr. E. J. Warnow hour, 7 P.M.

How Sent, J. P. Moran Sheriff Dakota Co.

Sex, male Age, about 57 yrs.

Civil Condition, single.

Children, none

Age Youngest Child, —

Occupation, Farming

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Norway, (Parents also born there.

Physicians Committing, H. VanBeeck & J. C. Fitch.

Correspondents, Ole C. Imdt. Farmington, Dakota Co. Minn. (brother)

No. of Year, 131

Insane Relatives, None.

Cause Exciting, Cannot find out.

Cause Predisposing, Many previous attacks

Form, Chronic mania.

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, not.

Date of this Attack, Has increased the last two or three weeks. Continuous since last commitment.

Duration, ?

No. of Attack, 6th

No. of Admission, 3 here. (also at St Peter.)

Age First Attack, 31

Time of Leaving, Apr. 26. 1900

Time in Hospital,

Result, Transferred to Hastings

EXAMINATION ON ADMISSION BY DR. Warnow Date of Feb. 2 1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, poor

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor.

Special Subjects,

Own Mental State, Thinks he is well.

EMOTIONAL STATE, Normal, Indifferent, Exalted, 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, a few mths.

ONSET, Gradual or Sudden, gradual — is recurrent.

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, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, farming.

Detail Date, Duration, and Character of Previous Attack, if any,
Several previous attacks & commitments.

Sleep, Appetite, and Bowels, Normal.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 3/4 PRESENT WEIGHT, 202. USUAL WEIGHT, NUTRITION, fair.

WOUNDS, Abnormalities and condition of Skin, none- skin sluggish.

TONGUE, Coatings or Promptness of Movement, Coated - responds promptly.

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

SIGHT, Good.

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

HEARING, good.

COORDINATION, Arms, normal Legs, do. Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Apex Beat, Regularity, Regular. (Murmurs found; weak; N)

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,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, fair.

BOWELS, Present Condition, Regular

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Color and Appearance,

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 defective having many signs of degeneration. This is third commitment here, in a maniacal state, Speech abate, however. When under care in hospital. Condition is one of chronic mania. Physically is fairly nourished. muscles are flabby & small. ~~Abscess~~ Observe a condition of probably congenital alopecia.

Personal and Medical History of Gilbert Olson #1

1900

This patient was brought here by Sheriffs deputy Bluse attended by L. Bacon in fair physical condition with the following history: No consanguinity nor heredity: First symptoms of insanity manifested in 1879. When patient was committed to the St Peter hospital. Had a second attack in 1886 & was here from Dec. 1886 to May 1887. Second admission here was on Oct. 14th 1890 & he was discharged improved Jan. 6 May 1896. (See Vol. 14 P. 177. No. 2517.) Patient was taken home the last time by brother who thought he could care for him & has shown no improvement since. During the last two or three weeks his disease has appeared to increase. Has neglected his work talks incoherently & acts queerly. Wanders about premises conversing with imaginary objects. Disease appears increasing. Not variable. Has tried to hurt his mother. No filthy nor destructive habits noted. No peculiarities manifested before accession of disease. No severe diseases nor injuries to head. No confinement nor restraint employed since leaving here. No treatment pursued during present attack.

On personal examination is very incoherent.

2/1/1900 On admission put upon B3 E (Gen'l Pat) Complexion light: hair light gray. eyes blue. Skin in good condition: Scar on back of left hand. Is dirty: one tooth out lower & two out upper jaw. Several black snags left. Behavior good.) Febys. Received on B3. Seems dull, depressed & sluggish. Sleeps a great deal during day. Feb 14. Condition shows no change. Feb 28 Well behaved. Speech is rather incoherent. Mar 14. Transferred to A1. Apl 12. Patient remained in bed: refused dinner: appetite poor. Apl 25 Is suffering from cold. Apl 26. Transferred to Hastings Hospital

Personal and Medical History of

Personal and Medical History of Dirk Wubbles.

Whole No. 5503

Residence, York, Nuckolls Co.

Resident of State 40 yrs. 7th

Date Admission, February 1900.

Admitted by Dr. Leh. Chapple. hour, 2 P.M.

How Sent, Ex. Farrington Sh. of P. Fillmore Co.

Sex, male Age, 69 yrs.

Civil Condition, married.

Children, 14.

Age Youngest Child, —

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, Not a church member.

Habits, not intemperate.

Nativity, Holland (Parents also born there)

Physicians Committing, Ed. Lee & W.E. Richardson.

Correspondents, Jane Wubbles (wife) Garret Wubbles (son) Greenleafton Kansas.

No. of Year, 132.

Insane Relatives, none.

Cause Exciting, no apparent cause.

Cause Predisposing, unknown.

Form, Mania Senile Dement

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, "None attempted- propensity active"

Date of this Attack, About Jan. 24 1900.

Duration, About 14 days.

No. of Attack, 1st.

No. of Admission, 1st.

Age First Attack, 69 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous Date of

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor.

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects, "

Own Mental State, Believes he is well.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
of poisoning & being burned. also is full of electricity

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 Mo.

ONSET, Gradual or Sudden, Sudden.

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

Father,

Paternal Relatives, No history of insanity

Mother,

Maternal Relatives, do.

Brothers and Sisters,

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

HABITS, Drinking and Smoking, None

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Farmer.

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

Sleep, Appetite, and Bowels, fair.

Personal and Medical History of

5503
145/177

M. Dirk Wubbles

Copy of Order for Hearing Petition of Jane Wubbles for appointment of Dirk Wubbles Albert Nagle as guardian for Dirk Wubbles insane; served and service admitted March 28/1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION,

kin sluggish.
esponds slowly.
l- size normal. responses normal-

ormal. Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, " Size, "

Apex Beat, " Regularity, "

ARTERIES,
full bounding pulse

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). Patient talks quite rationally but always illusively. Afraid & would not submit to physical examination Says "telephone business got into him" probably means electricity. Thinks he is being persecuted. Physically is fairly well nourished & in good condition for his age. Skin sluggish & pallor.

Personal and Medical History of Dirk Wubbles.

Whole No. 5502

Residence, York, Minn

Resident of Dist. 72 Co. 40 yrs.

Date Admission, February 7th 1900.

Admitted by Dr. Ish. Chapple. hour, 2 PM.

How Sent, E.V. Farrington Dist. Ct. Fillmore Co.

Sex, male Age, 69 yrs.

Civil Condition, married.

Children, 14.

Age Youngest Child, ——

Occupation, Farmer.

Degree Education, Can read & write.

Profession, Religion, Not a church member.

Habits, not intemperate.

Nativity, Holland. (Parents also born there)

Physicians Committing, Gl. Lee & W.E. Richardson.

Correspondents, Jane Wubbles (wife) Gerret Wubbles (son) Grandcapton Minn.

No. of Year, 132.

Insane Relatives, none

Caus

Caus

Form

Accom

Suicida

Date of

Duration,

No. of A

No. of Ad

Age First

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor.

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects, "

Own Mental State, Believes he is well.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects,
of poisoning & being burned. also it full of electricity

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 mos.

ONSET, Gradual or Sudden, Sudden.

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

Father,

Paternal Relatives, No history of insanity

Mother,

Maternal Relatives, do.

Brothers and Sisters,

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

HABITS, Drinking and Smoking, None

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels, fair.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5½ PRESENT WEIGHT, 133 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, No. Skin sluggish.

TONGUE, Coatings or Promptness of Movement, Coated - responds slowly.

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, normal Legs, normal. Grasp,

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

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, " Size, "
Apex Beat, " Regularity, "

ARTERIES,
Full bounding pulse

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). Patient talks quite rationally but always illusively: Afraid & would not submit to physical examination Says "telephone business got into him" probably means electricity. Thinks he is being persecuted. Physically is fairly well nourished & in good condition for his age. Skin sluggish & sallow.

Personal and Medical History of Derk Wubbels.

1900
1/ This patient was brought here by sheriffs deputy Geo. Happ attended by Ben Dominick in fair physical condition, with the following history:- No information concerning consanguinity. No heredity known: No history of intemperance in patient nor parents: First symptoms of insanity manifested about January 27th 1900, by strange actions: became very cross to family: struck daughter with a stick: tipped over lamp: So afraid of being poisoned & killed. Disease appears increasing: So variable: Derangement manifested by fears of personal harm: Accused hired man of insanity & locked him upstairs: Locked wife & family downstairs: No peculiarities noted before accession of disease: No severe diseases nor injuries to head. Was under restraint for three hours until physicians used morphine: On personal examination is nervous & excited Afraid of being taken away & of injury: shows sudden anger:
2/7/1900 Expression vivid: On admission put upon B3 East (G.A.M. Ret
Complexion light: hair gray: eyes blue: Condition of skin good:
Slight abrasion of skin on left arm: scar on middle finger of
left hand: small fatty tumor of left temple: Is clean: Behavior good:
Feb 7 Exam. by Edw. Allen.) Feb 7. Received in B3. Patient quite senile: Stubborn and very
9 suspicious: Childish in manner: "fears he is to be killed". Feb 9. Barricades door with bed.-
20 No change specially noticeable. Mar 3. Wt 142#. Mar 10. Visited by daughter: is still
May 31 suspicious & deluded. May 31. Thinks people are trying to get his property. Does no work.
Aug 1/99 136#. Aug 29/31. Visited by friends. Sep 9. Visited by friend. Oct 5. Visited by friend. Dec 9. Visited
Dec 30 by son & daughter. Dec 30. Visited by friend. — Jany 27/1901. Visited by friends. Jany 31. No
1901 Jany 31 change to be noted, in any way: very quiet: rarely speaks: knows very little English: usually
stays in his room: habits very tidy: Physical health fairly good: Is rather irritable &
stubborn. Shows no prominent insane ideas: appears somewhat demented: goes out
for exercise, but does no work. - Feb 7. Wt 144#. Apl 30. No noticeable change: health quite
Feb 7 Apl 30 good: is senile: neat: very quiet in room most of time: speaks but little English: "seems
May 1 to think someone is trying to get his property". May 1. Wt 143#. July 31. No change: Condition
July 31 same as in previous notes. Does no work. Aug 1. Wt 142# Nov 1. Wt 146#. Jany 31/01. Has
1901 Jany 31 been in good health: very quiet & peaceable. Does no work, except to take care
of room.
Feb 1/02 Wt 147#; July 29. Visited by son in law.
Nov 1 Wt. 148#; Dec 1. Visited by friends.
1902 Jan 31 In fairly good health; somewhat senile; very
quiet; stays in room most of time; does not associate
with others. Seems quite contented. Does nothing.

Personal and Medical History of

Personal and Medical History of John Lavalle.

Whole No. 5505
Residence, St. Paul, Minn.
Date Admission, February 8th 1900.
Admitted by Dr. E. J. Wanous hour, 7 P.M.
How Sent, E.W. Bazille & A.P. Ramsey Co.
Sex, male Age, 18 yrs.
Civil Condition, single.
Children, —
Age Youngest Child, —
Occupation, Barber.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, Nat intemperate.
Nativity, Minn. (Father Canada - Mother Minn.)
Physicians Committing, G. Stamm. & D.C. Jones.
Correspondents, John Lavalle Sr. (father) Centerville, Anoka Co. Minn.

No. of Year, 135
Insane Relatives, None.
Cause Exciting, Unknown.
Cause Predisposing, "
Form, Melancholia with delusions
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, 2 wks ago.
Duration, 2 wks.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 18 yrs.
Time of Leaving, May 26. 1900
Time in Hospital, 3 m. 18 d.
Result, Discharged Nov. 6. 1900 Recovered

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused & sluggish
MEMORY, Past Events, fair
Recent Events, " Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects, poor.
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.
DELUSIONS, Systematized, Transitory, Special Subjects,
Is of being on fire.
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 wks.
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, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
has retention of urine. Cause not known.
HABITS, Drinking and Smoking, not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, barber.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, poorly nourished
WOUNDS, Abnormalities and condition of Skin, Skin anaemic + comedo over back, chest + face.
TONGUE, Coatings or Promptness of Movement, slight coat sluggish
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - responses slow.
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, Is in bed - quite weak Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked.
PATELLAR REFLEX, normal - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating + slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, Apex Beat, Regularity, irritable.
ARTERIES,
Easily compressed - pulse weak
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B. 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, 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 worried + has fear of fire about him. Talks continually about going home + is very much depressed. Physically is poorly nourished, anaemic; very restless + fearful. Practices masturbation + probably his condition is due largely to anaemia.

Personal and Medical History of John Lavalle.

1900

This patient was brought here by Sheriffs Deputy Hanson attended by father 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 weeks ago, disease appears increasing: Not variable: Derangement now manifested by melancholic delusions. Patient not disposed to injure anyone: No filthy nor destructive habits: No peculiarities previously manifested: No severe diseases nor injuries to head. Was confined one week in City Hospital, St. Paul: No treatment pursued. On personal examination shows a general depression.

2/8/1900 On admission put upon T.W.E (G.T.W. Ry). Complexion dark: hair black: eyes brown: Skin in good condition: Vac. marks on left arm: Is clean: Teeth good: Behavior good.)

Feb 8/10 Received on T.W: put to bed: Shows delusions of persecution: has acute gonorrhoea, Feb 10. Is
15 suffering from retention; catheterized by Physicians. Feb 15. Appears much brighter: seems rational, at times.
20/22/25 Is dressed & up. Feb 22. Appears about as at last report. Feb 25. Seems depressed & melancholy: still
Mar 1 exhibits delusions: must be coaxed to eat, at times. Has eruption over entire body. Mar 1. Transferred
15 to B2. Mar 15. Patient had a "chill". Put to bed on T.W. T 103. Complained of headache and pain in chest.
17/18 Still complains of pain in chest: tongue badly coated. Mar 18. Some brighter: has hemorrhage from nose.
31 Became maniacal, through night: threw himself out of bed, causing hands to bleed. Is very stupid.
Apl 1/5 Cannot understand. Apl 1. Wt 103#. Is still much confused: must be fed by nurses. Apl 5. Hemorrhage
8/9 from nose. Apl 8. Was found in profuse perspiration, all day. Apl 9. Has suppurating conjunctivitis.
12 Eyes treated. Apl 12. Seems brighter: asks for something to eat. May 5. Patient up, around. Converses
May 8/14/26 rationally: physical condition improved. May 14. Visited by brother-in-law. May 26. Was taken home.

Discharged

Personal and Medical History of

Personal and Medical History of Martin Magnusson (or Peter Olsson)

Whole No. 5507.
Residence, St. Paul, Minn.
Date Admission, February 12 1900.
Admitted by Dr. Ed. Chapple hour, 7 P.M.
How Sent, Ed. Bazille Dep? Ramsey Co.
Sex, male. Age, 63.
Civil Condition, married.
Children, unknown.
Age Youngest Child,
Occupation, Laborer
Degree Education, Fair
Profession, Religion, Lutheran
Habits, Intemperate.
Nativity, Sweden. (Parents also born there)
Physicians Committing, W.S. Kelly & H.R. Winch
Correspondents,

No. of Year, 137
Insane Relatives, unknown.
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, picked up by police 2 days ago.
Duration, ?
No. of Attack, ?
No. of Admission, 1 here.
Age First Attack, ?
Time of Leaving, Trans to Hastings 4/26/1900
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Winch *Date of* 2/18/1900.

MENTAL CHARACTERISTICS.

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None 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, Unknown
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, } not obtainable from him.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None known
HABITS, Drinking and Smoking, ?
HEADACHES, VERTIGO, OR CONVULSIONS, ?
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, ?

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11½ PRESENT WEIGHT, 201½ USUAL WEIGHT, NUTRITION, fairly well nourished
WOUNDS, Abnormalities and condition of Skin, Skin reddish - very dry
TONGUE, Coatings or Promptness of Movement, Equal - normal - response slow.
PUPILS, Equality, Size, Response to Light, and Accommodation,
SIGHT, fair.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Will not talk.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,

ARTERIES,
Thickened -

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest asymmetrical
Expansion fair
B. 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,
BOWELS, Present Condition,

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient was found on streets & nothing could be obtained from him: He appears depressed, confused & will not answer questions coherently. Physically he is well developed & well nourished - He sits around with preoccupied look, as if mind were centered on some particular subject & apparently is worrying very much over condition.

Personal and Medical History of Martin Magnuson (ob Peter Olson)

1900

This patient was brought here by sheriffs deputy Hansen, in fair physical condition with the following history:- Patient was picked up by Police two days ago & has been confined in county jail since: Patient irrational & talks incoherently & nothing learned concerning his previous history. Does not seem inclined to harm anyone & no filthy nor destructive habits noted: Is intemperate. On personal examination is sullen, morose & melancholy; apparently competent but will not answer questions. On admission put upon B3 E. (G.H.N. Rpt. Complexion light, eyes blue; hair gray: Skin dusty. Varicose veins on both legs below knees. Scar on top of head & on right side: 8 teeth in upper & 12 in lower jaw. Feb 7 Received on B3. Is rather dull & stupid. Speaks little English. Feb 14 Seems quiet & inoffensive. Feb 25 Patient continues same from day to day; Quiet and some depressed. — No special change to note in his condition. Quiet & well-behaved. Works on ward. Habits cleanly — March 10 Patient was transfered to Hastings Hospital.

Personal and Medical History of

Personal and Medical History of Louis A. J. Larmey.

Whole No. 5509
Residence, Dakota Co., Minn.
Date Admission, February 13, 1900.
Admitted by E. J. Warnow hour, 7 P.M.
How Sent, Thomas P. Moran Jr. Dakota Co.
Sex, Male Age, 24 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Roman Catholic.
Habits, not intemperate.
Nativity, Wisconsin (Parents born in Germany)
Physicians Committing, D. VanCappellan & N. VanBuck.
Correspondents,

No. of Year, 139.
Insane Relatives, Says he has heard people say that mother was insane.
Cause Exciting, Cannot say.
Cause Predisposing,
Form, Imbecility & beginning adolescent insanity.
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, not.
Date of this Attack, unknown
Duration, "
No. of Attack, 1st so far as known.
No. of Admission, 1st here.
Age First Attack, 24 yrs.
Time of Leaving, July 3, 1901
Time in Hospital, 1 yr 4 mo 20 Ds
Result, Recovered. Discha. Nov 30/1901

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused & sluggish
MEMORY, Past Events, poor
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull
REASONING POWER, Ordinary Subjects, poor
Special Subjects, "
Own Mental State, Thinks he has special gifts.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
Believes his mission is to become a detective.
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 few weeks.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, inebriate - now dead -
Paternal Relatives, dont know.
Mother, insane cause not known
Maternal Relatives, dont know.
Brothers and Sisters, dont know anything about them
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has had some stomach trouble - In 1893 had fever & pain in head. Struck on head last year by his employer with broom.
HABITS, Drinking and Smoking, No. Has been a drinker
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo when stooping.
OCCUPATION, Healthy or not, Farming
Detail Date, Duration, and Character of Previous Attack, if any,
no.
Sleep, Appetite, and Bowels, Irreg

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 7 in. PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Emaciated and Anaemic.
WOUNDS, Abnormalities and condition of Skin, Skin sluggish & anaemic.
TONGUE, Coatings or Promptness of Movement, Responds readily - clear.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - 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, of hands & tongue.
PATELLAR REFLEX, sluggish. Other Reflexes, do.
ARTICULATION, Slurred, Hesitating, Slow, Slurred & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, irritable.
ARTERIES,
Easily compressible
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair
B 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, Restless 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 a defective with a few mild delusions - Gives a history of insanity in family - Is silly in manner & rather talkative - Wants to become "a detective to shadow criminals". Physically shows defects in development of ears palate teeth &c. Is emaciated, anaemic & organs show a general sluggishness.

Personal and Medical History of Louis A. J. Larney.

1900

This patient was brought here by Sheriffs ~~Deputy~~ M. Ryan attended by Dr Lynch in fair physical condition, with the following history:- No history of consanguinity given. Patient says he has heard people say that his mother had been insane: claims that father was intemperate: No information given concerning previous history. Patient says he had a fever & got hurt on head last April. On personal examination patient restless. Talks constantly, jumping from one subject to another. Incoherent. On admission put upon B3E (Lt Col Rpt. Complexion fair hair brown, eyes gray. Skin in fair condition. Tat. marks on left arm: scar on back of right hand. Is rather dirty: Has abnormal muscular development of both legs above ankles. Teeth sound & intact. Behavior good. Exam. by Dr Spilland)

Feb 13 Received on B3. Is rather silly in manner: has been reading "cheap" literature, and now thinks he is a Detective". Feb 15. Says he is specially qualified for a Detective". Feb 16. Patient still simple in manner. Mar 2. Suffering from tonsilitis and transferred to IW. Mar 11. Discharged to ward. Apl 30 Transferred to B3. Apl 30. Patient is well-behaved: expresses no delusions. May 1. Wt 163 lbs. Bkt. May 8 (he is perhaps a Defective) - May 8. Transferred to A1. May 16. Works in the Kitchen. July 1 Vaccinated unsuccessfully. July 31. No special change to report. Still works in Kitchen Aug 10 Returned from Camp. Patient's mental & physical condition quite good. Sept 29. Discontinued work in Kitchen. Oct 1. Transferred to A2. Works in blacksmith Shop: is easily irritated. Nov 6. Patient Dec 6 has parole. Dec 6. Vomited & has some headache: put on treatment and improved. Dec 11. Complained again of headache. Jany 31/1901. Working still in blacksmith Shop. Is well behaved: reads some Feby 1 Complained of headache & stomach trouble: was transferred to IW: put to bed & put on treatment - 3/8 much improved: is now in dress & up around. Transferred to A2. E. Feby 8. Is working 19 with blacksmith. Feby 19. Another attack of tonsilitis - May 6. Has parole of grounds - May 8 works with blacksmith. Quiet, well-behaved: reads many library books & magazines - July 3 Eloped from crowd, while watching fire — works.

Discharged

Personal and Medical History of

Personal and Medical History of Ferdinand Schuhmacher

Whole No. 5510
Residence, Wells, Minnesota.
Date Admission, February 14' 1900.
Admitted by Dr. E.J. Warons. hour, 8 PM.
How Sent, H.L. Bullis J. of P. Faribault Co.
Sex, male Age, 38 yrs.
Civil Condition, married.
Children, 3
Age Youngest Child, —
Occupation, Shoemaker.
Degree Education, Common school.
Profession, Religion, German Lutheran.
Habits, Drank excessively.
Nativity, Germany.
Physicians Committing, W. Jacoby - M.N. Leland.
Correspondents, Mrs. F. Schuhmacher, Wells, Minn.

No. for Year, 140
Insane Relatives, None.
Cause Exciting, Locomotor ataxia.
Cause Predisposing, unknown.
Form, Paralytica, dementia
Accompanying Bodily Disorder, Hemiplegia (right side)
Suicidal or not, not
Date of this Attack, Jan. 27' 1900.
Duration, 18 days.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 38 yrs.
Time of Leaving, June 28. 1900
Time in Hospital, 4 m. 14 d.
Result, Died. Locomotor ataxia

EXAMINATION ON ADMISSION BY DR. Warons Date of 2/15/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused + sluggish
MEMORY, Past Events, poor
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. dull.
REASONING POWER, Ordinary Subjects,
Special Subjects, not obtainable
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

DELUSIONS, Systematized, Transitory, Special Subjects, None obtainable
Cerebration very slow + down but not inconsistent.
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, Jan. 27' 1900.
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives, Not obtained.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Right sided Hemiplegia + Locomotor ataxia.
HABITS, Drinking and Smoking, Excessive drinker.
HEADACHES, VERTIGO, OR CONVULSIONS, headache.
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, is emaciated
WOUNDS, Abnormalities and condition of Skin, Skin sluggish + oily.
TONGUE, Coatings or Promptness of Movement,
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - dilated - no response -
SIGHT, poor
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, poor
COORDINATION, Arms, uncoord- Legs, uncoordination ~~Grasp,~~ has spastic ataxic gait.
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue + facial muscles-
PATELLAR REFLEX, lost Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating + slow
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, no Murmurs, Strength, Sounds, weak Size, n-
Apex Beat, D Regularity,

ARTERIES,
Somewhat hardened -

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest fairly symmetrical - Expansion fair B. 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, fair 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 gives history of hemiplegia due to cerebral haemorrhage - also ataxia - is bedridden - Lab a dull perception and mind sluggish - Memory very poor - Has lost control of limbs also sphincters - Can not obtain much from him regarding his trouble - Case is one of partial dementia

Personal and Medical History of Ferdinand Schuhmacher.

1900

This patient was brought here by sheriff Sandy McDonald, attended by L. b. Taylor. in poor physical condition. with the following history:- No history of consanginity or heridity given: Patient has used liquor to excess. First symptoms of insanity manifested Jan. 27 1900 by hemiplegia of right side. loss of speech, dementia: Disease appears increasing: Not variable: Derangement now manifested by paralytic dementia, a sequal to locomotor ataxia. Not disposed to injure anyone: Habits filthy, + destruction of clothing, bedclothing etc: No previous peculiarities manifested: At times force is necessary to keep him quiet. Has been given sedative treatment for last three weeks: also opiates - no curative effects. On personal examination cannot make his wants known by intelligent means or language: recognizes nothing: Is destructive: On admission put upon Infirmary East (5th N. Rpt. Complexion light. Hair brown: eyes blue: Skin in good condition: Dark spot or bruise on Right side. Cup marks on shoulders: Is clean: Ten teeth out lower jaw. 2 out upper jaw: has four old stumps. Behavior good: Has very little use of lower limbs.

Febry 14/00 Received on W. Given bath & put to bed. Has paraplegia. Feb 15. Requires catheterization: passed
17 small quantity of blood. Seems demented. Feb 17. Restless & destructive during night. Has a
28 ravenous appetite: tries to get around by holding on bed. Feb 28. No special Change. (Case probably
March 1 Locomotor ataxia). March. Wt 116" - apl. Patient perspires profusely. Temp. normal. Is appa-
April 2nd rently in pain: speech impaired and he is much demented. April 2nd. Requires catheterizing -
15 Threw himself out of bed: is very filthy: appetite ravenous: seems failing both mentally & physically.
May 31 Nothing specially to note, during the month. June 14. Hematoma on left ear. June 17. Fell out
June 14/17 of bed, cutting left ear. June 22. Struck head against wall, opening ear. June 27. Is very
27 emaciated: Destructive through night. June 28. Seems much exhausted + in profuse perspi-
28 ration: in unconscious condition; respiration labored. Patient is failing rapidly -
Died at 8th A.M.

Dies

Personal and Medical History of

Personal and Medical History of Michael E. Dougherty.

Whole No. 5511

Residence, Mower County, Minnesota.

Date Admission, Became resident of State of Minn. June 5 1897. February 1900.

Admitted by Dr. E. J. Wanous hour, 8 P.M.

How Sent, L. D. Washburn Jail Mower Co.

Sex, male Age, 17 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, Jr Laborer.

Degree Education, None.

Profession, Religion, Catholic.

Habits, unknown

Nativity, Wellman Minn. (Father Irish. Mother Missouri)

Physicians Committing, O. H. Hegge & F. E. Daigman.

Correspondents, Michael Dougherty Sr. Austin Minn (Father)

No. of Year, 141

Insane Relatives, Mother has been insane.

Cause Exciting, Probably masturbation.

Cause Predisposing, Heredity.

Form, Dementia

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, 17 yrs.

Time of Leaving, June 18. 1900

Time in Hospital, 4 m. 4 d.

Result, Disc. Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Dr Wanous *Date of* 2/10/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fair.

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, Exalted.

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

DELUSIONS, Systematized, Transitory, Special Subjects, none

HALLUCINATIONS, none.

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION, 2 mos ago

ONSET, Gradual or Sudden, Sudden.

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

Father, living.

Paternal Relatives, unknown

Mother, insane

Maternal Relatives, don't know

~~Brothers~~ and Sisters, all well.

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

HABITS, Drinking and Smoking, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, laborer

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

Sleep, Appetite, and Bowels, irregular in habits.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 2 3/4 PRESENT WEIGHT, 121 USUAL WEIGHT, NUTRITION, Anaemic

WOUNDS, Abnormalities and condition of Skin, Beginning hernia or R. side. Skin sluggish

TONGUE, Coatings or Promptness of Movement, grayish coating, prompt.

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

SIGHT, Good

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

HEARING, good.

COORDINATION, Arms, Normal Legs, normal Grasp,

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

PATELLAR REFLEX, somewhat exag - Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred - rapid -

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, regular.

ARTERIES,

full & compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest. symmetrical
Expansion normal
B. 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, 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 of low mental development. Can neither read nor write. Has been very irregular in habits. Gives history of insanity in family. Is excited talkative & silly in manner - somewhat incoherent & spends considerable time doing foolish things. Physically is poorly nourished - anaemic & dissipated. Practices self abuse & shows other signs of perversion.

Personal and Medical History of Michael E. Daugherty.

1900

This patient was brought here by sheriffs deputy T. A. Carmichael in fair physical condition, with the following history: No history of consanguinity: mother has been insane: no history of intemperance given: First symptoms of insanity manifested two weeks ago by constant talking & foolish actions. Disease appears increasing: Not variable: Derangement now manifested by wandering about at night; frightens women & girls by chasing & hooting at them. Not disposed to injure anyone: No filthy nor destructive habits manifested: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed. No treatment pursued. On personal examination talks loudly & incoherently & looks wild at times at others is sleepy & quiet. On admission put upon 3rd E (G.H.N. Ript) Complexion fair: hair brown eyes light blue: skin dirty & scaley: Is dirty: Teeth good: Behavior good. T. 101.6 P. 64 R. 20. Exam by J.R. Spillane.

Feb 14 Received in B3. Given bath. Is irrational; incoherent in speech. T. 101. P. 64. Feb 15. Is very restless & talkative: Erratic in behavior. Feb 18 More quiet. Feb 20 Appears dull: does not feel well.
18/20 Complains of sore-throat & headache. Transferred to NW. Feb 23. Patient well: Transferred to B3. Feb 27 Not
21/23/27 much change in patients Condition, during these 14 days. Apl 30. Is quiet & well-behaved: act very
Apl 30 bright. In about normal condition. May 1. Wt 128#. Pgr. May 30. Patient appears quite normal —
May 1 Sent home. ——
30
June 18

Discharged

Personal and Medical History of Andrew P. Anderson

Whole No. 5517
Residence, Mower Co. Minnesota.
Date Admission, February 19th 1900.
Admitted by Dr. C.L. Chapple hour, 7 P.M.
How Sent, S.S. Washburn J. of P. Mower Co.
Sex, male Age, 50 yrs.
Civil Condition, Single.
Children, —
Age Youngest Child, —
Occupation, Laborer.
Degree Education, Common school
Profession, Religion, Congregational
Habits, Unknown.
Nativity, Sweden (Parents also born there.)
Physicians Committing, F.E. Durgin & A.W. Allen.
Correspondents, Olaus Anderson (bro.) Adams, Minn.

No. of Year, 142
Insane Relatives, 2 brothers probably insane.
Cause Exciting, Unknown.
Cause Predisposing, Probably heredity.
Form, Mania with delusions.
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Threatened.
Date of this Attack, 5 yrs. ago.
Duration, 5 yrs.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, About 45 yrs.
Time of Leaving,
Time in Hospital,
Result,

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

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects, Religion & of persecution.

HALLUCINATIONS, of sight.
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 yrs.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption). Could not answer questions.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, 2 bros. insane.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None.
HABITS, Drinking and Smoking, none
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Irregular.

5512

M Andrew P. Anderson

Copy of Order for Hearing Petition of John C. Johnson Jr.
for appointment of Parke Goodman as guardian for Andrew P. Anderson insane; served and service admitted Mch. 8' 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, Emaciated.
in anaemic.
- sluggish-
2 - normal size - responses slow

HEARING, good.
COORDINATION, Arms, incoord. Legs, impaired. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue & facial muscles.
PATELLAR REFLEX, normal Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Confused & hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, N. Weak
Apex Beat, Pn Regularity, irritable.

ARTERIES,
full & compressible-
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expans. fair
B. 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, 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). Appears confused - speech incoherent & is very much agitated - Has delusions of persecution & poisoning Appears worrying about general affairs. Gives history of heredity Physically is emaciated & in poor condition - is weak & at present confined to his bed.

Personal and Medical History of Andrew P. Anderson

Whole No. 5514

Residence, Mower Co. Minnesota.

Date Admission, February 19th 1900.

Admitted by Dr. Ch. Chapple hour, 7 P.M.

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

Sex, male Age, 50 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Laborer.

Degree Education, Common school

Profession, Religion, Congregational

Habits, Unknown.

Nativity, Sweden (Parents also born there.)

Physicians Committing, H. E. Dunjean & A. W. Allen.

Correspondents, Olaus Anderson (bro.) Adams, Minn.

No. of Year, 142

Insane Relatives, 2 brothers probably in

Cause Exciting, Unknown.

Cause Predisposing, Probably heredity.

Form, Mania with delusions.

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Threatened.

Date of this Attack, 5 yrs. ago.

Duration, 5 yrs.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, About 45 yrs.

Time of Leaving,

Time in Hospital,

Result,

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, Will not reason.

Special Subjects,

Own Mental State, Does not appreciate.

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

DELUSIONS, Systematized, Transitory, Special Subjects, Religion & of persecution.

HALLUCINATIONS, of sight.

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 yrs.

ONSET, Gradual or Sudden, gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption). Would not answer questions.

Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters, 2 bros. insane.

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

HABITS, Drinking and Smoking, None

HEADACHES, VERTIGO, OR CONVULSIONS, No.

OCCUPATION, Healthy or not, Laborer.

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

Sleep, Appetite, and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, ——— PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Emaciated.

WOUNDS, Abnormalities and condition of Skin, None - skin anaemic.

TONGUE, Coatings or Promptness of Movement, Slight coating - sluggish.

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

SIGHT, fair.

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

HEARING, good.

COORDINATION, Arms, incoord. Legs, impaired. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue & facial muscles.

PATELLAR REFLEX, normal Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, Mak R.

Apex Beat, Rn Regularity, irritable.

ARTERIES,

full & compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expans. fair
B. Sounds Vesicular

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

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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). Appears confused - speech incoherent. & is very much agitated. Has delusions of persecution & poisoning Appears worrying about general affairs. Gives history of heredity Especially is emaciated & in poor condition - is weak & at present confined to his bed.

Personal and Medical History of Andrew P. Anderson.

1900

This patient was brought here by sheriff's deputy J.C. Johnson Jr. attended by A. Anderson, in fair physical condition, with the following history:- Nothing known concerning Consanguinity; One brother murdered wife, & another has criminal tendencies, both probably insane: First symptoms of insanity in patient manifested about five years ago, by religious delusions: Disease appears increasing: Not variable: Derangement now manifested by delusions of persecution: abnormal fear of dirt: constant praying & invocation: Visions: Not disposed to injure anyone: No filthy nor destructive habits noted: Has always been very religious: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued. On personal examination exhibits acute exacerbations of mania delusions of persecution & religion. On admission put upon Gen. Gen. Rpt. Complexion light: hair brown: eyes gray: Dec. marks on L. arm: abrasion of skin over right eye & cheek: 9 teeth missing upper jaw: 6 from lower jaw: Very excited & noisy: Exam by A. Dorr & H. Poppet.)

Feby 21 Received in IW: Must be put in protection: voymaniacal: delusional: noisy most of night. 101. Pgs. Feb 21 Very talkative on religious subjects. Mar 1. Given clothes. Behavior better.- Mar 4/ Is worrying over money matters. Mar 16. Transferred to B3. Goes to Infirmary to work.- June 10/ Transferred to IW for operation (Rectal fistula). June 17. Given clothes & upon ward. Aug 30 Works in Infirmary dining-room: neat & clean in habits: reads Prayer-book at frequent intervals. Oct 12 Given parole of grounds: out of doors, much of the time: Jany 1901. Wt 138#. Jany 31 No further 1901 Jan 31 change in condition to report. May 31. Condition about same: patient reads his Bible, a May 31 great deal: is somewhat depressed. July 31. No change in condition: Genet and July 31 clean in habits. Augt. Wt 133#. Jany 31/02. During period, has had good Jany 31 physical health & has changed little. Is rather irritable, & at times, talks loudly. Has had parole, and is, most of the time, well-behaved.

Jan 31/03 Patient is quite intelligent and well behaved. Has some delusions and incoherent ideas; but does not usually talk about them. Is rather cranky & obstinate about his clothes.

Personal and Medical History of

Personal and Medical History of John Buckley.

Whole No. 5513
Residence, Washington Co. Minn.
Date Admission, February 20. 1900.
Admitted by Dr. C. L. Chapple hour, 7 P.M.
How Sent, T. J. Wilson J. of P. Washington Co.
Sex, male Age, 43
Civil Condition, Married
Children, one
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Not intemperate (?)
Nativity, Wash. Co. (Parents born in Ireland)
Physicians Committing, E. B. Treligle
Correspondents, Mrs. Geo. Gorman, 303 E. Churchill St. Stillwater, Minn. (Sister)

No. of Year, 143.
Insane Relatives, None.
Cause Exciting, Worry.
Cause Predisposing, unknown.
Form, Agitated Melancholia
Accompanying Bodily Disorder, None mentioned
Suicidal or not, took "Rough on Rats."
Date of this Attack, about 7 mos. ago.
Duration, 7 mos.
No. of Attack, 1st.
No. of Admission, 1st.
Age First Attack, 43 yrs.
Time of Leaving, October 2 — 1900
Time in Hospital, 7 Mos 12 Ds
Result, Recovered. Discharged April 30/1901

EXAMINATION ON ADMISSION BY DR. Wanous. *Date of* Feb 21/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Somewhat sluggish.
MEMORY, Past Events, Only fair.
Recent Events, Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull & correct.
REASONING POWER, Ordinary Subjects, Poor
Special Subjects, "
Own Mental State, Appreciates condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Believes something is controlling his mind cannot control actions
HALLUCINATIONS, Probably of sight.
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, 7 months.
ONSET, Gradual or Sudden, gradually
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died - paralysis.
Paternal Relatives, No history of insanity.
Mother, dead
Maternal Relatives, No history of insanity
Brothers and Sisters, Sister nervous - 1 child
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Syphilis - Attempted poison by taking Rough on Rats.
HABITS, Drinking and Smoking, Has been a hard drinker.
HEADACHES, VERTIGO, OR CONVULSIONS, Ringing sound in head
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, irregular Appetite, fair and Bowels, sluggish.

5513

M John Buckley.

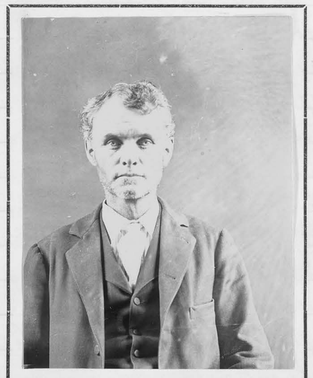
Copy of Order for Hearing Petition of Julia Buckley. for appointment of John McGee. as guardian for John Buckley insane; served and service admitted March 14' 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, Fairly nourished.
zed - sluggish.
spounds slowly -
Eye normal. Responses slow.

COORDINATION, Arms, impaired Legs, impaired Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands & tongue.
PATELLAR REFLEX, Sluggish - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, ?
Apex Beat, ? Regularity, regular.



ARTERIES,
Easily compressible -

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

Appears depressed & melancholic. Has been worrying over his condition and affairs. Has attempted suicide by poisoning.
Physically is fairly well nourished. Organs sluggish. Condition is one of acute Melancholia.

Personal and Medical History of John Buckley.

Whole No. 5513
Residence, Washington Co. Minn.
Date Admission, February 20 1900.
Admitted by Dr. C. L. Chapple hour, 7 P.M.
How Sent, J. T. Wilson J. of P. Washington Co.
Sex, male Age, 43
Civil Condition, Married
Children, one
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Can read & write.
Profession, Religion, Catholic.
Habits, Not intemperate (?)
Nativity, Wash. Co. (Parents born in Ireland)
Physicians Committing, E. B. Fraleigh
Correspondents, Mrs. Geo. Gorman, 303 E. Churchill St. Stillwater, Minn. (Sister)

No. of Year, 143.
Insane Relatives, None.
Cause Exciting, Worry.
Cause Predisposing, unknown.
Form, Agitated Melancholia
Accompanying Bodily Disorder, None mentioned.
Suicidal or not, took "Rough on Rats".
Date of this Attack, about 7 mos. ago.
Duration, 7 mos.
No. of Attack, 1st.
No. of Admission, 1st.
Age First Attack, 43 yrs.
Time of Leaving, October 2 — 1900
Time in Hospital, 7 Mos 12 Ds
Result, Recovered. Dead 5 Apl 26/1901

EXAMINATION ON ADMISSION BY DR. Wanous. Date of Feb 21/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat sluggish.
MEMORY, Past Events, only fair.
Recent Events, Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull & correct.
REASONING POWER, Ordinary Subjects, poor
Special Subjects, "
Own Mental State, Appreciates condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
Believes something is controlling his mind
cannot control actions
HALLUCINATIONS, Probably of sight.
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.

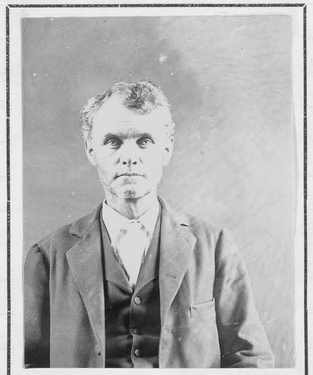
LENGTH INVASION, 7 months.
ONSET, Gradual or Sudden, gradually.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died - paralysis.
Paternal Relatives, No history of insanity.
Mother, dead
Maternal Relatives, No history of insanity
Brothers and Sisters, Sister nervous - 1 child
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Syphilis - Attempted poison by taking Rough on Rats
HABITS, Drinking and Smoking, Has been a hard drinker.
HEADACHES, VERTIGO, OR CONVULSIONS, "Ringing sound in head"
OCCUPATION, Healthy or not, Laborer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep irregular, Appetite fair, and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 8 PRESENT WEIGHT, 140 USUAL WEIGHT, NUTRITION, fairly nourished.
WOUNDS, Abnormalities and condition of Skin, Skin bronzed - sluggish.
TONGUE, Coatings or Promptness of Movement, Coated. responds slowly.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. Size normal - responses slow.
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, Sluggish - Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating & slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, 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,

ARTERIES,
Easily compressible -
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good.
B. sounds vesicular
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).

Appears depressed & melancholic. Has been worrying over his condition and affairs. Has attempted suicide by poisoning.
Physically is fairly well nourished. Organs sluggish. Condition is one of acute melancholia.

Personal and Medical History of John Buckley.

1900

This patient was brought here by Deputy sheriff Oscar Anderson, 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 seven months ago: Disease appears increasing: not variable: Derangement now manifested by melancholia; insomnia worries continually over imaginary troubles; - about house & farm, debts &c. Not disposed to injure anyone: Attempted suicide by taking "Rough on Rats": Not filthy nor destructive habits noted: No peculiarities previously shown: No severe diseases nor injuries to head: No confinement nor restraint employed. no treatment pursued: On personal examination no further facts noted.

3/20/1900 On admission put upon B3E. (Gstn. Rpt. Complexion sandy: hair grayish brown: eyes blue: skin in good condition: Is clean: Five teeth gone from upper jaw. Behavior good. T. 99° P. 98 R. 30.)

Feb 20/1900 Received on Ward. Given bath: appears very depressed & melancholy: suicidous. Feb 21. Very
23 melancholy: wanders about ward: seldom speaks. Feb 23. Restless during night. "Imagines someone is
25 going to murder him". Feb 25. "Thinks he is to be hung: is very much agitated. Threatened to hang
Mar 5 himself: threw himself from heater to floor, causing swelling on left side of head. Mar 5. Patient
13 Continues depressed; is also hallucinatory: "Wants to die"; fears being killed. Mar 13 Transferred to IW.—

Apl 11/1900 Put to bed & on opium treatment. April 1. Mt 121°. Remains more quiet. Apl 22. Treatment discontinued.
30 Patient given clothes & got up on ward. April 30. Goes out walking with nurses. Is still depressed.
July 6/1900 Mt 142°. P 72. July 31. Patient is still despondent. Keeps around daily: Cleanly in habits.
Aug 31 Is well-behaved: appears despondent: does no work. Oct 1. Mt 142°. P 80. ——
Oct 1 Visited by Guardian and taken Home.

Discharged

Personal and Medical History of

Personal and Medical History of William B. Brown.

Whole No. 5515
Residence, Faribault Co, Minn.
Date Admission, February 22 1900.
Admitted by Dr. A. F. Kilbourne. hour, 7 P.M.
How Sent, A.L. Bullis Supt of P. Faribault Co.
Sex, male Age, 45 yrs.
Civil Condition, married.
Children, six.
Age Youngest Child, —
Occupation, Farmer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Ontario Can. (Parents born in Canada)
Physicians Committing, F. N. Hunt & J.A. Bishop.
Correspondents, Amanda Brown, Box 594 Winnebago City, Minn.
In case of death or illness notify Dr A.J. Hammond, Winnebago City, Minn.

No. for Year, 145.
Insane Relatives, Cousin once removed.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Pneumonia, and tubercular bronchitis
Accompanying Bodily Disorder, Tuberculosis.
Suicidal or not, Not.
Date of this Attack, One year ago.
Duration, One year.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 44 yrs.
Time of Leaving, May 15. 1900
Time in Hospital, 2 mo. 23 d
Result, Disc. Nov. 15. 1900 Unimproved Winnebago City, Minn.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Feb. 24th 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, fair
Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, Unreasonable.
Special Subjects,
Own Mental State, believes he is well.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None obtainable.
Is melancholic stubborn & unreasonable.

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, One year
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has Phthisis Pul. lungs badly involved.
HABITS, Drinking and Smoking, none
HEADACHES, VERTIGO, OR CONVULSIONS, None
OCCUPATION, Healthy or not, Farmer
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 10½ PRESENT WEIGHT, 124 USUAL WEIGHT, NUTRITION, Emaciated
WOUNDS, Abnormalities and condition of Skin, Skin sluggish & brown.
TONGUE, Coatings or Promptness of Movement, No coating responds readily.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal. responses slow.
SIGHT, poor
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, poor.
COORDINATION, Arms, Normal Legs, Normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue & facial muscles.
PATELLAR REFLEX, Sluggish. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, None found Strength, Sounds, Weak Size, N.
Apex Beat, Regularity, Irregular

ARTERIES,
Slightly sclerotic.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest not symmetrical
Expansion poor.
B. Sounds - R. apex, rales & flat on percussion

CRANIAL MEASUREMENTS.

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

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, 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 stubborn & contrary. Has no delusions - Gives history of being melancholic & of attempting suicide Physically is emaciated & anaemic, Coughs & expectorates a good deal - Examination shows Rt. lung to be flat on percussion from apex to 4th rib. Both sub & supraclavicular areas are sunken deeply. Left side is emphysematous. Probably compensatory.

Personal and Medical History of William B. Brown.

1900.

This patient was brought here by sheriff Dandy MacDonald attended by D.J. Glesson, in poor physical condition, with the following history. No history of consanguinity, Cousin once removed insane. No intemperance in patient nor parents. Quiet symptoms of insanity manifested about one year ago by melancholia & despondency. Disease appears increasing: is variable: with irregular rational intervals. Derangement now manifested by wishing to leave home, threatening to kill his son, making foolish purchases etc. Has destroyed valuable papers & furniture. No peculiarities previously manifested. No severe diseases nor injuries to head. Has had to be watched for past three days. Has received treatment for Tuberculosis. On personal examination lungs badly diseased patient emaciated & poorly nourished. On admission put upon Infirmary Mast (Gt. N. Rpt. Complexion light: hair brown & gray- eyes blue. Skin in fair condition: Peculiar formation of sternum. Is dirty & teeth out upper jaw, rest poor: Entire lower false set. Exam. by A.L. Door.

Feb 24 & T.R. Applied. Feb 25. Received on TW: was put to bed. Is tubercular: rather quiet, but of a stubborn disposition. Feb 25 Thought he could hear wife & brother talking to him: is quite irrational: Expectorates a great deal. Mar 5. Wt 113 lbs. Mar 28. Visited by wife: no special change. May 1, 1900 Wt 125 lbs. May 6. Given clothes: Physically improved. May 10. Goes out for Exercise. May 15. Was visited by son & Taken Home.

Discharged

Personal and Medical History of

Personal and Medical History of Victor E. S. Teisen.

Whole No. 5516
Residence, Benson Brit Co. Minn.
Date Admission, February 23rd 1900.
Admitted by Dr. O. C. Heyerdale hour, 11 Am.
How Sent, Sanco Hunter Ass Co. Minn.
Sex, male Age, 23.
Civil Condition, Single.
Children, ——
Age Youngest Child, ——
Occupation, Inmate School for Feeble minded
Degree Education, Common school
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Norway / Parents also born there
Physicians Committing, F. S. Warren & C. B. Pillsbury.
Correspondents,

No. of Year, 146
Insane Relatives, None.
Cause Exciting, Epileptic Insanity.
Cause Predisposing, Unknown.
Form, Epileptic Insanity.
Accompanying Bodily Disorder, Epileptic Convulsions
Suicidal or not, Not.
Date of this Attack, Illusions present over a year. Last
Duration, Had convulsions since 13 yrs. old - at school —
No. of Attack, For Feeble minded since Sept 4 '97,
No. of Admission, Five
Age First Attack,
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wanous. Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat confused.
MEMORY, Past Events, Good
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Quite correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat exalted.

DELUSIONS, Systematized, Transitory, Special Subjects, Religious.

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 13 yrs. old.
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, all well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Epilepsy
HABITS, Drinking and Smoking, None.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, From School for Feebleminded.
Detail Date, Duration, and Character of Previous Attack, if any,
Has periods of mania with his convulsions
Sleep, Appetite, and Bowels, generally good.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft-10 PRESENT WEIGHT, 153 USUAL WEIGHT, NUTRITION, Well nourished
WOUNDS, Abnormalities and condition of Skin, Vaccination scar on arm. Skin clear - normal -
TONGUE, Coatings or Promptness of Movement, Coated - 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, normal. Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No
Apex Beat, Regularity, Regular.

ARTERIES,
Full - pulse bounding.
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, 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). Since 13 yrs. old has suffered from Epileptic convulsions which come on about twice a month - During spells is very maniacal and becomes mentally exhausted - Has delusions on religion. Believes he is gifted with special power & all acts are controlled by his "True Gods" Physically he is well built & well nourished & in good condition. Mental impairment is due to his exhaustion & Epileptic convulsions.

Personal and Medical History of Victor E. S. Teien.

1900

This patient was brought here by Sheriffs deputy J.M. Charles, from School for Feebleminded, Faribault. in fair physical condition, with the following history No consanguinity, heredity nor intemperance noted in patient nor in parents: Patient has had epileptic convulsions since 13yrs of age followed gradually by mental derangement; was taken to school for Feeble minded on September 4/1899 when he had since been, delusions have been noticed for over a year: Derangement seems increasing: So variable: Patient has a series of convulsions every 2-3 weeks, generally 1 in a month, delusions are increasing gradually & at times he exhibits acute mania: religious delusions are constant all acts good or bad are controlled by God & if God requires any act of him it is his religious duty to do it. Not disposed to filthy nor destructive habits. Peculiarities not manifested before convulsions; the manifestations are coordinate with the epileptic convulsions: No restraint employed beyond isolation. Has received Bromide treatment & manual training.

On personal examination are conversation results in his returning to his religious state; his general appearance & expression & his answers to questions demonstrate that his mind is unbalanced.

On admission put on B3 E. (Gen. N. Rpt. Complexion light. Hair light. eyes blue: Skin in good condition. Vac. mark on left arm & several small white spots on abdomen: A few pimples on shoulders. Five teeth gone from upper & two from lower jaw. Left front teeth bad. Behavior good: Exam. by Ed. Allen & J. Harris)

Feb 23 Received on B3. Given bath. Is rather stubborn & dull: speech drawling. Had "Epileptic Spell"; 26 through night: memory much impaired and was much confused, after "spell" Feb 26. very pugnacious. had to be kept: frequent unconsciousness. Mar 8. Attacked night-nurse. w/ convulsion, fell out of bed. 14 Had 4 convulsions. April 6. Wt 152#. May 11. 5 Convulsions during day. May 14. Pugnacious. May 15/16 and had trouble, through night. May 15. Transferred to C. July 10. Was pugnacious in the July 10/31 dining-room July 31 through remark, patient had several spells both by day and night. — Aug 1 1902 152#. Jany 9/1901. 3 teeth extracted: Jan 15. Has been in bed, several days — Slight fever — Jan 15 apparently severe cold — Jan 31 — Mental condition is variable: at times, talks quite rationally, and is well-behaved & works well: has severe epileptic convulsions, at intervals; and, at such times, becomes confused, troublesome & pugnacious — When free from "Spells" for a few days, thinks he is entirely well & wants to be released. Physical condition quite good. Eats and sleeps well — Feby 5. Wt 160#. Mar 7. Labored. T 102. (apparently severe cold) — Mar 7/8 given powders every hour. Mar 8. T 100 7/10. Is improving — Mar 12. T. Normal: feels well & 13 Kept feels dizzy when standing. Mar 13. Up & dressed. May 2. Wt 164#. May 6. Complains May 6 of pain, following severe convulsion: is much confused: (Kept in bed for several days) — June 11/16 Eloped, while outside: was Returned, same day. June 12. To IW. Complains of lame back, following July 2/31 convulsion; also slight fever: given Cathartics. July 7. 206! Is in usual condition. July 31. very

Personal and Medical History of Victor E. S. Teien

1901 Contd

July 31 little change, in general condition: has very frequent epileptic convulsions; & many of them very severe: after which he is very confused & ill tempered & frequently violent & pugnacious: says that the Lord tells him "to do things" — Does a little work at times. Receives regular bromide treatment. Aug 2 1901 Wt 158#. Nov 2 Wt 156#. Jany 31/02. Mental condition variable, but no change in general. Jan 31 1902 has frequent convulsions, after which he becomes confused, irrational & ugly: frequently complains of rheumatic pain, Stiffness of joints: appetite good: bowels and urine regular. attends amusements: works some on ward.

Feb 1/02 Wt. 151#. July 1/02 Transferred to B. Aug 1/02 Wt. 144#.

1903 Jan 31 No material change; has had frequent severe convulsions; tho' under continuous treatment of Bromides; very excitable; frequently pugnacious. Delusions of a religious trend; also regarding his own identity and importance. Works some on ward; habits and appearance quite tidy.

Personal and Medical History of John Doe.

Whole No. 5517

Residence, St. Paul. Minn.

Date Admission, February 27' 1900.

Admitted by Dr. E.G. Warnow. hour, 7 P.M.

How Sent, Ex. Bazille & of R. Ramsey Co.

Sex, male Age, 26 yrs.

Civil Condition, married.

Children, one.

Age Youngest Child, —

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Episcopal.

Habits, Intemperate ?

Nativity, Newyork. (Father N.Y. Mother ?)

Physicians Committing, A. MacDonald & H. Macnamara

Correspondents, P.P. Harshenbergh & Co. 235 E. 8th St. St. Paul, Minn. (employers)

No. of Year, 147.

Insane Relatives, Unknown.

Cause Exciting, "religion"

Cause Predisposing, Previous attack.

Form, Simple Mania

Accompanying Bodily Disorder, Unknown.

Suicidal or not, not.

Date of this Attack, Feb. 24' 1900.

Duration, 3 days.

No. of Attack, 2nd

No. of Admission, 1st. at Bloomingdale 8 mon. 8 yrs. ago.

Age First Attack, 18 yrs.

Time of Leaving, July 16. 1900

Time in Hospital, 4 m. 19 d.

Result, Disc. Nov. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Warnow. Date of

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Fairly good.
Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, Fair.
Special Subjects,
Own Mental State, Says he is rash in statements.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Believes himself a public benefactor. Says he has studied Nature a long while. Religiously inclined.

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, dead.

Paternal Relatives, No history obtainable.

Mother, living

Maternal Relatives, No insanity.

Brothers and Sisters, Well.
1 child.

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

HABITS, Drinking and Smoking, Has been a hard drinker.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, Clerk.

Detail Date, Duration, and Character of Previous Attack, if any,
In Bloomingdale asylum 9 mos. in 1891.

Sleep, Appetite, and Bowels, Fair

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 3½ PRESENT WEIGHT, 111 lbs USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, None noted - Skin clear - good -

TONGUE, Coatings or Promptness of Movement, No coating responds readily

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, do Grasp,

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

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Talks rapidly - articulation normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Very strong Size, N.
Apex Beat, No Regularity, irritable - rapid -

ARTERIES, full -
fuller bounding

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

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 appears much exalted & in very talkative. Fairly well developed mentally. Has been a hard student. Speech fluent & coherent. No delusions obtainable - Tries to be logical & says people have a right to confine him for his rash statements - Says his previous attack came on after Pneumonia, at this time he had delusions of transformation, does not believe them now. Physically well nourished & in good condition.

Personal and Medical History of *John Doru.*

1900

This patient was brought here by sheriff's deputy Hanson, attended by Ed. Hunter in fair physical condition with the following history: No consanguinity nothing known concerning heredity: Patient intemperate at times: First symptoms of insanity manifested eight years ago, when patient was at Bloomingdale hospital for eight months: First symptoms of present attack manifested last Saturday (Feb. 24.) disease appears increasing: Is variable: seems to be fairly rational outside of religious questions Not disposed to injure anyone: No filthy nor destructive habits noted: Nervous peculiarities; religious impressions: No severe diseases nor injuries to head: Has received no treatment since leaving Bloomingdale 8 yrs. ago. No further facts noted on personal examination. On admission but upon B 3 E (Sgt. F.H.H. Cpt Complexion light: hair brown: eyes blue: skin dirty: Vac. scar on left arm: One tooth gone from upper + one from lower jaw: Behavior good: Exam. by J.R. Spillane + E.W. Allen)

7/27/1900

Feb 27 Received on B 3. Patient is exalted + incoherent: says he is a philosopher: sings a great deal.

Mar 1 Nothing special to note in patient's condition. Mar 12. Remains about the same. Mar 31. Quiet and well-behaved: works on ward: is agreeable. Is quite normal. June 13. Mentions no peculiar ideas.

June 13

July 3/16 Transferred to A 2 July 16. Patient sent home — recovered.

Discharged

Personal and Medical History of

Personal and Medical History of Harry E. Wertz.

Whole No. 5518	No. for Year, 148
Residence, Dodge Center, Minn.	Insane Relatives, None,
Date Admission, February 28' 1900.	Cause Exciting, Syphilitic Gumata of Brain.
Admitted by Dr. E. J. Wanous. hour, 4 P.M.	Cause Predisposing, unknown,
How Sent, J. J. Hunt S. of P. Dodge Co.	Form, Paresis
Sex, male Age, 32 yrs.	Accompanying Bodily Disorder, Syphilitic Gumata of Brain.
Civil Condition, married.	Suicidal or not, Not.
Children, 2 children.	Date of this Attack, 11 mos. ago.
Age Youngest Child, —	Duration, 11 mos.
Occupation, Railway Postal Clerk.	No. of Attack, 1st
Degree Education, One year in University.	No. of Admission, 1st
Profession, Religion, Not a church member.	Age First Attack, 31 yrs,
Habits, Not intemperate.	Time of Leaving, Mar. 8. 1900
Nativity, Illinois (Parents born in U.S.)	Time in Hospital, 8 da.
Physicians Committing, S. M. Ranson + J. A. Garver.	Result, Died. Gen. Paresis
Correspondents, L. J. Fulton Dodge Center, Minn.	
Geo. E. Wertz. Nicollet Hotel, Minneapolis, Minn.	

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Cannot remember.
Recent Events, — Special Subjects, do.

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
of grandeur. - hardly systematized.

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, 11 mo.

ONSET, Gradual or Sudden, Gradual.

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

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

HABITS, Drinking and Smoking, Has been an intemperate man.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, R.R. mail clerk.

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

Sleep, Appetite, and Bowels, very irregular.

Speech of Mrtz

1

My dear Sir, behind, you found, that, but short go any, first four times, Basal Cau[illegible] Cause behind, hand Stud[illegible] John Sur; Jaw trumpet, Jaw no subdiss, Dry Cup his is less Caus too small, Gen. tumor any thoracic Mrs Tumor, Change for bury Made, Ryan Dolle Met- [illegible] [illegible] South only [illegible]

OFFICE HOURS: 9 TO 12 A. M. 2 TO 5 AND 7 TO 8:30 P. M. SUNDAYS: 10 TO 12 A. M. ONLY

CHARACTERISTICS.

LIS, MINN., Feb 27th 1900

RITION, fairly good.

ough.

neurs,

t-clinic, months since responses slow.
e has since that-time
time suffering from
s the base of the brain

abration is in propo-
motions & pressure.
e has true gaitly
st-at-no time
any tendency to
r that-of others
people of caring for
think it-would be
& place time in
tion & place time in
duct Company with others who are well & bred
ing. as I fear his unstrung mental condition
would suffer greatly as a result- but might- be
benefited more be kept-in partial restraint-and
at-work. I have him giving him the Iodides
mercury. both locally & internally, with argyrite
Nitrate.

Truly
J. Cummings M.D.

UREMENTS.

arance,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Haemoglobin,
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 gives history of Syphilis trouble. Is very demented + incoherent in speech. Cannot utter complete sentences. Spends most of time in making a noise of some kind. Appears frightened if approached. Is very fearful of harm. Physically fairly well nourished + in good condition. Case has been diagnosed as probably one of beginning paresis.

Personal and Medical History of Harry

Whole No. 5518

Residence, Dodge Center, Minn.

Date Admission, February 28th 1900.

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

How Sent, J. J. Hunt Jr. of P. Dodge Co.

Sex, male Age, 32 yrs.

Civil Condition, married.

Children, 2 children.

Age Youngest Child, —

Occupation, Railway Postal clerk.

Degree Education, One year in University.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, Illinois (Parents born in U. S.)

Physicians Committing, S. M. Ranson + J. A. Garner.

Correspondents, L. J. Fulton Dodge Center, Minn.

Geo. C. Harty, Nicollet Hotel, Minneapolis, Minn.

No. for Year, 148

Insane Relatives, None.

Cause Exciting, Syphilitic Gummata of Brain.

Cause Predisposing, unknown.

Form, Paresis

Accompanying Bodily Disorder, Syphilitic Gummata of Brain.

Suicidal or not, Not.

Date of this Attack, 11 mos. ago.

Duration, 11 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, Mar. 8. 1900

Time in Hospital, 8 da.

Result, Died Gen. Paresis

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

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

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

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

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

DELUSIONS, Systematized, Transitory, Special Subjects,
of grandeur. - hardly systematized.

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, 11 mos.

ONSET, Gradual or Sudden, gradual.

HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
No history of insanity.
Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,
2 children well.

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

HABITS, Drinking and Smoking, Has been an intemperate man.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, R.R. mail clerk.

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

Sleep, Appetite, and Bowels, very irregular.

OFFICE HOURS: 9 TO 12 A.M. 2 TO 5 AND 7 TO 8:30 P.M. SUNDAYS: 10 TO 12 A.M. ONLY

MMINGS,

MINNEAPOLIS, MINN., Feb 27th 1900

To Those to whom it may Concern.

It is now about eleven months since I first saw Harry Hartz and he has since that time been under my care. I found him suffering from Syphilitic Gummata situated at the base of the brain and as a result his mental aberration is in proportion to the amount of formation & pressure. At times his mental condition has been quite deranged, and exaggerated. yet at no time has he been violent or shown any tendency to destroy the life of himself or that of others yet at times he was not capable of caring for himself or any one else. I think it would be doing him a very great injustice to place him in duress company with others who are violent & brutalizing, as I fear his unsound mental condition would suffer greatly as a result. but might be benefited were he kept in partial restraint and at work. I have been giving him the Bromides Nursery, both locally & internally, with appropriate Nitrate.

Truly
J. Cummings M.D.

PHYSICAL CHARACTERISTICS.

RITION, fairly good.
ough.
esponses slow.

UREMENTS.

l,

earance,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Haemoglobin,

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 gives history of specific trouble. Is very demented + incoherent in speech. Cannot utter complete sentence. Spends most of time in making a noise of some kind. Appears frightened if approached. Is very feeble. Physically fairly well nourished + in good condition. Case has been diagnosed as probably one of beginning paresis.

F

Whol

Reside

Date Ac

Admitted

How Sent,

Sex,

Civil Conditio

Children,

Age Youngest C

Occupation, Railway

Degree Education, [illegible] rate.

Profession, Religion, Church member.

Habits, Not intemperate.

Nativity, Illinois (Parents born in U. S.)

Physicians Committing, S. M. Ranson + L. A. Garner.

Correspondents, L. J. Fulton Lodge Center, Minn.

Geo. C. Perry, Nicollet Hotel, Minneapolis, Minn.

[illegible] Brand.

[illegible] nos. ago.

Duration, 11 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 31 yrs.

Time of Leaving, Mar. 8. 1900

Time in Hospital, 8 da.

Result, Died Gen. Paresis

EXAMINATION ON ADMISSION BY DR. Ranson *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Confused.

MEMORY, Past Events, Cannot remember.

Recent Events, Special Subjects, do.

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

somewhat Exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,

of grandeur. - hardly systematized.

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, 11 mos.

ONSET, Gradual or Sudden, Gradual.

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

Father, No history of insanity.

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

2 children well.

Syphilis

HABITS, Drinking and Smoking, Has been an intemperate man

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, R.R. mail clerk.

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

Several.

Sleep, Appetite, and Bowels, very irregular.

al and Medical History of

PHYSICAL CHARACTERISTICS.

EIGHT, 5 ft 6½ PRESENT WEIGHT, 141½ USUAL WEIGHT, NUTRITION, fairly good.

WOUNDS, Abnormalities and condition of Skin, none noted. Skin sluggish + bronzed.

TONGUE, Coatings or Promptness of Movement, No coating - responds hesitatingly.

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

SIGHT, Only fair.

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

HEARING, good.

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

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands + tongue.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, N.

Apex Beat, N Regularity, Quite steady

ARTERIES,

Compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical
Expansion good.
B. 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, 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 history of specific trouble. Is very demented + incoherent in speech. Cannot utter complete sentences. Spends most of time in making a noise of some kind. Appears frightened if approached. Is very fearful of harm. Physically fairly well nourished + in good condition. Case has been diagnosed as probably one of beginning paresis.

Personal and Medical History of Harry E. Wertz.

1900.

This patient was brought here by sheriff Joel L. Tucker attended by L. J. Fulton in good physical condition, with the following history: No consanguinity nor heredity: First symptoms of insanity manifested eleven months ago by moroseness of disposition & periods of excitement. Disease is variable, appears increasing: Patient fears violence & is suspicious: Not disposed to injure anyone: No filthy nor destructive habits: Was very irritable before accession of disease: No history of intemperance in patient nor parents: No severe diseases nor injuries to head sustained. Has been in Asbury, Goodales & Russells Sanitarium in Minneapolis - aggregating 6 weeks. & has received specific treatment - see letter attached. 2/23/1900 On personal examination shows a beginning paresis. On admission put upon Infirmary Ward. Phys. Rpt. Complexion light: Hair brown: eyes gray: Skin in good condition: Red marks on back: So clean: Two teeth gone from lower jaw rest in fair condition: Behavior good: Exam by P.R. Spellacy & Luther Dow.

Feb 28 Patient received on NW: So exalted; very unsteady; incoordinate; cannot control movements. Mar 2. Was restless & noisy, all day: refused nourishment. Mar 3. Required catheterization. Mar 4. Visited by friends: Catheterized again. Mar 6. Restless & noisy through night. Mar 7. Patient showed signs of failure. Mar 8. Continues to fail and Died at 5¼ am.

Died.

Personal and Medical History of

Personal and Medical History of Henry C. Schneider.

Whole No. 5519
Residence, South St. Paul, Minn.
Date Admission, March 5 1900
Admitted by Dr. C. L. Chapple hour, 7 P.M.
How Sent, J.P. Moran Jap P Dakota Co.
Sex, male Age, 23.
Civil Condition, single
Children, –
Age Youngest Child, –
Occupation, Printer.
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Minn. (Father Ohio - Mother Germany)
Physicians Committing, Dr Van Cappellen & J.C. Fitch.
Correspondents, Mrs. Schneider So. St. Paul, Minn. Removed

No. of Year, 149.
Insane Relatives, None,
Cause Exciting, unknown.
Cause Predisposing,
Form, Adolescent Insanity
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, not.
Date of this Attack, 6 Mos ago.
Duration, 6 Mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23 yrs.
Time of Leaving, June 17. 1900
Time in Hospital, 3 mo. 12 d.
Result, Discharged Nov. 6. 1900

EXAMINATION ON ADMISSION BY DR. Wanous. *Date of* Tuesday 6/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear.
MEMORY, Past Events, Quite good.
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Reasons regarding
Special Subjects, delusions.
Own Mental State,
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Somewhat depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
regarding his recent affairs - electricity & being drugged.
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, 6 mo.
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, 1 Bro. abnormal.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Gonorrhoea
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, printer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, No.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Fairly nourished.
WOUNDS, Abnormalities and condition of Skin, Comino on back & chest.
TONGUE, Coatings or Promptness of Movement, Coated - breath foul - movement sluggish.
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, Marked of hands & tongue.
PATELLAR REFLEX, Sluggish Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, Normal.
HEART, No Murmurs, Strength, Sounds, Weak Size, N.
Apex Beat, Regularity,
Rapid - irritable.
ARTERIES,
Easily compressible.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expans - good.
B. 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,
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 discontented & restless. Conversation rambling & worried. Says he will not harm anyone. Says girl left him because he had been drinking, but he thinks she wants to marry another man - Says he hears the voices of St. Paul officers communicating with him now. Physically well nourished & in fair condition.

Personal and Medical History of Henry C. Schneider.

1900

This patient was brought here by Deputy Sheriff J.J. McCormick attended by Mother, in fair physical condition with the following history: No history of consanguinity nor of heredity: First symptoms of insanity manifested six weeks ago, came back after three days absence claiming he had been drugged: Disease appears stationary: Not variable: Derangement now manifested by disappointment in love affairs: Not disposed to injure anyone: No filthy nor destructive habits manifested: No peculiarities previously manifested: No severe diseases nor injuries to head: Has been kept at home. On personal examination is nervous, irritable, always talking of fact that he was drugged, wants to marry the girl to whom he was engaged.

3/5/1900 On admission put upon B3 C (Gen. M. Ept. Complexion dark: hair & eyes brown: Moles on left arm, on back & on stomach, Scar on left knee: Is clean: Front tooth upper jaw false, rest in good condition. Behavior good: Exam. by D. Howe & W. Collins.

Note History as given by Brother. First symptoms noted six weeks ago. Always at home, worked steadily: Engaged to a girl seven years, engagement broken two months ago. Brother thinks this the chief cause: Drank some after this but not to excess, intoxicated once that his Mother saw. Was gone for three days, went away Saturday morning with a weeks wages & got home Tuesday, with a wild look & said he was going to take his father's place as some one said his father was dead. Said he was drugged in a saloon called the "Loop" Cedar & 8th St St. Paul. He worked right across the street from this place. Remembered that he had been there & asked for a room & the proprietor of the Loop took him to a Hotel, that a woman came & gave him some drugs but dont remember any more till he came home. Always considered him normal, jolly & a nice boy. Brother of 8 has infantile paralysis, used to complain of his eyes. Never sick, was a healthy baby. During last six weeks at times quiet then again threatening imaginary enemies, wild & excited heard voices around house & in his room calling him names. The girl was crying & being abused. Thought electricity was working in him. Imagined two doctors in his room. Mother thinks him badly frightened —

Mar 5 Received in B3. Expresses "delusions of persecution". "Thinks his mother is in the building" —

15/16 Does not fully realize his surroundings. March 17. Sits in one place most of time. March 14. Seems same

18 brighter: associates with other patients. March 18. Nothing special to report, further. April 6. Wt 150 #

June 4 P.M. Seems quite normal. June 4/1900. Wt 162#. Patient is rational and agreeable. ——

16 Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Charles E. Knighton.

Whole No. 5520

Residence, Pennsylvania.

Date Admission, March 7th 1900.

Admitted by Dr. C.L. Chapple hour, 7 P.M.

How Sent, E.W. Bayliss & of P. Ramsey Co.

Sex, male Age, 30 yrs.

Civil Condition, single.

Children, ——

Age Youngest Child, ——

Occupation, Soldier (discharged)

Degree Education, high-school.

Profession, Religion, Not a church member.

Habits, Intemperate.

Nativity, Pennsylvania - (Parents also from there)

Physicians Committing, A.R. Minick & H.W. Davis.

Correspondents,

No. of Year, 150.

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, Mch. 4th 1900. so far as known.

Duration, 3 days.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 30 yrs.

Time of Leaving, Mar. 27. 1900

Time in Hospital, 20 d.

Result, Discharged Apr. 30. 1900
Recovered

K. pw

EXAMINATION ON ADMISSION BY DR. Manous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, Remembers nothing since sick. 3-4 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,
Normal.

DELUSIONS, Not Systematized, Transitory, Special Subjects,

Somewhat dazed from former condition.

HALLUCINATIONS, Had them.

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, Mch. 4 1900

ONSET, Gradual or Sudden, Sudden.

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

Father, dead

Paternal Relatives,

Mother, living

Maternal Relatives,

Brothers and Sisters, all well.

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

Overcome with heat several times in Philippines.

HABITS, Drinking and Smoking, Excessive drinker

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Soldier.

Detail Date, Duration, and Character of Previous Attack, if any,
None known.

Sleep, Appetite, and Bowels,
Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 10 PRESENT WEIGHT, 153 USUAL WEIGHT, NUTRITION, Emaciated

WOUNDS, Abnormalities and condition of Skin, Shot in left biceps near elbow, in battle. Skin bronzed - sluggish -

TONGUE, Coatings or Promptness of Movement, Coated - dry.

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, Normal Legs, normal. Grasp,

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

PATELLAR REFLEX, delayed. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, Irritable

ARTERIES,

Full - Compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion good.
B. sounds Vesicular

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

Albumen, Sugar,

Casts and Crystals,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Disturbed

BOWELS, Present Condition, 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 gives history of having been on a protracted spree - also of having some trouble on train in regard to baggage. On arriving in St. Paul he was deranged - Says mind is a complete blank from time he left San Francisco until arrival in St Paul - From history given by patient would conclude that he had been on a protracted drunk which developed into delirium.

Personal and Medical History of Charles E. Knighton.

1900.

This patient was brought here by sheriffs deputies Hanson & Phillips, in fair physical condition, with the following history: No history of consanguinity or heredity. Patient intemperate: First symptoms of insanity manifested Mch. 4 1900, so far as known, by irrational talk: Disease appears increasing: Now manifested by delusions of wealth & of crime committed: Not disposed to injure anyone: Habits filthy & destructive: Nothing known concerning previous peculiarities: Has been subject to no severe diseases & has had no injuries to head: Has been confined in jail four days:
On personal examination no further facts noted:
On admission put upon B[3] E. (Gen. Rpt) Complexion dark: hair & eyes brown: skin dirty: 2 small scars caused by gunshot wound on left upper arm: Both hands scratched & bruised: One tooth gone from upper & one from lower jaw: Behavior good:
Exam. by J.R. Spillane & E.W. Allen.)

Mar 7/[8] Received as B[3]. Patient is confused & very nervous: responds hesitatingly: Mar 8. Responds quite readily: Is
1[4]/[3] confused about recent events. Mar 12. Reads: is still confused. Mar 20. Patient had been on protracted
27 "Spree", during past 2 weeks & has been "clearing up": Mar 27 Taken out by Agent Gates. —

Discharged

Personal and Medical History of

Personal and Medical History of Joseph McKnight.

Whole No. 5521

Residence, LeRoy, Minn.
Became resident of State + Co., in 1865.

Date Admission, Mch. 8, 1900.

Admitted by Dr A. J. Kilbourne hour, 7 PM.

How Sent, S. S. Washburn Supt. Mower Co.

Sex, male Age, 63

Civil Condition, married

Children, five

Age Youngest Child, ——

Occupation, Attorney at law.

Degree Education, Good. —

Profession, Religion, Baptist.

Habits, Not intemperate.

Nativity, Wis. (Parents born in Tennessee)

Physicians Committing, A. E. Hunkin + M. J. Hart

Correspondents, Mrs Jos. McKnight, LeRoy, Minn.

No. for Year, 151

Insane Relatives, None.

Cause Exciting, —

Cause Predisposing, Previous attack.

Form, Chr. mania.

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, Mch. 6' 1900.

Duration, 2 days.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 58 yrs.

Time of Leaving, September 6th 1901

Time in Hospital, 1 yrs. 5 mos 29 Ds

Result, Recovered. Discharged Nov 30/1901

EXAMINATION ON ADMISSION BY DR. Wanous Date of

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good
Recent Events, somewhat imp. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State, exalted.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
regarding religion.

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, Mch. 6' 1900.

ONSET, Gradual or Sudden, Sudden

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

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fracture of right ribs.

HABITS, Drinking and Smoking, drank to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, lawyer

Detail Date, Duration, and Character of Previous Attack, if any,
1895. see former history.

Sleep, Appetite, and Bowels,
Irregular.

5521

M Joseph McKnight

Copy of Order for Hearing Petition of E. S. McKnight for appointment of Eli S McKnight as guardian for Joseph Mc Knight insane; served and service admitted Mch - 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, Well-Nourished

reddish.

. sig normal. responses slow.

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

HEARING,

COORDINATION, Arms, imp. Legs, imp. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands + tongue.

PATELLAR REFLEX, sluggish. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity, regular.

ARTERIES,
Compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion good.
B. 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, 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 somewhat exalted, noisy + talkative. Has delusions of superhuman power, believes he travels "from planet to planet controlling earth, winds etc," has power to raise the dead + can fly in the air. + other similar ideas which he talks about continually. Physically well nourished, has a deformed ear from hematoma developed when here before. also slight depression caused perhaps by a costal injury.

Personal and Medical History of Joseph McKnight.

Whole No. 5521

Residence, LeRoy, Minn.
Became resident of State Feb. 8, in 1865.
Date Admission, Mch. 8, 1900.

Admitted by Dr A. F. Kilbourne hour, 7 PM.

How Sent, S. S. Washburn Jail, Mower Co.

Sex, male Age, 63

Civil Condition, married.

Children, five

Age Youngest Child, ——

Occupation, Attorney at Law.

Degree Education, Good. —

Profession, Religion, Baptist.

Habits, Not intemperate.

Nativity, Wis. (Parents born in Tennessee)

Physicians Committing, A. E. Huntin & Dr. J. Hart

Correspondents, Mrs Jos. McKnight, LeRoy, Minn.

No. of Year, 151

Insane Relatives, None.

Cause Exciting, ——

Cause Predisposing, Previous attack.

Form, Chr. mania.

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, Mch. 6, 1900.

Duration, 2 days.

No. of Attack, 2nd

No. of Admission, 2nd

Age First Attack, 58 yrs.

Time of Leaving, September 6th 1901

Time in Hospital, 1 Yrs. 5 Mos. 29 Ds

Result, Recovered. Discharged Nov 30/1901

EXAMINATION ON ADMISSION BY DR. Manning *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good
Recent Events, somewhat Imp. Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair
Special Subjects,
Own Mental State, exalted.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Regarding religion.

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, Mch. 6, 1900.

ONSET, Gradual or Sudden, Sudden

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

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Fracture of right ribs.

HABITS, Drinking and Smoking, drank to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, lawyer

Detail Date, Duration, and Character of Previous Attack, if any,
1895. see former history.

Sleep, Appetite, and Bowels,
Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 19/ PRESENT WEIGHT, 6 ft. USUAL WEIGHT, NUTRITION, Well-nourished

WOUNDS, Abnormalities and condition of Skin, Skin clear - reddish.

TONGUE, Coatings or Promptness of Movement, Coated

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

SIGHT, impaired.

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

HEARING,

COORDINATION, Arms, imp. Legs, imp. Grasp,

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

PATELLAR REFLEX, sluggish. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

ARTERIES,
Compressible.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion good.
B. Sounds Tracheal

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, 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 somewhat exalted, noisy & talkative. Has delusions of superhuman power, believes he travels "from planet to planet controlling earth, winds etc." has power to raise the dead & can fly in the air. & other similar ideas which he talks about continually. Physically well nourished, has a deformed ear from hematoma developed when here before. also slight depression caused perhaps by a costal injury.

Personal and Medical History of Joseph McKnight.

1900

This patient was brought here by Sheriff H. Johnson attended by H. F. Hermes, in good physical condition, with the following history: No information concerning consanguinity; no history of lunacity nor intemperance in patient nor parents. First attack of insanity occurred in 1894 when patient was confined in this (Rochester) hospital from Jan 3'95 to Mch 9'96 (See Vol 29 Folio 213 No. 3960.) First symptoms of present attack were manifested Mch. 6'1900. Is a funnel around the corpse to arise. Claims to have power to restore life. Disease appears increasing. Is variable. Derangement now manifested on religious subjects. Claims to have power to restore health & life. Is disposed to injure others. No filthy nor destructive habits noted. Religious before accession of disease. No severe diseases nor injuries to head. Has not been confined nor restrained in any way & has received no treatment since leaving Rochester Hospital. On personal examination claims supernatural power. On admission put upon B³ E (Gitn Rpt. Complexion fair; hair gray, part bald; eyes blue; skin in good condition. Right ear shrivelled, small red mark on right temple. Scars on inside of L. ankle. 2 on R.

Mar 8 Received on B³. Patient much disturbed; talks incessantly; has delusions and hallucinations - 10 says "the world is an electrical body and he is the centre magnet of the Universe". Mar 10. Restless 20/25 and violent during night; threatened to kill others. Mar 20 Patient Continues maniacal. Mar 25. Had 26 trouble with patient Lien, who struck him in face, causing slight discoloration. Mar 26. In trouble with patient Butow; knocked him down & kicked him; no bruises noted. Is destructive to clothing. May 7 Conceals everything obtainable in his clothing; Ears and neck sore from picking himself. — June 6 Several self-inflicted scratches on face. July 30. Bad spells, very maniacal and violent. — Aug 2, 7/31 190#. Visited by friends. Aug 29 & 31. Visited by friends — Aug 31. During month, has been very incoherent in speech; delusive; talks to himself. Is abusive & pugnacious, at times. Conceals rubbish in his clothes; is very mischievous; very untidy, & at times, filthy; works some on ward. Oct 13 Oct 13. Concealed a large stone on person. Said "he was going to kill the nurses 31 and get away." Oct 31. Very little change; Still troublesome, pugnacious and delusional Nov 4 habits dirty; still collects rubbish &c. Nov 4/1901. Transferred to B³ (from C'). — Dec 10. — Dec 10/13 Patients Condition good, both mentally & physically; works on ward. Dec 13. Transferred to A'. 1901 Jan 10/25 Transferred to A'. Jan 25. Patient is agreeable; works on ward; Spends time reading news - 31 -papers — Jan 31. Still continues to improve. Feb 10. Is agreeable; well-behaved. Feb 10/28 talks & acts rationally. Feb 28. Visited by friends. Mar 4. Transferred to A³. — Mar 30 No special change to report. Is much improved. Aug 10. Patient has become Aug 10 quiet, well-behaved & neat; no delusions now noted. ———

Sep 7 (a) Patient was sent home. ———

Discharged

Personal and Medical History of

Personal and Medical History of Arnt Collins or Collinson

Whole No. 5522
Residence, Lake City
Date Admission, March 9th, 1900.
Admitted by Dr. C. L. Chapple hour,
How Sent, Malcolm Kennedy, J. & C. Wabasha Co.
Sex, Male Age, 19
Civil Condition, Single
Children, —
Age Youngest Child, —
Occupation, Laborer
Degree Education, Common School
Profession, Religion, Swedish Lutheran
Habits, Occasionally drinks to excess.
Nativity, Lake City, Minn. Parents, Sweden.
Physicians Committing, C. B. C. Bagley + J. C. Adams
Correspondents, A. M. Collinson (Father) Lake City, Minn.

No. of Year, 1521
Insane Relatives, None
Cause Exciting, Probably congenital.
Cause Predisposing,
Form, Periodical Insanity
Accompanying Bodily Disorder,
Suicidal or not, Not.
Date of this Attack, About Feb. 15th.
Duration,
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 19
Time of Leaving, July 6. 1900
Time in Hospital, 3 m. 29 d.
Result, Disc. Nov. 7. 1900 Improved

EXAMINATION ON ADMISSION BY DR. Mawson *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Confused.
MEMORY, Past Events, Poor
Recent Events, " Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Alert. Correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State, Does not appreciate it.
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).
No history of insanity.
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Has lost considerably in weight recently.
HABITS, Drinking and Smoking, Yes
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,
Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft. PRESENT WEIGHT, 149 lbs. USUAL WEIGHT, NUTRITION, Poorly nourished.
WOUNDS, Abnormalities and condition of Skin, Complains of rectal bleeding. Skin anaemic.
TONGUE, Coatings or Promptness of Movement, Coated.
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, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, None noted.
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, Regularity, Irritable
ARTERIES,
Flabby - pulse weak.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion poor.
B. Normal Vesicular.
EXAMINATION URINE, Quantity, Sp. g. Reaction,
Albumen, Sugar,
Casts and Crystals,

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

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

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient seems somewhat confused & answers questions. Has been worrying regarding his condition - says he refused the treatment given him for the haemorrhage as it did no good. Physically he is poorly nourished, anaemic + apparently very delicate, chest flattened + elongated. Condition caused by worry

Personal and Medical History of Fred Collins or Collum

1900

This patient was brought here by Constable J. J. Foley attended by Ocean Waterman in fair physical condition with the following history. No history of heredity, consanguinity or intemperance in patients or self, except that during past two years patient has occasionally drank to excess. This is first attack. First symptoms manifested about Dec. 15th by moroseness & threats of violence. Disease appears to be increasing. Variable with irregular rational intervals: Derangement now manifested by believing that he is wronged in being partially restrained. Is very irritable: No disposition to injure others, not suicidal, filthy nor destructive. Has always been irascible. No acute disease nor head injury. No systematic treatment employed. mild restraint during past week.

On Personal examination:- Irritable & idiotic expression & nervous condition. On admission put upon B3E(V.H.N. Rpt. Complexion light: hair light brown: eyes greenish brown: skin in good condition: Mole on chin: Eruption on forhead & body: Is clean One tooth gone from upper jaw: Behavior good: Exam. by Nurses Howe & Collins / Received on B3. Patient somewhat depressed.

Mar 10 Mar 10 Well behaved: is weak mentally: has rectal abscess.

Mar 22 Mar 22. Patient is quite well-behaved.

Mar 24 Mar 24. Visited by mother.

May 1 Wt 152 lbs. 072. Clean & neat in habits: well physically & mentally. Quiet & well-behaved.

July 5 Sent Home. ——

Discharged

Personal and Medical History of

Personal and Medical History of John Struckbine.

Whole No. 5524
Residence, From State Prison - Stillwater, Ramsey Co. Minn.
Date Admission, March 12' 1900.
Admitted by E. J. Waisanen hour, 7 P.M.
How Sent, F. D. Wilson J. of P. Washington Co.
Sex, male Age, 36 yrs
Civil Condition, single -
Children, —
Age Youngest Child, —
Occupation, Moulder.
Degree Education, Can read & Write.
Profession, Religion, Catholic.
Habits, Intemperate.
Nativity, Minnesota - (Parents born in Germany)
Physicians Committing, G.M. Walter - E. S. Boleyn.
Correspondents, Mr. Kate Vauchill(?) 621 Kent St. St. Paul. Minn.

No. of Year, 154.
Insane Relatives, Unknown.
Cause Exciting, "
Cause Predisposing, "
Form, ~~Paresis~~ Melancholia Ac
Accompanying Bodily Disorder, Reflexes exaggerated - pupils unevenly.
Suicidal or not, Not
Date of this Attack, About 1 yr. ago.
Duration, One year.
No. of Attack, Unknown.
No. of Admission, 1st here.
Age First Attack, 35 yrs.
Time of Leaving, September 6th 1901.
Time in Hospital, 1 yr. 5 mos 25 Ds
Result, Recovered. Discharged Nov 22/1901

See Letter from Henry Wolfer, Warden, Aug 23/1901 advising that Struckbine's sentence Expires August 12th. He has no funds to his credit, at this Institution.

EXAMINATION ON ADMISSION BY DR. Waisanen *Date of* 3/17/1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Somewhat confused.
MEMORY, Past Events, fair
Recent Events, fair Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive. Alert & dull.
REASONING POWER, Ordinary Subjects, Impaired
Special Subjects,
Own Mental State, Cannot appreciate it.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Rather indifferent & depressed.
DELUSIONS, Systematized, Transitory, Special Subjects, Regarding appliances which control his system.
HALLUCINATIONS, Of sight & 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, 14 yrs.
ONSET, Gradual or Sudden, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead
Paternal Relatives, None known.
Mother, living
Maternal Relatives, None known.
2 Brothers and ~~Sisters~~, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Masturbation
HABITS, Drinking and Smoking, Was a drinker when in St Paul.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Moulder.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, disturbed Appetite, good and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11 in. PRESENT WEIGHT, 135# USUAL WEIGHT, NUTRITION, Fairly nourished.
WOUNDS, Abnormalities and condition of Skin, Clear. Reddish eruption on scapulae.
TONGUE, Coatings or Promptness of Movement, Coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal responses normal.
SIGHT, Good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, fair
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, Somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, No Size, Size slightly enlarged - Apex beat displaced to left & downward - Irritable.
Apex Beat, Regularity,
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, 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 complains & talks continually about a "patent they are trying on him that attaches to his eyes ears & stomach" Cannot explain it but says it "looks something like light" before his eyes. While being examined smiled frequently without reason: Admitted having killed a man. Physically is well nourished - Eyes are somewhat prominent

Personal and Medical History of John Strickstine.

1900

This patient was brought here by sheriff's deputy Dr. Withrow, from State Prison, Stillwater, where he was serving a sentence of three years (commencing April. 1899.) for crime of Grand Larceny in First degree. Patient has shown symptoms of insanity for past year, has complained of voices & of persecutions: Disease appears increasing: Not variable: Derangement now manifested by delusions of persecution &c. Not disposed to injure anyone: No filthy nor destructive habits noted: No previous peculiarities noted: No severe diseases nor injuries to head: No confinement nor restraint employed. Has been given sedatives On personal examination, reflexes exaggerated; pupils unequal, slight trembling, tongue large, flabby, anaemic & coated.
On admission put upon B^3 (G.H.N. Rpt. Complexion light: eyes blue: hair light brown: skin in good condition: Scar on Nose, forehead, L. wrist, L. instep: Vac. scar on L. arm. So clean Behavior quiet: One tooth out L. lower jaw. Exam. by Nurses Collum & Hoover.)

Mar 17 Received on B^3. Given bath. Says "Prison authorities make a man insane by their treatment" has delusions of persecution, hallucinations of sight and hearing. Mar 14. Says "certain methods were practiced upon him to make him insane". Mar 25. Patient quiet & well-behaved. Apl 30. Had trouble with patient Steele & was transferred to C. June 4. Was visited by friend. July 4. Wt 148#. P 90. Struck patient Kramer, inflicting laceration over right eye. 31 also had trouble with Patient Thein. Threatened to murder nurses. July 31. Put in muffs for 1 week. Aug 7 Wt 142#. Physical condition quite good, but he complains, at times, of pain in stomach. Aug 12 Sep 26 Expectorated bile: says "it came from stomach". Sept 28. Still complains of pain & burning in Oct 31 stomach. Oct 29. Refuses medicine; "thinks it is poison". Oct 31. No change: Usually, talks very sensibly: seems to think that he is getting poison in some way: "that there is Nov 4 something the matter with him". Works well & is usually well behaved. Nov 4. Refused Dec 13 medicine. Says "it is poisoned". Dec 2. Complains of headache. Dec 3. Seems quite 1901 rational & intelligent. Transferred to B^3. Dec 13. Well-behaved. Works in Infirmary Ward. Jan 7 140#. P 84. Jan 27. Refused work in infirmary ward: says "it is not a healthy place". 27 31 No apparent change in his condition. March 31: Quiet & well-behaved: works in Mar 31 T.W. Seems in good mental & physical condition. July 19. Went out to Groveton July 19 Camp, with some other patients. July 31. Located at Camp. Sept 2. Returned Sept 2 31 6 from Camp & put on B^3. Sept 6. Was greatly benefitted by his stay at Camp & was sent home, today.

Discharged

Personal and Medical History of

Personal and Medical History of Jacob P. Lorig.

Whole No. 5576

Residence, St. Paul, Minn.
Resident of State, Mich. since 1886.

Date Admission, Mch. 13. 1900

Admitted by Dr. C. L. Chapple hour, 7 PM.

How Sent, Em. Bazille Dep. Ramsey Co.

Sex, male Age, 21.

Civil Condition, Single.

Children, None.

Age Youngest Child, —

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Roman Catholic.

Habits, Not intemperate.

Nativity, U.S. (Father U.S. Mother Belgium)

Physicians Committing, C. Leavitt & A.W. Whitney.

Correspondents, Theodore Lorig (father) 198 Charles St. St. Paul, Minn.

No. of Year, 156

Insane Relatives, None.

Cause Exciting, Probably masturbation.

Cause Predisposing, Unknown.

Form, Acute Melancholia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 7 Mos. ago.

Duration, 7 Mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 21 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired.

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor.

Special Subjects,

Own Mental State,

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

Paternal Relatives, No history of insanity

Mother, living

Maternal Relatives, No history of insanity

2 Brothers and Sisters, well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Masturbator - Hip joint trouble.

HABITS, Drinking and Smoking, drinks & smokes.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches

OCCUPATION, Healthy or not, laborer.

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 130, USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Curvature of spine; Anaemic. Eruption on face.

TONGUE, Coatings or Promptness of Movement, Coated.

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

SIGHT, Good.

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, tongue & facial muscles.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow; Normal. slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, Irritable.

ARTERIES,
Compressible. pulse weak.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion poor.
B. Sounds Normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, disturbed.

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 Rises Roundhat confused, depressed & preoccupied. Says he has not been treated right at house. Has been practising masturbation which has caused his condition. Has a hip joint trouble, is much stooped & has a natural curvature of lumbar spine.

Personal and Medical History of Jacob P. Long.

1900.

1/ This patient was brought here by Deputy Sheriff Hanson attended by Theodore Long in fair physical condition. With the following history:- No consanguinity, heredity nor intemperance in patient nor parents known. First symptoms of insanity manifested about seven months ago, by melancholia, insomnia, etc. Disease appears increasing: Not tractable. Derangement now manifested by delusions, tendency to secrete articles about the house; insomnia, moroseness. Is hard to control: Not disposed to injure anyone: No filthy nor destructive habits noted; is not inclined to hurt anyone: No peculiarities previously manifested: No severe diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination

3/13/1900 On admission put upon B3 E/ G.H.R. Rpt. Hair light brown: eyes blue: Is clean: Curvature of spine & hip joint, is crippled causing shortening of leg: Left foot shorter than right.)

Mar 13 Patient received on B3. Is very confused & obtuse; untidy: was restless, through the night

14/21 Wanders about in a lost manner: Takes little nourishment. Mar 21. Transferred to T.W. —

24/30 Circumcised by Dr. Mar 24. Is very nervous & restless & removes bandages. Mar 30. Got up

Apl 3 and dressed. Put in "Bay". Apl 3. Given cold-Shower. May 13. Transferred to B1. —

May 13/23 May 23. Again transferred to T.W. for bar treatment. July 17. Vaccinated successfully. —

July 31 Nothing special to note regarding condition, at this date. Augs. Upon ward: appetite good —

Augs/Oct 1/21 146# - Aug 7. Transferred to B2. Improving: talks freely: walks on ward. Oct 1. Has been very

Oct 1/21 Confused & troublesome of late: Scratches window-sills; floods closets &c, is quite noisy. Oct 31. Talks

to himself a great deal: tries to run away from crowd & becomes pugnacious when brought back —

Nov 1 175# - Jany 31/1901 - But little change since last note: somewhat demented, confused; habits

1901 Jan 31 cleanly but very slovenly in his appearance. Talks to himself: Manner & actions foolish and

childish. Is mischievous & troublesome to other patients. Does no work: health is good. —

Feby 28 Wt 155#. May 1. Wt 160#. July 24. Visited by friends. July 31. Has been in good health.

July 31 Is becoming childish & demented: does a little work, if told to do so, but takes no interest

in anything. Collects sticks & trinkets. Is mischievous & silly: not inclined to

Augs 1 Cause any trouble: habits clean, but careless. Augs. Wt. 162# Nov 1. Wt. 167#.

1901 Jan 31 Patient seems to have settled down into a mild dementia: is mischievous and

quite troublesome on ward: occasionally pugnacious. Talks very silly —

Habits cleanly. Does nothing.

Dec 1 Wt. 150#. Feb. 19 Trans. to B1. Noisy & destructive.

Dirty at the table. May 18/02 Attacked Alfred Pool, while

in bed, with large spike, gashing face badly. Trans.

to C1. Aug. 1 Wt. 152#.

1913 Jan. 31 Has become more peaceable and quiet, during last

Personal and Medical History of

few months: works quite well on ward; habits tidy

Still has trouble with other patients; habits tidy;

health good.

Personal and Medical History of Ole Randklev.

Whole No. 5527

Residence, Not known.

Date Admission, March 13th 1900.

Admitted by Dr. E. J. Warnow hour, 7 P.M.

How Sent, Ex. Farrington & Asst. Fillmore Co.

Sex, Male Age, 21.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, unknown

Degree Education, "

Profession, Religion, "

Habits, "

Nativity, Norway (Parents also born there)

Physicians Committing, J. H. Phelps & G. A. Love.

Correspondents,

No. of Year, 1st

Insane Relatives, Unknown

Cause Exciting,

Cause Predisposing,

Form, ~~Primary~~ Secondary Dementia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, over a mo. ago.

Duration, ?

No. of Attack, ?

No. of Admission, 1st here.

Age First Attack, ?

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Warnow. *Date of* 3/7/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Mind is blank regarding past events.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull

REASONING POWER, Ordinary Subjects,

Special Subjects, Much impaired

Own Mental State, Does not appreciate.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Cannot remember where he came from

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, Don't know.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, laborer.

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

NEW STATE CAPITOL IN COURSE OF CONSTRUCTION.

State of Minnesota
BOARD OF
CORRECTIONS AND CHARITIES.

GOV. JOHN LIND, EX-OFFICIO PRESIDENT
C. AMUNDSON, ST. PETER.
W. W. FOLWELL, MINNEAPOLIS.
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JOHN W. WILLIS, ST. PAUL.

JAS. F. JACKSON, SECRETARY | ST. PAUL
W. A. GATES, AGENT

St. Paul, Mar. 12th, 1900.

Judge E. V. Farington,
Preston, Minn.

Dear Sir:-

As nothing can be ascertained concerning the residence of Ole Randklev, it will be necessary for you to commit him to the State Hospital in case he is found to be insane.

Very truly yours,
W. A. Gates.
State Agent. B. C. & C.

...ION, well nourished

...MENTS.

ARTERIES,
Compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest Asymmetrical.
Expansion good.
B. sounds good.

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 of low mental development & his present condition is such that nothing can be ascertained from him. He replies "I don't know" to all questions. & nothing was known concerning him by the authorities committing him. Physically he is well nourished & in good physical condition.

Personal an

Whole No. 55

Residence,

Date Admission,

Admitted by Dr. E. J.

How Sent, Ex. Farrington

Sex, Male Age,

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, unknown

Degree Education, "

Profession, Religion, "

Habits, "

Nativity, Norway (Parents also born there)

Physicians Committing, J.H. Phillips & G.A. Love.

Correspondents,

N.

No. of A.

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Weavons. *Date of* 3/17/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Mind is blank regarding past events.

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Dull

REASONING POWER, Ordinary Subjects,

Special Subjects, Much impaired

Own Mental State, Does not appreciate.

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Cannot remember where he came from

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).

Not obtainable
Father,

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Don't know.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Laborer.

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 11 PRESENT WEIGHT, 161# USUAL WEIGHT, NUTRITION, Well nourished

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, slight.

PATELLAR REFLEX, Sluggish Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity,

ARTERIES,
Compressible.

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, 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 of low mental development & his present condition is such that nothing can be ascertained from him. He replies "I don't know" to all questions. & nothing was known concerning him by the authorities committing him. Physically he is well nourished & in good physical condition.

Personal and Medical History of Ole Randkeer.

1900

This patient was brought here by sheriff E. K. Blessed, in fair physical condition with the following history: Patient was arrested one month ago for vagrancy & destroying property, is demented & can give no account of himself; therefore nothing is known concerning his history: His insanity appears stationary & is not variable & is manifested by dementia. No facts obtained on personal examination. On admission put upon 3rd E. (Gen'l Rpt. Complexion dark: hair dark brown: eyes gray: Skin in good condition: Large blisters on feet: 5/14/900 So clean: No teeth missing. Behavior good: Exam. by (Nurse Blood)

Mar 13 Patient received as D3. Demented: has no memory. Answers "I dont know" to all questions — 26 No change from day to day. May 1. Wt 154#. P81. Says nothing of his past. May 6. Transferred June 10 to Annex. June 10. Commenced to work on farm. July 21 Vaccinated successfully. July 31. No July 31 change to report regarding patients Condition. Works outside on the Farm. —

Aug 1 1900 146½#. Augt. Eloped from farm: was returned by farmer, same day. Sept 10. Transferred to D2.

Oct Jan 31 Can see no change in any way. Works regularly on farm: is very quiet: rarely speaks: occasionally answers questions by "Yes a No": appearance quite neat: expression blank: stands against the wall, when in the ward, very rarely sitting down. Febya. Wt 154#. May 1. Wt 155#. July 31. No July 31 mental change apparent: works regularly on farm: never speaks: and is very quiet always, except occasionally, when he will kick at the wall & yell: (probably some delusion): usually Aug 1 stands, with his back to the wall: habits quite cleanly. Augt. Wt 148#. Nov 1. Wt 155#

Jan 31 1901 Health good: working regularly on farm: Usually very quiet, but has an occasional brief spell of excitement, when he kicks against the wall & yells.

Feb 1/02 Wt. 160#. Aug 1 Wt. 146#.

Jan. 31 1903 Little changed; has worked regularly on farm and as coal heaver; very peaceable; but occasionally has a sudden maniacal attack; yelling, kicking wall and tearing clothing; habits untidy. Never speaks; nearly always stands with back to wall.

Personal and Medical History of

Personal and Medical History of Arthur St. Pierre.

Whole No. 5531

Residence, St. Paul, Minn.

Date Admission, March 20 1900

Admitted by E. J. Ramsey M.D. hour, 7 PM.

How Sent, E.W. Bayliss & A.P.R. Ramsey Co.

Sex, male Age, 21.

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Clerk.

Degree Education, Common school.

Profession, Religion, Not a church member

Habits, Not intemperate.

Nativity, Canada, (Parents also born there)

Physicians Committing, H.R. Merrick + V. J. Hawkins

Correspondents, Narcisse St. Pierre, 429 S. Robert St. St. Paul, Minn.

No. of Year, 161.

Insane Relatives, None,

Cause Exciting, Unknown.

Cause Predisposing,

Form, Subacute Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 3 Mo ago.

Duration, 3 Mo.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 21 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Ramsey *Date of* 3/21/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, Confused on special subjects

MEMORY, Past Events, good

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, good

Special Subjects,

Own Mental State, Thinks he is all right

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

DELUSIONS, Systematized, Transitory, Special Subjects,

HALLUCINATIONS, of smell.

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, Well.

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

HABITS, Drinking and Smoking, Drinks to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Frontal.

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 8½ PRESENT WEIGHT, 141½ USUAL WEIGHT, NUTRITION, Anaemic - Sluggish

WOUNDS, Abnormalities and condition of Skin, Mammal gland suppurated causing scar on right side.
Skin sluggish + oily.

TONGUE, Coatings or Promptness of Movement, prompt - slight grayish coating.

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

SIGHT, Vision clear.

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

HEARING, Def in right ear.

COORDINATION, Arms, normal Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Small of hands + tongue.

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Regular

ARTERIES,

Compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion fair
B. 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, 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). Shows a low mental grade - has general appearance of defective regarding shape + symmetry. Memory of events seems quite clear. Is somewhat forgetful regarding recent events. Frequently contradicts his statements. Complains of everything being dirty + smelling badly. Says he is looking up concerted telescopes + microscopes which are used by people to see what is going on about them + St Paul people are turning them on him here. People are experimenting on him. Physically was in fair condition.

Personal and Medical History of Arthur St. Pierre.

1900

This patient was brought here by Sheriff's deputy Hanson attended by Charles Lindus 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 three weeks ago by delusions. Disease appears increasing; Not variable: Derangement now manifested by delusions on business subjects: Not disposed to injure anyone. No filthy nor destructive habits manifested: No information concerning previous peculiarities: No severe diseases nor injuries to head: Patient was in jail one day. No treatment pursued.
On personal examination talks irrationally on different subjects:
On admission put upon B3 E (Gtn Rpt. Complexion dark: hair black: eyes gray: Skin in good condition: A small scar on forehead above left eye: Vaccination scar on L. arm: scar on R. wrist. Is dirty: 2 teeth gone from upper + one from lower jaw: Behavior good: Exam by Dr. Spillane + Dr. Allen.)

Mar 20 Received on B3. Is deluded; depressed: talks fluently about electrical appliances + magnetism.
" very restless; continually asks to use telephone. April 2. Patient is very troublesome + annoying.
April Still shows delusions, as above. May 1. Wt 133# P88. Complains of ear-ache + keeps
June & bandage on it. Dressed. Visited by mother. July 14. Transferred to B1. July 20. Vaccinated, (no
July 31 report). July 31. Nothing special to report. Still troublesome and manifests delusions (above noted)
Aug 1/2 132#. Aug 21. Transferred to B3. Oct 21. Very little change; Health appears fairly good, but he is
Oct 31 constantly complaining; fears he has Consumption + some other ill. Is dull + confused; frequently makes unreasonable requests: Has delusions in regard to his abilities; Continually wants his discharge + to go to another ward. Complains of his food. Says "the wards are dirty" habits rather slovenly. Dec 30. Condition shows no special change. Actions very peculiar, at times. Jany 31/1901. Above notes, in general hold good: Constantly complains + shows
Dec 30 1901
Jany 31
Feb 1 "fear" as above mentioned: health seems fairly good. Feby 1. Wt 129#. May 1. Wt 131½ lbs.
June 8 Eloped from grounds: was caught in town and Returned: "Wanted to telephone to St. Paul".
July 31 Often, is much concerned about his health: thinks he is going + have Consumption, but appears quite well: rarely does any work: very restless + constantly asking irrational questions. Says "he will have us arrested if we don't send him home": "Think people are abusing him". Reads a little, but takes no interest in other matters. Stays by himself.
Aug 1 Wt 132#: Nov 1. Wt 133#: Jany 31/02. No change mentally: Is full of delusions of a vague
1901 nature. Walks about ward, aimlessly. Constantly asks for magazines + print. Com-
Jany 31 plains of the "Guards &c". Is very slouchy.
Feb. 1/02 Wt. 136#; July 1 Visited by relatives. Aug 1 Wt. 148#
1903 Jan 31 No illness; has worked little in kitchen; somewhat slouchy in appearance. Very delusional, and abusive in talk; makes no trouble; constantly demanding to be sent home.

Personal and Medical History of

Personal and Medical History of Robert Bahamanas. (colored)

Whole No. 5532

Residence, Chicago - Returned from State Prison Stillwater.

Date Admission, March 20th 1900.

Admitted by Dr. E. J. Manano hour, 7 PM.

How Sent, P. P. Wilson Jap P. Washington Co.

Sex, male Age, 20

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Waiter

Degree Education, Can read & write.

Profession, Religion, Not a church member.

Habits, unknown.

Nativity, Pennsylvania (Parents unknown)

Physicians Committing, W. H. Pratt & J. G. Clark

Correspondents, Mrs Mary Whitley

April 4th 1901 (Sister) Hartville Mo.

see Letter from Brooks Walker Nov 14/00 = Inclosing Money Order & Saying = time Expires November 10th"

No. of Year, 162.

Insane Relatives, unknown.

Cause Exciting, A defective - Either Sentence or Result of injury.

Cause Predisposing, ?

Form, ~~Paranoia~~ Pubescent Insanity

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, not.

Date of this Attack, unknown

Duration, unknown,

No. of Attack, unknown

No. of Admission, 1st here.

Age First Attack, unknown.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Manano *Date of* 3/26/1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Sluggish

Recent Events, Sluggish Special Subjects,

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

REASONING POWER, Ordinary Subjects, Without reason.

Special Subjects, do.

Own Mental State, rather indifferent.

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

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

HALLUCINATIONS, No.

ILLUSIONS, No.

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, Nothing known.

ONSET, Gradual or Sudden, gradual.

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

Father, Nothing known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, drank - not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, None,

OCCUPATION, Healthy or not, Waiter before sentenced.

Detail Date, Duration, and Character of Previous Attack, if any,
None known

Sleep, Appetite, and Bowels, irregular

Personal and Medical History of

4/5/29
Mrs Mary Whitley
Hartville Mo.
Robt. Bahamanas sister
Apr 5/1901

...STICS.

...IGHT, NUTRITION, fair

...readily.

...response normal.

Grasp,

...eflexes,

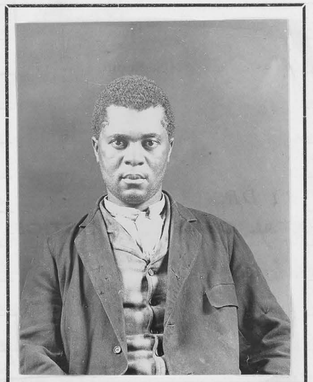
ARTICULATION, Slurred, Hesitating, Slow, Normal - slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, regular.



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,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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, 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 shows poor mental development being totally ignorant of past life & regarding position or occupation, only saying that he had been a waiter. Does not remember age, cannot account for time, does not remember year, cannot figure. His lack of morality is in all probability due to his ignorance. Nothing especial in his actions or manner noted. Physically fairly well nourished & in good condition. Below ribs on left side shows mark - caused by stab by knife he now wears. Wide leather belt which he says has

Personal and Medical History of Robert Bohannan. (colored)

Whole No. 5532

Residence, Chicago - Rec'd from State Prison Stillwater

Date Admission, March 23, 1900.

Admitted by Dr. E. J. Wanous hour, 7 PM.

How Sent, P. D. Wilson Jr. of P. Washington

Sex, male Age, 20

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Waiter

Degree Education, Can read & write.

Profession, Religion, Not a church member.

Habits, Unknown.

Nativity, Pennsylvania (Parents unknown)

Physicians Committing, Wm Pratt & J. C. Clark

Correspondents, Mrs Mary Whitley Hartville Mo. (Sister)

see letter from Warden Wolfer Nov 14/00 - Enclosing Discharge & Saying "time Expires November 10th"

No. of Admission, 1st time.

Age First Attack, unknown.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 3/26/1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Sluggish

Recent Events, Sluggish Special Subjects,

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

REASONING POWER, Ordinary Subjects, Without reason.

Special Subjects, do.

Own Mental State, Rather indifferent.

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

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

HALLUCINATIONS, No.

ILLUSIONS, No.

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, Nothing known.

ONSET, Gradual or Sudden, gradual.

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

Father, Nothing known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, drank - not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, None,

OCCUPATION, Healthy or not, Waiter before sentenced.

Detail Date, Duration, and Character of Previous Attack, if any, None known

Sleep, Appetite, and Bowels, irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6 1/8 PRESENT WEIGHT, 147# USUAL WEIGHT, NUTRITION, fair

WOUNDS, Abnormalities and condition of Skin,

TONGUE, Coatings or Promptness of Movement, Clear - responds readily.

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

SIGHT, somewhat impaired.

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

HEARING, good.

COORDINATION, Arms, normal Legs, do, Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Normal - slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

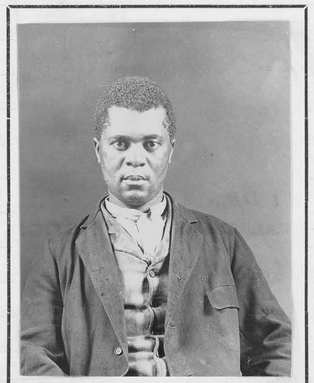
SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, normal Size,

Apex Beat, No Regularity, 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, 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 shows poor mental development being totally ignorant of past life & regarding position or occupation, only saying that he had been a waiter - Does not remember age, cannot account for time, does not remember year, cannot figure. His lack of morality is in all probability due to his ignorance. Nothing especial in his actions or manner noted. Physically fairly well nourished & in good condition. Below ribs on left side shows mark - caused by stab by knife he now wears wide leather belt which he says has

Personal and Medical History of Robert Johanson.

This patient was brought here by Dr. Withrow, as sheriff's deputy, from State Prison at Stillwater Minn. When he had been transferred from St. Cloud Reformatory, Nov. 5. 1896 (was serving sentence for assault in first degree) Nothing known concerning consanguinity, heredity nor intemperance in patient nor his parents. No information given concerning commencement or duration of attack. Derangement now manifested by total lack of sense of responsibility. Patient not disposed to injure anyone: No filthy nor destructive habits noted: Previous injury to head when a boy, showing depression of bone. Has been placed in solitary confinement at times, at prison & Reformatory & disciplinary methods have been pursued.

On personal examination no further facts noted except that he was sent to State Prison because not amenable to reformatory treatment.

On admission put upon B3 E. / G.H.N. Rpt. Complexion black: hair black & eyes brown: Skin in good condition: Marks on wrists from hand cuffs. Scars on abdomen, left side, back of neck, & 2 on head: Is clean. Four teeth gone from upper jaw. Behavior good. T. 99°. P. 68. R. 20

Mar 23 Patient received on Ward. Peculiar in actions & delusions: confused concerning past events.
To B1 Memory very poor. Mar 29. Lengthy & stubborn. Mar 31. No change is noticeable—
Apl 5 Patient the same from day to day. May 30. appears elated: "thinks he is very important"—
July 6 Assists on ward. July 6. Wt 149#. P 72. July 20. Vaccinated unsuccessfully. July 31. No special Change—
To B3 31
Aug 31 Patient is well-behaved: has "delusions of grandeur and power" - "thinks he owns the place"—
Oct 31 No apparent Change in Condition. Nov 1/900. 149#. Nov 16. Transferred to B1 - Jany 31/901. Does
1901 some work on ward: never troubles anyone, if not molested: stays in room, most of time;
Jan 31 habits neat: rarely talks to anyone: will answer questions, but is very irrational. "thinks he owns the institution". Does not know where he is; asks strange questions. Phy'd Hlth good.
July 1 Wt 149#. May 1. Wt 142#. July 31. very quiet & demented patient: physical health very
July 31 good: Eats & sleeps well: habits tidy: works well on ward: rarely speaks, unless addressed: usually very irrational, and illusive in speech. Has all the indications of a primary Dement. Aug 1. Wt 145# Nov. Wt 144#. Jany 31/01. No change whatever.
Aug 1 1900
Jany 31 Same, from day to day: Works well on ward: is tidy. Talks fairly well but incoherently.
Feb. 1/02 Wt. 159#. Aug. 1/02 Wt. 152#.
1903
Jan. 31 No special change during year; very quiet; works some on ward; will not permit interference; very easily angered and becomes violent; seems very demented & delusional; talks incoherently; does not seem to know, who or where he is; Health very good.

Personal and Medical History of

Personal and Medical History of Thomas Morton.

Whole No. 5534

Residence, Wabasha, Minn.

Date Admission, Became resident of State & Co. in 1878 March 1900

Admitted by E. J. Warnow M.D. hour, 7 P.M.

How Sent, M. Kennedy J. of P. Wabasha Co.

Sex, male. Age, 60

Civil Condition, married.

Children, none

Age Youngest Child, -

Occupation, Painter.

Degree Education, Common school.

Profession, Religion, Not a ch. member.

Habits, Not intemperate.

Nativity, At sea. (Parents born in America.)

Physicians Committing, J.A. Low + W.J. Milligan.

Correspondents, Mrs. Thos. Morton (wife) Wabasha, Minn.

No. of Year, 164

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Morphinism

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, 4th March 1901.

Time in Hospital, 11 Mos 6 Ds

Result, Recovered. Discharged Mar 24/1901 —

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* Apr. 1900

MENTAL CHARACTERISTICS.

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

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,
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, dead.

Paternal Relatives, none known insane

Mother, dead

Maternal Relatives, none Insanity known

Brothers and Sisters, no

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

HABITS, Drinking and Smoking, smokes

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, irregular.

5534

M. Thomas Morton.

Copy of Order for Hearing Petition of Winifred Morton for appointment of as guardian for Thomas Morton insane; served and service admitted April 3rd 1900

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION,

+ side of head. Skin anaemic.

ye - responses slow.

left cornea from injury.

HEARING, good.

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands + tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART No Murmurs, Strength, Sounds, Size, Increased

Apex Beat, No Regularity, regular + slow

ARTERIES,
Flabby.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion poor.
B. sounds normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, disturbed.

BOWELS, Present Condition, Regular

Give condensed statement of 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 exalted. Is very talkative + talks freely about his trouble. Says he began taking morphia when crossing sahara desert. because of injuries sustained. He associates himself with men of prominence + imagines he has had something to do with all of them. He is a chronic morphine fiend which has caused his derangement. Is physically well nourished + anaemic. Has right side of head injured + scarred. Right eye defective

Personal and Medical History of Thomas Morton.

Whole No. 5534

Residence, Wabasha, Minn.

Date Admission, March 26 1900 (Became resident of State & Co. in 1878)

Admitted by E. J. Warnes M.D. hour, 7 P.M.

How Sent, M. Kennedy J. of P. Wabasha Co.

Sex, male. Age, 60

Civil Condition, married.

Children, none

Age Youngest Child, -

Occupation, Painter.

Degree Education, Common school.

Profession, Religion, Not a ch. member.

Habits, Not intemperate.

Nativity, At sea. (Parents born in America.)

Physicians Committing, H.A. Love & W.F. Milligan.

Correspondents, Mrs. Thos. Morton (wife) Wabasha, Minn.

No. of Year, 164

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Morphinism

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, 4th March 1901.

Time in Hospital, 11 mos 6 ds

Result, Recovered: Discharged Mr 22/1901 —

EXAMINATION ON ADMISSION BY DR. Warnes *Date of* Apr. 1900

MENTAL CHARACTERISTICS.

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

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,
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, dead.

Paternal Relatives, none known insane

Mother, dead

Maternal Relatives, none insanity known

Brothers and Sisters, no

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

HABITS, Drinking and Smoking, smoke

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

PHYSICAL CHARACTERISTICS.

HEIGHT, not given PRESENT WEIGHT, Not given USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, scar on left side of head. Skin anaemic.

TONGUE, Coatings or Promptness of Movement, Coated.

PUPILS, Equality, Size, Response to Light, and Accommodation, R large - responce slow.

SIGHT, right impaired.

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, scar on left cornea from injury.

HEARING, good.

COORDINATION, Arms, Legs, Grasp,

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

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, No Regularity, regular & slow

ARTERIES,
flabby.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion poor.
B. sounds normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, disturbed.

BOWELS, Present Condition, Regular

Give condensed statement of 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 exalted. Is very talkative & talks freely about his trouble. Says he began taking morphia when crossing Sahara desert. Because of injuries sustained. He associates himself with men of prominence & imagines he has had something to do with all of them. He is a chronic morphine fiend which has caused his derangement. Is physically well nourished but anaemic. Has right side of head injured & scarred. Right eye defective

Personal and Medical History of Thomas Morton.

1900

This patient was brought here by sheriffs deputy Gl. Dustman in fair physical condition, with the following history: No consanguinity, heredity nor intemperance in patient nor parents known. First symptoms of insanity manifested three years ago. Disease appears increasing, is variable. Derangement now manifested by using profane language, + accusing people, especially his wife of trying to poison him. Has threatened his wife's life. No filthy nor destructive habits noted, has always been very excitable. No severe diseases nor injuries to head sustained. No confinement nor restraint employed. No treatment pursued. On personal examination has appearance of being a well preserved man. On admission put upon Bf. East. (G. Ft. Rpt. Complexion light. Eyes blue. Skin in good condition. Right foot has been broken back of toes. Is dirty. Teeth. 1 good tooth + 8 roots in upper jaw + 9 good teeth + one root in lower. Behavior good.)

Mar 26 Received on Ward (T.W.): and put to bed. Says "he is all right, only uses morphine" "that he hasn't
28 slept for 6 weeks"; "that he can't eat". Is very restless and nervous. Mar 28 Complains of nausea,
31 and pain in stomach: put on Combination "Strychnia treatment". Mar 31. Complains of headache:
Apl 6 noisy during night. Apl 6 Complains of sleeplessness. Patient appears to be improving some.
14/28 Patient is up + dressed. Apl 28 "Wishes people would kill him: if they don't, he will kill himself":
May 3/31 is inclined to be obstinate. May 13. Transferred to B2. May 31. Still seems to make improvement.
July 17/24/31 Vaccinated. July 24. Transferred to A2. July 31. Is a great talker + fond of arguments. —
Aug 10 Patient is fairly well-behaved; very talkative; rather boastful: frequently asks to go home.
17/20 Visited by friend. Aug 20. Refuses to work. Sept 14. Transferred to A3. given parole of the
Oct 1 grounds. Oct 1. 140 lbs. Dec 1. No apparent change in patient's condition — Jany 31/1901. No
1901 Jan 31 Change noticeable in patient's condition, from month to month. Feby 1. Wt 142 lbs —
Feby 1 Habits neat + clean: is rather quarrelsome. Mar 4. Continues about the same: No delusions
Mar 4 noticeable. Sent home today.

Discharged

Personal and Medical History of

Personal and Medical History of Antan Andersan

Whole No. 5536
Residence, Alden. Minn.
Date Admission, March 30 1900.
Admitted by Dr. E. J. Wanous hour, 7 PM.
How Sent, H. Blackmer Dep. Sheriff Freeborn Co.
Sex, male Age, 49 yrs.
Civil Condition, Single.
Children, none
Age Youngest Child, -
Occupation, Blacksmith.
Degree Education, Common.
Profession, Religion, Not a church member.
Habits, Not intemperate.
Nativity, Denmark (Parents also born there)
Physicians Committing, G.W. Bark + A.L. Wedge.
Correspondents, H. C. Andreson (bro) Alden Minn.

No. of Year, 169
Insane Relatives, None.
Cause Exciting, unknown
Cause Predisposing, Previous attack
Form, Chronic Delusional Insan
Accompanying Bodily Disorder,
Suicidal or not, Talks of it.
Date of this Attack, About 4 yrs ago
Duration, 4 yrs.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 21 yrs.
Time of Leaving, September 28th 1900
Time in Hospital, 5 mo. 29 ds
Result, Recovered: Discharged Apl 30/1901

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 7/2/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear
MEMORY, Past Events, good
Recent Events, good Special Subjects, do.
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, fair.
Special Subjects,
Own Mental State, appreciates condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
normal. depressed at times.

DELUSIONS, Systematized, Transitory, Special Subjects,
Had delusions of persecution in previous spell.
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

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

HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, blacksmith.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Good Appetite, Good and Bowels, irreg

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 7½ PRESENT WEIGHT, 152½ USUAL WEIGHT, NUTRITION, fairly well nourished.
WOUNDS, Abnormalities and condition of Skin, Scar on lower lip. Skin bronzed - sluggish.
TONGUE, Coatings or Promptness of Movement, grayish coating, responds readily.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal + size normal. Response good.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Conjunctivitis.
HEARING, good
COORDINATION, Arms, Normal Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, of hands + tongue.
PATELLAR REFLEX, normal. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, somewhat hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity, regular.

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, 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 quite talkative but makes from subject. Has had sickness in family over which he worried which has caused his trouble. Has had a previous attack. Found wandering about, bruised + scratched from wire fences (marks on hands) Condition probably hereditary. Physically in good condition.

Personal and Medical History of Anton Anderson.

1906

This patient was brought here by Sheriff W.E. Mitchell in fair physical condition with the following history:- No history of consanguinity, heredity nor intemperance in patient nor parents: First attack of insanity occurred about 28 yrs. ago, of short duration: About four years ago began to be depressed & despondent & has been growing worse ever since: Disease appears increasing: No rational intervals but is variable: Derangement not manifested on any particular subject, talks little. No filthy nor destructive habits: No peculiarities manifested: No severe diseases nor injuries to head known: No confinement nor restraint employed: No treatment pursued. On personal examination pulse 120 Resp. 100. Expression stupid & vacant. Thinks he is not well thought of. On admission put upon B3 E (Ward Rpt. Complexion light: hair light brown: eyes blue: Skin in good condition: Scars on left forearm & one on back of neck. Is dirty: Behavior good: T. 101 P. 104 R. 22. ——— Teeth: 12 gone from upper & 9 from lower jaw. Those remaining decayed & discolored.)

Mar 30/ Received on B3. Somewhat confused and very nervous. Temp. 101. Pulse 104. Mar 31. Less nervous.
Apl 5/ Patient quiet & well-behaved; assists in ward. Apl 12. Remains quiet: Does some work.
May 26 Working with gardener. June 16. Transferred to A'. July 4. Vaccinated successfully. —
July 27/ July 31. Neat & clean: converses freely. Works with the gardener. Is anxious to leave. —
Aug 1/ Patient anxious to go home. Aug 8. While at working at Shooting-grounds, scaffold gave
Sep 27/ way, & patient sprained right ankle. Sep 25. Condition improved. Sep 26. Patient sent home
28

Discharged

Personal and Medical History of

Personal and Medical History of Otto Belling.

Whole No. 5537
Residence, Dunborn Co. Minn. (Shell Rock)
Date Admission, March 30 1900.
Admitted by Dr. E.Z. Warnous hour, 7 PM.
How Sent, H. Blackmer & off. Dunborn Co.
Sex, male Age, 31 yrs.
Civil Condition, widowed.
Children, one, 5 yrs old.
Age Youngest Child, — 2.
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Lutheran
Habits, Not intemperate.
Nativity, Germany (Parents also Born there)
Physicians Committing, H. H. Wilcox & W. E. Todd.
Correspondents, A. L. Luth (3 mi from town neighbor) Gordon, Minn.

No. of Year, 167
Insane Relatives, None.
Cause Exciting, Injury to head & trouble.
Cause Predisposing, unknown
Form, ~~Acute Delusional~~ Chr. mel -
Accompanying Bodily Disorder, none mentioned
Suicidal or not, Not.
Date of this Attack, Mch. 1 1900.
Duration, One month
No. of Attack, First.
No. of Admission, First.
Age First Attack, 31 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Warnous. *Date of* March 1900

MENTAL CHARACTERISTICS.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
of persecution.
HALLUCINATIONS, probably of sight.
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 insanity Known
Mother, died - General oedema.
Maternal Relatives, no insanity known -
Brothers (dead) and Sisters,
1 child living - has diphtheria.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
says he has been doubled up several times - don't know what. Fell from load of hay.
HABITS, Drinking and Smoking, not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, none.
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
disturbed good good

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, — USUAL WEIGHT, NUTRITION, fairly good.
WOUNDS, Abnormalities and condition of Skin, none - skin normal.
TONGUE, Coatings or Promptness of Movement, brownish coat. protruded 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, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands & tongue.
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Very loud N.
Apex Beat, Nr Regularity, slow - Regular

ARTERIES,
full - pulse good.

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

CRANIAL MEASUREMENTS.

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

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

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

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient is at intervals much confused & delusional. When examined was out of spell. Is of low mental development & has had previous attacks. Began by refusing meals, & acting peculiarly & was feared by people. Physical condition good.

Personal and Medical History of Otto Belusig.

1900

This patient was brought here by Sheriff Ed. Ellickson in fair physical health with the following history: No history of consanguinity nor heredity given: First symptoms of insanity manifested March 1st 1900. Disease appears increasing: Not variable: Derangement now manifested by fear of bodily harm: Has shown disposition to injure others: No filthy nor destructive habits noted: Previous peculiarity a quick temper: Not much intemperance in patient nor in parents: Received injury to head 7 yrs. ago: No confinement nor restraint employed: No treatment pursued: On personal examination scar on forehead confirms history of injury & this with trouble has been cause of disease.

On admission put upon. 5 ft 6 in. Gt. W. Rpt. Hair black: Complexion dark: eyes brown: skin in good condition: Hands scratched: right ear frozen: small scar on breast: Is clean: Teeth in fair condition: one gone from lower jaw. Behavior good:

Mar 30 Received on I W. Patient had been exposed to Diphtheria: given h. chloride bath & isolated in room.
Apl 1/4 Is very obstinate & filthy. Apl 4. Soiled bed; refused to let nurse change him; fought desperately.
7/6 Given clothes & transferred to B3. Apl 30. No special change to report in patients conditions.
May 1 Wt 191 lbs. Pyr. Patient is dull, stupid, sits about ward, seldom moving. Physical health seems good.
July 25 Vaccinated successfully. Transferred to T.E. Aug 1. Patient in bed & on treatment —
Aug 22 Refused breakfast. Aug 25. Up & dressed. Aug 27. Transferred to B3. Oct. Weight 184 lbs —
Oct 15 27/12 Transferred to E3. Oct 31. No apparent change: health good: is very stupid: does not talk unless
Nov 1 angry: very inactive; doing no work: appears depressed: walks slovenly in habit: Nov 1. Wt 197 lbs.
Dec 15 1900 Has been working on farm: ran away today from barn: was brought back from Byron. Dec 17. Escaped
Jan 31 1901 from barn; was found in woods. Jany 31/1901. Has been kept on ward, as he will elope. No apparent change: rarely speaks: is sullen in manner & becomes ugly: is easily irritated: Stubborn
Feb 1 1902 Wt 202 lbs: Feb 28. Has worked at barn, most of month. May 1. Wt 185½ lbs: works some
July 28 on farm, but is unreliable: inclined to fight. July 7. Eloped from farm: Came back,
16 voluntarily, quo Pm. July 16. Disappeared from farm: found, during night, at cow-barn.
31 Transferred to B1 July 31. No change: health good: is surly & contrary: cannot be
Aug 1 1902 trusted outside. Is very quiet & rarely speaks. — Aug 1. Wt 177 lbs Nov 1 Wt 196 lbs. Jany 31/02. No
Jan 31 1903 improvement or change. Sits about ward, idly; never speaking or associating with any one. Does no work: personally, fairly neat, but expectorates on floor and is stubborn and sullen.

(Feb. 1/02 Wt. 179 lbs Aug. 1 Wt. 169½ lbs.

Jan. 31, 1903. Has worked some on ward; quite tidy; is quiet & sullen; easily irritated; occasionally violent Health good.

Personal and Medical History of

Personal and Medical History of Lorenzo Porter

Whole No. 5538
Residence, Houston County
Date Admission, Apr. 4th. 1900
Admitted by Dr. A. F. Kilbourne hour, 10 a m
How Sent, L. Tindall, J of P. Houston County
Sex, male Age, 59
Civil Condition, Widowed
Children, -
Age Youngest Child, -
Occupation, Labour & trapper.
Degree Education, Common School
Profession, Religion, Not a Church member
Habits, Not intemperate.
Nativity, New York State. Father Vermont. Mother Mass.
Physicians Committing, G. M. Crandall & O. F. Fischer.
Correspondents, Mark Sargeant (Friend) Hokah Minn
Wm H Lamme (See)

No. of Year, 1st
Insane Relatives, Not known
Cause Exciting, No definite cause
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, none
Suicidal or not, Not Suicidal.
Date of this Attack, Four weeks ago
Duration,
No. of Attack, 2nd.
No. of Admission, 2nd.
Age First Attack, 52.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Travous *Date of* Apr. 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Somewhat confused.
MEMORY, Past Events, good.
Recent Events, Impaired 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, perhaps 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, One month.
ONSET, Gradual or Sudden, gradual.
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives, No history of insanity.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), None known
HABITS, Drinking and Smoking, No
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Trapper.
Detail Date, Duration, and Character of Previous Attack, if any, -yes
Sleep, Appetite, and Bowels,

Notice of hearing petition for appointment of William H. Lamme as guardian for Lorenzo D. Porter served May 15' 1900.

Filed with commitment papers.

45/273

RISTICS.

EIGHT, NUTRITION, fair.
ue left cheek bone. Skin brownish-sluggish
ize normal. responses slow
inactivities
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, Size, N good
Apex Beat, N Regularity,
ARTERIES, good
free & compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical. Expansion good. Sounds normal

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

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 here before. Is confused & thinks people are doing him harm & he wants to revenge himself. Continually talks about people bringing "dead dogs" to his hut on the bank of the river where he lived about. Physically is in fair condition. Complained of heart trouble, examination, however, revealed no abnormality.

Personal and Medical History of Lor[illegible]

Whole No. 5538
Residence, Houston County
Date Admission, Apr. 4th. 1900
Admitted by Dr. A. F. Kilbourne hour, 10 a m
How Sent, L. Birdsall, J of P. Houston County
Sex, male Age, 59
Civil Condition, Widowed
Children, -
Age Youngest Child, -
Occupation, Labour + trapper.
Degree Education, Common School
Profession, Religion, Not a Church member
Habits, Not intemperate.
Nativity, New York State. Father Vermont. Mother Mass.
Physicians Committing, A. M. Crandall + O. F. Fischer.
Correspondents, Mark Fergason (Friend) Hubal Minn
Wm H Swan (See)

No. of Year,
Insane Relatives,
Cause Exciting, No
Cause Predisposing,
Form, Acute Mania
Accompanying Bodily Disorder, none
Suicidal or not, Not Suicidal.
Date of this Attack, Four weeks ago
Duration,
No. of Attack, 2nd.
No. of Admission, 2nd.
Age First Attack, 52.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Travaous *Date of* Apr. 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat Confused.
MEMORY, Past Events, Good.
Recent Events, Impaired 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,
Perhaps 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, One month.
ONSET, Gradual or Sudden, gradual -
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives, No history of insanity.
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None known
HABITS, Drinking and Smoking, No
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Trapper.
Detail Date, Duration, and Character of Previous Attack, if any,
-yes
Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 5 in PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, fair.
WOUNDS, Abnormalities and condition of Skin, Small tumor on left cheek bone. Skin brownish-sluggish
TONGUE, Coatings or Promptness of Movement, Grayish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal. responses slow
SIGHT, impaired
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Acute conjunctivitis
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, Good Size, N.
Apex Beat, N Regularity,
ARTERIES, J
Full + compressible.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical. Expansion good. Sounds normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,
Circumference Verto-Mental,
Naso-Occipital Arc,
Binauricular Arc,
Ant-Post Diameter,
Transverse Diameter,
Binauricular Diameter,
Facial Length,
Length-Breadth Index,
Volume,
Peculiarities in Shape,
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, 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 here before. Is confused + thinks people are doing him harm + he wants to revenge himself - Continually talks about people bringing "dead dogs" to his hut on the bank of the river where he lived about. Physically is in fair condition. Complained of heart trouble, examination, however, revealed no abnormality.

Personal and Medical History of Lorenzo Porter.

1900

This patient was brought here by N. F. Forsyth, Deputy Sheriff, attended by Louis Boardman in fair physical condition, with the following history: Nothing known as to heredity: no history of consanguinity. First symptoms of insanity manifested seven years ago when patient was confined in this (Rochester) hospital from Feb 22, 1893 to May 29th, 1893. (See Vol. 23. Folio 73. No. 3280). with beneficial result. First symptoms of present attack manifested four weeks ago by the use of threatening and incoherent language. Disease increasing, (various) with irregular rational intervals. "excitement produces an aggravation". Derangement now manifested by hallucinations of persecution, with constant anxiety for personal safety: No disposition to injure others: not suicidal, filthy, non destructive: Has many peculiar habits - imitates the life & customs of an indian. No history of intemperance in patient or parents: Patient suffered from sunstroke during the civil war. No other severe disease or head injury mentioned. Has not been confined or restrained except as stated above. No definite cause of disease known. On personal examination:- Wears long hair and dresses in a peculiar manner. Is restless & nervous & easily excited: At times is emotional and dramatic.

On admission put upon B3 (G. N. W. Ref.) Complexion sandy: hair brown sprinkled with gray: eyes blue: condition of skin fair: small fatty tumor on left cheek - scar on left forearm & one on right leg below knee: red, inflamed spot in groin. Is dirty. Teeth - 9 gone from upper jaw 11 gone from lower jaw. Behavior good.

Apl 4 Received on B3. T 103. P 80. Sent to T.W. & put to bed: patient is restless; confused: Coughs a great deal. 7/9 Complains of pain in chest: still coughs. Apl 9. Given clothes. Is very talkative & troublesome — 15/10 Transferred to B3. Apl 16. Seems more demented & silly in manner: Continually talking about woman with whom he is corresponding: showing her letters to other patients. June 16 Very restless & loud noisy, through night. June 22. Had trouble with Andrew Knutson (patient): pushed Porter on end of bed: Examination showed bruises on right thigh, posterior left thigh. Transferred to T.W. - 27/28 Patient very disturbed & talkative; will not remain in bed. June 28. Dressed & kept in "Bay". July 9. Patient was July 9/20 transferred to B1. Is very destructive to curtains & furniture. July 20. Vaccinated successfully. Attempts 31 to elope, same day. July 31. Nothing special to report. Patient is destructive at times; troublesome & annoying. Aug - 157#. Patient struck by Rasmus Hanson, cutting lip & knocking out one tooth. Sept 15. Visited by Oct 31/Nov 1 friends. Oct 28. Trouble with John Dykes, receiving cut over left eye. Oct 31 No change: Health quite good. Slavery deluded: thinks he has millions of money, & that he has unusual powers &c: Habits very untidy. Is talkative & noisy: destructive & violent. Easily excited: usually kept in "Bay", and Eats from tray. Dresses & undresses on every occasion. Nov 1. 152#. Nov 10. Three teeth extracted — 21/26 Transferred to T.W. Received cut over left eye: Had trouble with Robert Hague. Nov 26. To B1! 1901/20 July 31 No change in behavior. Is extremely troublesome & aggressive: Constantly getting into trouble with other patients.

Personal and Medical History of Lorenzo Porter

1901

Feb 1 Wt 152#. March 6. Had trouble with W. J. Hope and received black eye. Mar 12. Struck Mar 12/15 J. A. Wallin with cup, cutting forehead over left eye. Mar 15. Struck on right ear by J. A. 19 Wallin, causing slight discoloration, followed by hematoma. Mar 19. Struck by E. K. Johnson, 20 splitting ear open; same stitched. March 20. Continually removes dressing from ear & picks May 1 the same. Ear finally healed well. May 1. Wt 156#. July 31. No change: Is restless, untidy July 31 and troublesome at work: frequently tries to escape: childish & whining in manner. Constantly asking to be sent home: slovenly in habits: expectorates on floor & clogs up the closets. General health fair. Aug. Wt 151#. Dec. To D2. Jan 31/02. Becoming more Aug 1 demented: very slouchy in habits: very childish, silly &, at times, becomes very threat- 1902 -ning & abusive. Occasionally strikes other patients. Does no work. Jan 31

Feb 1/02 Wt 155#; June 2 Tried to elope. Aug 1/02 Wt 162#.
Dec 11/02 Visited by friends.

1903
Jan. 31 Demented delusional; silly; boasts of imaginery deeds he has done etc; Noisy, at times very ugly, fighting with other patients. Habits very slovenly, especially in use of tobacco.

Personal and Medical History of Henry Dudfield.

Whole No. 5540
Residence, Dexter Mower Co. Minn.
Date Admission, Apr. 6. 1900
Admitted by Dr. C. J. Warnow hour, 8 p.m.
How Sent, S. S. Washburn, Jr of P. Mower Co.
Sex, Male Age, 75
Civil Condition, widower.
Children, none
Age Youngest Child, -
Occupation, Blacksmith
Degree Education, somewhat above common.
Profession, Religion, Not a church member.
Habits, Not intemperate. (Father intemperate)
Nativity, England. Parents also. Resident of State and County since 1870 - as before.
Physicians Committing, Jonas J. Pierson & G. W. Allen.
Correspondents, J. F. Pearson, Sheriff, Grand Meadow, Minn

No. of Year, 170
Insane Relatives, none.
Cause Exciting, Sickness and age.
Cause Predisposing,
Form, Senile Melancholia
Accompanying Bodily Disorder, Evidence of heart trouble
Suicidal or not, Not suicidal
Date of this Attack, 9 month ago,
Duration, one month.
No. of Attack, 1st.
No. of Admission, 1st here
Age First Attack, 75.
Time of Leaving, May 13. 1900
Time in Hospital, 1 m 7 d.
Result, Died Chronic Endocarditis

EXAMINATION ON ADMISSION BY DR. Warnow. *Date of* Apr. 1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Sluggish -
MEMORY, Past Events, Impaired -
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, good.
Special Subjects,
Own Mental State, Thinks he is well.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
somewhat exalted.

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
"Feels first rate, can work".
HALLUCINATIONS,
ILLUSIONS,
The gross signs above being lacking, specify concerning Power of Attention, Moral and Ethical Failure, Slowness or Dulness, Silliness, Loss of Will Power, Slight Melancholy, or Exaltation.

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters, none
6 children - all dead.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
None
HABITS, Drinking and Smoking, drank to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Blacksmith -
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels,
Insomnia fair / Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, PRESENT WEIGHT, Not taken USUAL WEIGHT, NUTRITION, poor.
WOUNDS, Abnormalities and condition of Skin, oedema of lower extremities. Skin anaemic.
TONGUE, Coatings or Promptness of Movement, Clear - & moist - reddish
PUPILS, Equality, Size, Response to Light, and Accommodation, equal - rigs normal - responses slow.
SIGHT, defective.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, impaired.
COORDINATION, Arms, Patient in bed Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, present of hands & tongue.
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, Hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
mitral regurgitant murmurs - Sounds exaggerated - rigs enlarged laterally & downward. Apex beat 5th intercostal space. Toward axillary line
ARTERIES,
Sclerotic.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion - Emphysematous.
B. 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, Insomnia
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).

Mental condition due to senility - has marked loss of memory, is confused & worries about himself. Physically has oedema of legs due to heart lesion - which also causes marked dyspnoea. Patient must remain in bed.

Personal and Medical History of Fenny Sudfield.

1910

This patient was brought here by J. F. Isaacson - Sheriff - attended by M. C. Cruse in poor physical condition, with the following history: - No history of consanguinity in patient or parents: patients father was intemperate, patient not. First symptoms of this (first) attack manifested about one month ago by roving and at times yelling incoherent talk: disease appears to be stationary, but with irregular rational intervals: derangement now manifested by desire to change place of confinement, + bring my hand to restrain: has threatened others but has done no harm. not suicidal filthy or destructive: no previous peculiarities, or severe disease: had fall on head when young but of no consequence: Patient has been confined in Hospital at Austin: nurses have restrained him during spells of yelling and roving. Has been given general tonics and heart remedies for building up of health + strength. On personal examination: - Evidence of heart trouble: short breath: Foggy mind seems quite clear:

On Admission put upon Inf. Ward (T. H. R. Dept): complexion light: hair gray: eyes blue: cond. of skin good: both legs and feet swollen: large sore on each leg: vaccination on left arm: small scar on right leg above knee: Has double hernia: clean. Teeth all gone except four in upper jaw. Behavior good. (Examined by D. R. Spillane)

Apl 6 Received on Ward (T.W.), put to bed; has large sores on both legs, below knee + a double hernia - Patient has feeble respiration: is somewhat confused: Is suffering from a valvular heart lesion. —
11/13/27/24 Extremities require dressing. Apl 11. Requires catheterization. Apl 19. Use bandages from legs. Apl 20. Was very restless: bowels loose, all right. Apl 24. Patient dull + confused - Drugs. Wt 146#. Patient is
May 1/5/11/18 growing more helpless. May 5. Visited by friends - May 11. Refused medicine. May 13. Passed blood with bowel movement. Patient shows rapid failure. Respiration labored. Expired at 11 P.m.

Dies.

Personal and Medical History of

Personal and Medical History of Charles P. Flanagan.

Whole No. 5541
Residence, St. Paul, Minn
Date Admission, Apr. 6th, 1900
Admitted by Dr. E. J. Warnow hour, 6 45 pm.
How Sent, C. W. Bazille, Jr. of P. Ramsey Co.
Sex, male Age, 42
Civil Condition, divorced
Children, 3
Age Youngest Child, —
Occupation, Express messenger.
Degree Education, Common School.
Profession, Religion, Roman Catholic
Habits, Not intemperate.
Nativity, St. Paul, Minn. Parents, Ireland.
Physicians Committing, Chas. P. Ball. & Chas Wirth
Correspondents,

No. of Year, 1901
Insane Relatives, none.
Cause Exciting, not known
Cause Predisposing,
Form, Paresis?
Accompanying Bodily Disorder,
Suicidal or not, not suicidal.
Date of this Attack, One month ago.
Duration, One month.
No. of Attack, 1st.
No. of Admission, 1st
Age First Attack, 42
Time of Leaving, May 19 - 1902
Time in Hospital, 2 yrs 1 mo. 13 D
Result, Died. Paresis, Sent here.

EXAMINATION ON ADMISSION BY DR. Warnow Date of Apr 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Confused.
MEMORY, Past Events, Good
Recent Events, " Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Correct.
REASONING POWER, Ordinary Subjects, fair
Special Subjects, "
Own Mental State, does not appreciate it.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
indifferent & 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, living - well.
Paternal Relatives, no insanity.
Mother, living - well.
Maternal Relatives, no insanity
Brothers and Sisters, 11 all well - 5 children - well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Expressman.
Detail Date, Duration, and Character of Previous Attack, if any,
first.
Sleep, Appetite, and Bowels, Irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken PRESENT WEIGHT, Not taken USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, None noted. Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated - deviates to right.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size normal - not responsive.
SIGHT, impaired.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good.
COORDINATION, Arms, uncoord. Legs, uncoord. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands & tongue.
PATELLAR REFLEX, absent. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, somewhat.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, weak Sounds, Size, N
Apex Beat, N Regularity, irritable.

ARTERIES,

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

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical
Expansion fair.
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, disturbed.
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 always been well physically. Motor symptoms came on suddenly. Has grandiose ideas & perhaps a beginning paresis. Physically not well nourished. Spastic gait & incoordination.

Personal and Medical History of Charles P. Flanagan.

1900

This patient was brought here by Deputy Sheriff Hanson, attended by Fred Haupt, in grip physical condition, with the following history: No history of heredity, consanguinity or intemperance in patient or parents. This is first attack. First symptoms manifested about one month ago by loss of memory, & change of habits. Disease appears to be increasing, not variable & with no rational intervals. Derangement now manifested by vitiated mental condition and inconsistent & incoherent statements: no disposition to injure others, not suicidal or filthy, but destructive to clothing: no previous peculiarities, severe disease or head injury: Has not been confined or restrained except for one day in county jail: no treatment employed. On personal examination:- peculiar speech, incoherent statements, entire lack of realization of mental & physical condition.

On admission: Put on Inf. East: complexion: hair brown: blue eyes: bond of skin good: feet swollen: appears to be bruised: has a number of skin abrasions below left knee and one or two below right. 1 bruise below left shoulder - 1 on middle of back: dirty. Teeth:- one cut of upper, right side & two cut upper, left side: behavior good.

(Examined by J.R. Gilland.)

Apl 6 Received on FW. Is very unsteady on feet: extremities swollen: filthy and untidy in habits: appears somewhat demented: has ravenous appetite: has hallucinations & delusions. Apl 10. Is restless & disturbed. 14/15 Patient very much disturbed, through the night. Is on regular & extra diet. Apl 25. Fell out of bed, striking right side of face & cutting small gash over right eye & abrasion on right cheek: Requires catheterization. 27/28/29/30 Had to be catheterized. Apl 30. Patient's condition shows no improvement. Is still very unsteady on feet. May 1/2/3/4/5/6 Wt 130#. May 2/5/9 Restless through each night. May 26. very much confused, through the day.

June 19 Dressed & up on ward: still has trouble with extremities: somewhat more neat & clean in habits. Converses rationally. July 8. vomited several times, today. July 17. Vaccinated successfully.

July 8/17/30 Transfered to B3. Patient's condition remains about same. Habits are now more neat & clean.

Aug 31 Patient is fairly rational: is on treatment: Sept 1. hypo treatment discontinued. Oct 1. # 181-572. Oct 31. Mental & physical condition continue, as previously noted. Nov 1 - # 183.

Oct 31 1901 Jan 11/12 Transferred to B3. Jany 31. Very little change during 3 months. During past month, has been receiving static Electricity: well behaved, tidy; talks freely & quite rationally, but, at times, quite confused & memory seems very poor. Is rather childish & simple in manner: works some on ward: Quite unsteady on feet, and, at times, loses control of legs. Is becoming very incoordinate in his movements: speech rather jerky. Appears able to use but few words. Feby 1. Wt. 183#

Mchs Wt 177#. July 31. Very little change in condition: very unsteady upon legs: at times, movements

July 31 become very incoordinate, so that he is scarcely able to walk: habits tidy: childish & silly

Aug 1 in manner: is good-natured. Mental condition, exaltation. Aug 1 Wt 180# Nov 1. Wt 178#

1901 Jany 31 Very little change: Eats & sleeps well: Is well-behaved: Talks pleasantly, but is childish and delusional. Has spells when he is quite unable to control his legs & unable

Personal and Medical History of Charles P. Flanagan

1901 Jan 31 to walk: Complains of a numb sensation &c. Goes out with crowd and attends amusements.

Feb 1/02 183#; Mar. 24. Complained of numbness of right leg; unable to walk much; Is pleasant and talkative in manner tho rather childish. Apr. 25 Transferred to A4. May 1 Condition becoming more unsteady; more feeble mentally. May 4 Paretic seizure; unable to walk; very confused. Improved after this; but May 13 was transfered to I.W.E. Has high fever and requires catheterization. May 19. Fever continued high. 8 A.M. Temp 105°. Has been failing constantly - Catheterized. Temp. at 4 P.M. was 105.6° - At 5 P.M. 107°; At 6.55 Temp 110.6. Expired at 6.55 P.M.

Personal and Medical History of Rodger Sullivan.

Whole No. 5547	No. of Year, 172
Residence, Rice County.	Insane Relatives, none
Date Admission, April 9th, 1900	Cause Exciting, Probably masturbation
Admitted by Dr. A. T. Gilbannie hour, 3 30 pm.	Cause Predisposing,
How Sent, James Hunter J. of P. Rice Co.	Form, Acute Mel. cholia
Sex, Male Age, 27	Accompanying Bodily Disorder,
Civil Condition, Single	Suicidal or not, Not Suicidal
Children, —	Date of this Attack, 3 months ago
Age Youngest Child, —	Duration, 3 months
Occupation, Farmer	No. of Attack, 1st
Degree Education, Common School	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 27
Habits, Intemperate	Time of Leaving,
Nativity, Co. Rice Co. Minn. Parents Ireland	Time in Hospital,
Physicians Committing, P. Albert Smith & Robert N. Jackson	Result,
Correspondents,	

EXAMINATION ON ADMISSION BY DR. Wauness *Date of* April 1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, impaired.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, does not appreciate it

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

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

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, dead - Cause. injury.

Paternal Relatives, no insanity Known.

Mother, living, well.

Maternal Relatives, no insanity Known

Brothers and Sisters, Well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Rheumatism, Gonorrhoea. Syphilis 4 yrs. (Doctors Told him he had it) Patient a masturbator.

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, frontal headaches

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels,

Copy of Notice of Hearing petition of Bridget Sullivan for appointment of a guardian for Rodger Sullivan, insane, served & service admitted April 20 1900

HF 4/25 (Filed with commitment papers.)

Care of Miss Roger Sullivan - notify Mr O. McCanna Shieldsville Minn

RISTICS.

VEIGHT, NUTRITION, Anaemic.

h.

protruded slowly.

ngs & responses normal.

Grasp,

s & tongue.

flexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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 fair.
B sounds. Vesicular

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 of very nervous disposition. Has been indiscrete: shows little judgment. Worries much about himself. Says he has been charmed to do certain things. Is superstitious & fearful. Has practised self-abuse for several years. Now "controled by others". Physically is weak, anaemic, heart irritable. Is very neurasthenic.

Personal and Medical History of Rodger

Whole No. 55-47

Residence, Rice County.

Date Admission, April 9th, 1900

Admitted by Dr. A. T. Kilbourne hour, 3 30 pm.

How Sent, James Hunter J. of P. Rice Co.

Sex, Male Age, 27

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common School

Profession, Religion, Catholic.

Habits, Intemperate

Nativity, Minn. Rice Co. Minn. Parents Ireland

Physicians Committing, P. Albert Smith & Rosco V. Jackson

Correspondents,

No. of Ves

Insane

Cause Exc

Cause Predis

Form, Ac

Accompanying Bod.

Suicidal or not, N

Date of this Attack,

Duration, 2 mon

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 27

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* April 1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, impaired.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, does not appreciate it.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
of precaution.

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. injury.

Paternal Relatives, no insanity known.

Mother, living, well.

Maternal Relatives, no insanity known

Brothers and Sisters, Well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Rheumatism, Gonorrhoea. Syphilis 4 yrs. (Doctors Told him he had it) Patient a masturbator.

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, frontal headaches.

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels, irreg.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 6 ft 1/2 in. PRESENT WEIGHT, 154 lbs. USUAL WEIGHT, NUTRITION, Anaemic.

WOUNDS, Abnormalities and condition of Skin, Skin sluggish.

TONGUE, Coatings or Promptness of Movement, coated; fissured - protruded slowly.

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, normal. Legs, do. Grasp,

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

PATELLAR REFLEX, exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, irritable.

ARTERIES,
Pulse flabby.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion fair.
B 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, 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 of very nervous disposition. Has been indiscrete: shows little judgment. Worries much about himself. Says he has been charmed to do certain things. Is superstitious & fearful. Has practised self-abuse for several years. Now "controlled by others". Physically is weak, anaemic, heart irritable. Is very neurasthenic.

Personal and Medical History of Rodger Sullivan.

1900

This patient was brought here by T. B. McGinnis, attended by John Sullivan in good physical condition, with the following history. No history of heredity or consanguinity in patient or parents: for merit is intemperate: First symptoms of this (first) attack manifested three months ago by melancholy, listlessness, irritability, sleeplessness & irrational talk: disease increasing, variable with irregular rational intervals: derangement now manifested by fear of bodily harm, thinking he is under a baneful influence, going to be killed, etc. Has shown no disposition to injure others; not suicidal, filthy or destructive: no previous peculiarities, serious disease or head injury: Has not been confined or restrained. Has had no treatment. On personal examination: Rapid, weak pulse, normal temp.: dazed abstracted look.

On admission put upon B 3 E. (T. F. N. Apt) Complexion Sandy: hair black eyes blue: condition of skin good: One small scar on left eye brow Scar on right elbow: clean. Teeth:- In poor condition: 1 gone from left lower jaw. Behavior good. ——— .. ———

Apl 9/ Received on B 3. Patient seems confused: not able to tell how or when he came here. Apl 16. Inclined
May 1/ to lie around; is lazy. May 1. Wt 131 P 100. May 30. Patient is rather dull & generally sluggish.
July 30/ Vaccinated successfully. July 31. Nothing special to report. Is dull, sluggish & lazy. Does no work.
Aug 31 Confused, dull, sullen & stubborn. Is irrational. Frequently tries to elope. Sept 22. Complains
Sept 30 of soreness in right hip. Transferred to 7 W; put to bed on treatment. Oct 1. Wt 133 #
Nov 1 still complains of pain. Nov 1. Patient appears to be failing physically; coughs excessively
29 a great deal. Nov 29. Patient up: given clothes & transferred to 13 3. Jany 1901. Wt 148 #. Pgr.
1901
Jan 31 Patient continues depressed: somewhat improved physically. Is on electrical treatment.
Mar 10 Is dull, confused, surly: Apl 18. Had trouble with patient Kiely. July 19. Eloped: was
July 9/ returned at night. July 31. No change to report in Condition. Augt 1. Weight 118 #.-
Sept 30 Patient has not improved very greatly, but was taken home by sister, to day -
1902 Talks to himself some: rather confused: somewhat incoherent. Jany 18/02. Was
Jany 18 Returned: Jany 31. Still confused: at present, rather sullen.
" 31
03
Jan 31 Has changed almost none during the whole year. If
any thing is more stubborn & sullen; is incoherent & untidy.

Personal and Medical History of

Personal and Medical History of Mrs. M. Elliott

Whole No. 55-43

Residence, Washington County

Date Admission, April 9th 1900

Admitted by Dr. E. Z. Wanous hour, 6.30 p.m.

How Sent, Frank Wilson from P. Washington Co.

Sex, Female Age, 32

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farmer

Degree Education, District School

Profession, Religion, Catholic

Habits, Not intemperate

Nativity, Stillwater, Minn. Parents, Ireland

Physicians Committing, F. A. Stevens & E. O. E. Zuligh

Correspondents, Miss Lizzie Elliott, Stillwater, Minn. (five miles from town)

No. for Year, 173

Insane Relatives, None

Cause Exciting, Supposed to have specific origin

Cause Predisposing,

Form, Acute Mania

Accompanying Bodily Disorder, Fainting Spells-Possibly Epilepsy

Suicidal or not, Not suicidal (except cut his own feet)

Date of this Attack, Nov. 1899.

Duration, Four months.

No. of Attack, 2nd.

No. of Admission, 2nd

Age First Attack, 26.

Time of Leaving, August 16 - 1901

Time in Hospital, 1 yr 4 mos 7 ds

Result, Recovered

Discharged by Supt. July 7-1902

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* Apr. 1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good.
Recent Events, " Special Subjects, Confused at times

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,
Regarding self.

HALLUCINATIONS, of hearing

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, living - well.

Paternal Relatives, no insanity.

Mother, living - well.

Maternal Relatives, no insanity

3 Brothers and 3 Sisters, One brother has bladder trouble.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Syphilis - 7 yrs. ago.

HABITS, Drinking and Smoking, drinks & smokes to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, At times when working hard.

OCCUPATION, Healthy or not,

Detail Date, Duration, and Character of Previous Attack, if any,
7 yrs ago.

Sleep, Appetite, and Bowels, regular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, — PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, good.

WOUNDS, Abnormalities and condition of Skin, both feet cut during irrational interval. skin muddy.

TONGUE, Coatings or Promptness of Movement, grayish coating.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. responses sluggish especially left.

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.

PATELLAR REFLEX, Other Reflexes,

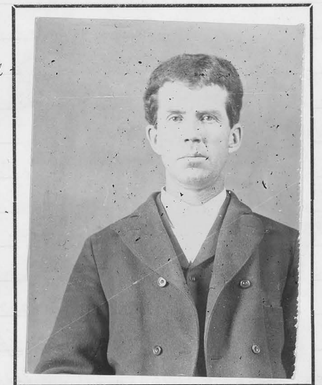
ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, regular



ARTERIES,
Full. & compressible.

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

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, 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 here before. At intervals very rational & clear. During spells much confused - controlled by others & forced to do things he would resist - Cut his feet with ax because someone told him to do so. Physically in good condition - in bed because of cuts on feet

Personal and Medical History of Wm. F. Elliott.

1900

This patient was brought here by G. W. Smith, attended by E. F. Anderson + James Elliott, in fair physical condition, with the following history: No history of heredity, consanguinity or intemperance in patient or parents: First symptoms of insanity manifested in 1896 when patient was confined in this (Rochester) Hospital from July 24'96 to Mar. 9. '98 (Rec Vol. 33 Folio 317. case No. 4457) Improved by treatment: First symptoms of present attack manifest in Nov. 1899 by stripping himself in a public place - and on Mar. 22nd, 1900, when he struck each foot with an axe intentionally, cutting feet severely. Disease is increasing: Variable: Derangement now manifested by cutting himself: No disposition to injure others: not suicidal - (except that he cut his feet) Not filthy or destructive: no previous peculiarities: Has fainting spells (possibly Epilepsy) Has not been confined or restrained + received no treatment except as stated above. On personal examination:- Has peculiar facial expression. On admission put upon Inf. East. (G. H. N. Rpt) Complexion light. Hair brown: eyes gray: condition of skin good - one scar ½ in. long on left foot: scar 1 in long on right foot: scar on left knee: scar on right foot back of big toe: 2 teeth gone from lower jaw: fairly clean: Behavior good

Apl 9 Received on I.W. put to bed: has cut 2 wounds, on left foot: one on right. Walks lame. Patient states "While cutting wood, something told him to chop his feet, and he did." Patient "hears voices".

17 Visited by Mother: Is up on ward. Apl 13. Transferred to B3. Apl 14. Seems now quite rational.

23/24 Is bright + quite normal: works on ward - Apl 30. Condition seems considerably improved. —

30 May 1 Wt 186#. Pg 7a. May 31. Patient is up + about Daily: neat + clean in habits. Behavior good. -

31 June 14 Is now working in dining-room. Transferred to A1. July 12. Vaccinated successfully.

July 31 Physical health is good. Habits neat + clean. Works in dining room. Condition improved. -

Aug 1/ Quiet + well behaved: works in dining-room. Aug 3. Went out Camping, at Oronoco. Sept 2. Returned from Camp. Oct 10. Refused to work longer: said "he was going to elope" - Transferred to B3.

Oct 10 24 Attempted to elope from dining-room - Transferred to B3. Dec 1. Wt 164#. Not to be depressed.

1901 Jan 31 Has been some brighter, of late. May 31/1901. Physical condition good. Works on ward. —

Feb 1 Wt 201#. Mar 30. appears somewhat depressed at times. Tidy in habits + works well on ward.

Apl 6 Visited by Cousin. May 1. Wt 193#. May 15. To B3. June 30. A good worker on ward. During

June 30 period, very quiet + well-behaved: sociable + agreeable: attends amusements: converses freely + rationally: appears slightly childish. July 12. Went out to work at barn -

Aug 16 Health good: Mental condition quite good.

Sent home with Sister, who had been visiting him.

Discharged

Personal and Medical History of

Personal and Medical History of John Norbeck

1900

Whole No. 5544

Residence, Ramsey County.

Date Admission, April 6th. 1900.

Admitted by Dr. E. J. Mavous hour, 6:45 p.m.

How Sent, E. W. Bazille Jr. of P. Ramsey Co.

Sex, male Age, 35 yrs.

Civil Condition, Single.

Children, —

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common School.

Profession, Religion, Lutheran

Habits, Not intemperate

Nativity, Sweden - Parents also Became resident of State & County 25 years ago.

Physicians Committing, Olof Kolberg & E J Davis

Correspondents, Aug. Norbeck (bro) Rosetown, Ramsey Co. Minn

No. of Year, 1st

Insane Relatives, Father (died here.)

Cause Exciting, Isolation

Cause Predisposing, Heredity.

Form, Acute Melancholia

Accompanying Bodily Disorder,

Suicidal or not, Suicidal.

Date of this Attack, One year ago.

Duration, 1 year.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 34 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. E. J. Mavous. *Date of* Apr. 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Sluggish.

MEMORY, Past Events, Impaired.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Dull.

REASONING POWER, Ordinary Subjects, Fair.

Special Subjects,

Own Mental State, appreciates Condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Rather depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Perhaps of persecution.

Has been living alone on a farm & frequently got drunk.

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 yr.

ONSET, Gradual or Sudden, gradual.

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

Father, died in Rochester Hospital. dementia

Paternal Relatives, Uncle in Riverdale insane.

Mother, died - hemiplegia.

Maternal Relatives, No history of insanity.

Brothers and ~~Sisters~~, well.

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

Suppurating inguinal glands on both sides now discharging on left side. Is a masturbator.

HABITS, Drinking and Smoking, To excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Chr. headaches.

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels, ~~Constipated~~

Personal and Medical History of John Norbeck

45/293 55444

M^r John Norbeck

Copy of Order for Hearing Petition of August Norbeck for appointment of Edward Knowlan as guardian for

JACKSON & HOLMES,
ATTORNEYS AT LAW,
612-613 NEW YORK LIFE BLDG.
N. W. TELEPHONE 2228-J1.
M. V. TELEPHONE 579.

JOSEPH A. JACKSON.
ALFRED J. HOLMES.

45/293

ST. PAUL, MINN. May 6th, 1901.

State of Minnesota, }
County of Ramsey. }

IN PROBATE COURT.

Special Term May 2nd, 1901.

In the matter of the Estate of Andrew Norbeck, Deceased.

On reading and filing the petition of Edward Knowlan as Guardian of John Norbeck, Insane, formerly the Administrator of the Estate of said deceased, representing among other things that said John Norbeck was removed as such administrator without having fully administered said estate, and that said Guardian has filed an account of the administration of said John Norbeck and on his behalf, and praying that a time and place be fixed for the examining and allowing the said account, and for the discharge and release of the bond of said John Norbeck as such administrator;

It is ordered, that the said account be examined, and petition heard, by the Judge of this Court, on Tuesday the 28th day of May, 1901, at 10 o'clock A. M., at the Probate Court Room in the Court House in St. Paul, in said County.

Ordered further that notice thereof be be given to all persons interested, by publishing a copy of this order for three successive weeks, once in each week, prior to said day of hearing, in The West Saint Paul Times, a legal newspaper printed and published in said county, and that a copy of this order be mailed forthwith to the Superintendent of The Second Minnesota Hospital for Insane, at Rochester, Minnesota.

By the Court:

(L. S.) E. W. BAZILLE,
5-4-3 Judge of Probate.

Dr. A. F. Kolbourne,
Rochester, Minn.

Dear Sir:-

The foregoing notice is merely a formal matter and is mailed to you at the suggestion of our Probate Judge, in order to avoid any question being raised in the future. John Norbeck was commited to your institution about April 10th, 1900.

Yours very truly,

Jackson & Holmes
attys for Estate.

Personal and Medical History of John Norbeck

Whole No. 5544 No. for Year, 174

Resi
Date
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EXAMINATION ON ADMISSION BY ... Date of ...

MENTAL CHARACTERISTICS.

M
M
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I

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.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of John Norbeck

45/293 5544

M^r John Norbeck

Copy of Order for Hearing Petition of August Norbeck for appointment of Edward Knowlan as guardian for John Norbeck insane; served and service admitted 5th December 1900

(Papers filed with commitment papers.)

CTERISTICS.

UAL WEIGHT, NUTRITION, fairly good.

cial hernia. - Eruption on back (2nd attack)

ish coating.

- eye small. - responses slow.

rmal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands tongue & facial muscles.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity, regular. thick chest

ARTERIES, full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical. Expansion fair. 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, 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 confused, fears being persecuted. says his friends have gone back on him. Has been living alone, which, with his hereditary predisposition has caused him to be despondent & melancholy. Physically is anaemic, sluggish & is suffering from an infection probably specific.

Personal and Medical History of John Norbeck

Whole No

Residence

Date Adm

Admitted

How Sen

Sex,

Civil Con

Children,

Age You

Occupatio

Degree E

Profession

Habits,

Nativity,

Physician

Correspon

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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.

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels,

Personal and Medical History of John Norbeck

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 10 in. PRESENT WEIGHT, 190 lbs. USUAL WEIGHT, NUTRITION, fairly good.

WOUNDS, Abnormalities and condition of Skin, small umbilical hernia. - Eruption on back (boils?)

TONGUE, Coatings or Promptness of Movement, prompt - grayish coating.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - Eye small - 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, slight of hands tongue & facial muscles.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, no Murmurs, Strength, Sounds, Size, Apex Beat, Regularity, regular. Murmurs. thick chest.

ARTERIES, full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.
Expansion fair.
Sounds bronchial

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, 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 confused, fears being persecuted. Says his friends have gone back on him. Has been living alone, which, with his hereditary predisposition has caused him to be despondent & melancholy. Physically is anaemic, sluggish & is suffering from an infection probably specific.

Personal and Medical History of John Norbeck

1900

This patient was brought here by Deputy Sheriff Hanson, accompanied by Lewis Palmon, in his physical condition, with the following history:- No history of intemperance or consanguinity in patient or parents: Father insane: First symptoms of this (first) attack manifested about one year ago by nervousness & sleeplessness: disease appears increasing; not variable; with no lucid intervals: derangement now manifested by suspecting that his brother is trying to get his property away from him. Has shown no disposition to injure others: Has attempted suicide with a revolver: propensity now active: not filthy or destructive: No previous peculiarities, acute disease or head injury: Has not been confined or restrained: no treatment has been employed. On personal examination - nothing further learned. On admission put on B3 E. Complexion light: Hair light brown: eyes blue: condition of skin good. Scar on tip of first finger of right hand: 3 scars on lower abdomen & groins on right side: umbilical hernia: clean: behavior good: Two teeth gone from right upper jaw: 2 alive from left upper jaw: 3 gone from left lower jaw: Two gone from right lower jaw: skin pimpled & blotchy on shoulders: glands in groin are hard & swollen. (Ex'd by Ed. Allen)

Apl 10/00 Received on B3. Is confused & melancholy. Temp 100. Pst. Apl 11. Is very despondent. —
23 Continually tries to get out. Apl 23. Patient continues the same from day to day: is rather a melancholy and depressed condition: seldom speaks. May 1. Wt 184# B 7m. Wanders from the crowd. Patient is of low mental development. June 1. Works on ward. June 30. Condition about same.
July 31/00 Transferred to A2. Wt 200#. Vaccinated unsuccessfully. July 30. Works in the main kitchen.
Aug 1/00 Patient rather listless: When out, continually walks away from crowd. Is very dull: works
3 in main kitchen: takes an interest in amusements. Aug 3. Refused working in kitchen, says
6/03 says "it is too light". Augt. Works on lawn. Aug 13. Parole revoked. Patient shows delusions, in
Oct 12/01 his letters. Oct 12. Has some trouble with eyes — Jany 5/02. Put on electrical treatment (for
2 weeks) Jany 31. No change noticeable. March 31. Rather dull: silly in manner: Is
Mar 31/02 indolent & inactive. May 6. Wt 220#. P 78. Still indolent: will not work. Attends the dance.
June 29 Unable to see any change in condition — July 31. Still no change noticeable, in
July 31/02 any way. Is dull, indolent & inactive. Augt 1. Wt 212# — Jany 31/03. During period
Aug 1/02 to Jany 31 has been rather dull, quiet & indifferent: at times, a little silly, laughing to himself. Usually neat & tidy. Has improved some, towards the last, but still has a dull look, and sluggish activity.

Jan 31/03 Patient is dull, almost to stupidity. Quiet during the whole year. Health good - Behavior good.

Personal and Medical History of

Personal and Medical History of Wm. Zell.

Whole No. 5545

Residence,

Date Admission, Apr. 16. 1900

Admitted by Dr. A. J. Gilbaumme hour, 4 pm

How Sent, Arthur H. Brost, Judge of District Court Wabasha Co.

Sex, male Age, 25-30

Civil Condition,

Children,

Age Youngest Child,

Occupation, Soldier - laborer

Degree Education,

Profession, Religion,

Habits, Intemperate.

Nativity,

Physicians Committing,

Correspondents, Paul Zell Sta. Wabasha, Minn.

No. for Year, 175

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, Dissolational Insanity

Accompanying Bodily Disorder,

Suicidal or not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admission,

Age First Attack,

Time of Leaving, Aug. 30, 1900 Here

Time in Hospital, 4 m. 14 d.

Result, Discharged Aug. 30. 1900 Recovered.

EXAMINATION ON ADMISSION BY DR. Mayhew *Date of* Apr 25-1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Clear.

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Correct.

REASONING POWER, Ordinary Subjects, fair

Special Subjects, "

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Rather depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient very forgetful - at times cannot think where he is.

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 - accident.

Paternal Relatives, No insanity known.

Mother, living Well - #

Maternal Relatives, No insanity known.

4 Brothers and 3 Sisters, Well.

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

Struck over head with gun by Spanish soldier. Malaria & sunstroke in Philippines

HABITS, Drinking and Smoking, drank to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Soldier - Laborer.

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

No.

Sleep, Appetite, and Bowels, Good Fair Constipation

Personal and Medical History of

MIND UNBALANCED.

William Zells, With a Mania for Horses, Sent to the Asylum.

Minona, Minn., Special, April 16.—Sheriff Dickman of Wabasha passed through this city to-day with William Zells, whom he was taking to the insane hospital at Rochester. Zells was arrested some time ago at La Crosse by Sheriff Fuhrmann of this city for stealing a horse from a Wabasha livery. He furnished bail and was released until the next term of court. As soon as he was free he went up to Eau Claire and stole a team of horses. He was soon captured and it was then discovered that his mind was unbalanced, his mania being horse stealing. A hearing before the probate court of Wabasha county resulted in his being sent to the asylum.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 148# USUAL WEIGHT, NUTRITION, Poorly nourished.

nd condition of Skin, more noted - Skin bronzed & sluggish.

nptness of Movement, Coated - dry.

sponse to Light, and Accommodation, Equal - Eye large - responses normal.

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

HEARING, Good.

COORDINATION, Arms, incoord. Legs, incoord. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue & facial muscles.

PATELLAR REFLEX, Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity, irregular.

ARTERIES,

flabby.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical. Expansion good. B. S. Tracheal.

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, 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 of low mental development. Has lived a dissipated life. While a soldier received sunstroke, since which he has not felt so well. Present condition due to that cause. Physically is poorly nourished & sickly.

Personal and Medical History of Wm. Zell.

Whole No. 535-45

Residence,

Date Admission, Apr. 16. 1900

Admitted by Dr. A J Gilbaumme hour, 4 pm

How Sent, Arthur H. Grant, Judge 4th District Court Omaha Co.

Sex, Male Age, 25-30

Civil Condition,

Children,

Age Youngest Child,

Occupation, Soldier - laborer

Degree Education,

Profession, Religion,

Habits, Intemperate.

Nativity,

Physicians Committing,

Correspondents, Paul Zell Sra. Nebraska Minn.

No. of Year, 1735

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form, Dissociational Insanity

Accompanying Bodily Disorder,

Suicidal or not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admission,

Age First Attack,

Time of Leaving, Aug. 30, 1900

Time in Hospital, 4 m. 14 d.

Result, Discharged Aug. 30. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Simmons *Date of* Apr 25-1900

MENTAL CHARACTERISTICS.

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

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

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

REASONING POWER, Ordinary Subjects, fair
Special Subjects, "
Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,

Patient very forgetful - at times cannot think where he is.

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 - accident.

Paternal Relatives, No insanity known.

Mother, living Well - #

Maternal Relatives, No insanity known.

4 Brothers and 3 Sisters, Well.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Struck over head with gun by Spanish soldier. Malaria & sunstroke in Philippines

HABITS, Drinking and Smoking, drank to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Soldier - Laborer.

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

Sleep, Appetite, and Bowels, Constipation

and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 4½ in PRESENT WEIGHT, 149# USUAL WEIGHT, NUTRITION, Poorly nourished.

WOUNDS, Abnormalities and condition of Skin, none noted - Skin bronzed & sluggish.

TONGUE, Coatings or Promptness of Movement, Coated - dry.

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

SIGHT, fair -

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

HEARING, Good.

COORDINATION, Arms, incoord - Legs, incoord. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands, tongue & facial muscles.

PATELLAR REFLEX, Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, weakened -
Apex Beat, Regularity, irregular.

ARTERIES,
flabby.

LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical.
Expansion good.
B.S. Tracheal.

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, 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 of low mental development. Has lived a dissipated life. While a soldier had sunstroke, since which he has not felt so well. Present condition due to that cause. Physically is poorly nourished & sickly.

Personal and Medical History of Wm. Zell.

1900

This patient was brought here by G. L. Dickman, Sheriff, attended by Herbert Bebo and Henry Johnson; only accompanying paper being an order from Arthur H. Snow Judge of District Court of Wabasha County, stating that patient has committed the crime of grand larceny in the first degree, + has now become insane - is incapable of understanding the proceedings against him, ordering that he be committed to the Rochester State Hospital until he so far recovers his reason as to be capable of understanding the proceedings against him, at which time the Superintendent shall notify the Sheriff of Wabasha County. No information given concerning personal history.
On admission put upon B3E: Complexion dark: hair brown: eyes gray: condition of skin good: vaccination mark on left arm: Scratch under right eye: Scar in center of forehead + on left knee: bruise on left leg below knee: clean: behavior good. Two teeth gone from right upper jaw, one from right lower jaw two from left lower jaw. Ex. by D. P. Dillane + E. W. Allen.

Apl 16 Received on Ward: appears confused; dull: very unsteady on feet. Patient has had malaria.
19/21 Says: at times he is badly confused; knows not where he is. Apl 21. Given clothes and transferred
30 to B3: appears satisfied + works on ward. Apl 30. Is in good physical condition: habits clean.
July 29/ Vaccinated unsuccessfully: July 29. Went out Camping, at Oronoco. July 31 Much improved.
Aug 1/31 Returned to ward from Camping at Oronoco. Aug 30. Patient is well-behaved -
2 has parole. Was sent home today.

Discharged

Personal and Medical History of

Personal and Medical History of Roger M. D. Pease

Whole No. 5546

Residence, Hennepin Co.

Date Admission, Apr. 16. 1900

Admitted by Dr. C. Z. Wanous hour, 6.45 pm

How Sent, Dr. Harvey, J. of P. Hennepin Co.

Sex, Male Age, 78

Civil Condition, Married

Children, 9 - 3 living

Age Youngest Child, -

Occupation, Banker + Minister

Degree Education, Common School

Profession, Religion, Baptist

Habits, not intemperate

Nativity, Connecticut - Parents also. President of State + County for ten years past

Physicians Committing, Cyrus K. Barnes + Lyman W. Denslow

Correspondents, Mrs. Emeline B. Pease, 527 13th Ave. S. Minneapolis. Nephritis

No. of Year, 176

Insane Relatives, none

Cause Exciting, unknown

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder, Double Hernia

Suicidal or not, not suicidal

Date of this Attack, about 9 mos. ago.

Duration, 9 mos.

No. of Attack, 5 Th.

No. of Admission, 5th time. (has been in 3 Asylums)

Age First Attack, 61

Time of Leaving, June 11- 1900

Time in Hospital, 1 mo. 26 d.

Result, Died- General Debility with

EXAMINATION ON ADMISSION BY DR. Wanous. Date of 4/17/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, impaired.

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects,

Special Subjects, Fair only.

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
None noted.
Says at times he cannot control himself - is very nervous.

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, Began in 1876. (?)

ONSET, Gradual or Sudden, Gradual.

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

Father, dead.

Paternal Relatives,

Mother, died at 93.

Maternal Relatives,

Brothers and Sisters, 1 bro. dead. 1 sister died of phthisis.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Double Hernia. Haemorrhoids.

HABITS, Drinking and Smoking, no.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, None of late.

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

Sleep, Appetite, and Bowels, irregular irregular irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken. PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, wears double truss - skin anaemic.

TONGUE, Coatings or Promptness of Movement, prompt - no coating.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size small - responses slow.

SIGHT, defective

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

HEARING, fair.

COORDINATION, Arms, very unstable Legs, cannot stand - in bed Grasp,

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

Apex Beat, Regularity, irritable

ARTERIES,
Sclerotic

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical. Expansion poor. Some rales on R. 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, disturbed.

BOWELS, Present Condition, Regular

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

Patient seems much disturbed + very nervous - when anyone approaches him. At other times rests quietly in bed. Seems fearful + resisted examination. Heard answering questions - became disturbed + appeared much excited + upset. Admitted having used morphine at times, of late frequently. Asks for something to steady him. Physically is feeble + very weak.

Personal and Medical History of Roger B. D. Pease

1900

This patient was brought here by John B. Oliver attended by R. D. Pease in fair physical condition, with the following history: No history of intemperance, consanguinity or heredity in patient or Apparents: First symptoms of insanity manifested about 1883. This is fifth attack: Has been confined in the St. Peter State Hospital, and in this (Rochester) Hospital from Mar. 24'91 to May 30'91 (Vol 16. Folio 17 - No. 7643), - discharged Recovered, and from Aug. 17'95 to Mar. 28'96 (Vol 31 Folio 201 No. 4191) discharged Improved. First symptoms of present attack manifested about 9 mos ago by tremor of limbs + restlessness. Disease appears to be increasing with little variation in condition of patient. Derangement now manifested by almost continual motion of hands + limbs, emotional insomnia: no disposition to injure others: not suicidal filthy nor destructive: is irritable + secretive: no venereal disease or head injury: has not been restrained or confined except as stated above: has received no treatment except tonics + quieting medicines: Has had double hernia for many years.
On personal examination:- patient in bed, moved restlessly: talked rationally, at times hysterically: appearance normal: manner nervous and suspicious: On admission put on Dep. E. complexion light: hair gray: eyes gray: hands contracted: fingers crooked: right hand powerless: clean: has good teeth and four stubs in upper jaw: has good teeth in lower jaw: rest out. Behavior good: very feeble

April 16 Received on TW. Is very nervous and feeble. says he has not slept for months. At times, patient
" 28 shouts: says he cannot help it; April 28 Complained of being sick at stomach: is very feeble.
May 16 Complaint of hernia bothering him: also pain in bladder; was catheterized; urine bloody: -
" 27 Has been catheterized daily since 18th inst and bladder washed with boric acid solution. —
June 4 Has swelling on right side of face: hot boric-acid dressing kept on; has considerable trouble
" 7/10 in swallowing. June 9. Abscess on neck opened + dressed by physician. June 10. Had sinking spells.
June 11 Patient much disturbed and excited, all day. Continues to fail rapidly: respiration labored.
Died at 7:30 P.m.

- Died -

Personal and Medical History of

Personal and Medical History of John A. Peterson

Whole No. 5505 49

Residence, Usaw, Goodhue Co.

Date Admission, Apr. 17. 1900

Admitted by Dr. S. S. Scrapple hour,

How Sent, Rud Kallen, C. of P. Goodhue Co.

Sex, male Age, 37

Civil Condition, married

Children, 2

Age Youngest Child, —

Occupation, Farmer

Degree Education, Common School.

Profession, Religion, Lutheran

Habits, not intemperate

Nativity, Goodhue Co. Father Norway, Mother Sweden

Residence of Relatives. Since Aug. 1866.

Physicians Committing, F. W. Dennett & Howard McKinstry.

Correspondents, P. A. Peterson (Son) White Rock Minn.

No. of Year, 179

Insane Relatives, none.

Cause Exciting, unknown.

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder,

Suicidal or not, Not Suicidal - Threatened to kill wife.

Date of this Attack, May. 1899

Duration, 11 mos.

No. of Attack, 1st.

No. of Admission, 1st

Age First Attack, 36

Time of Leaving, September 29th 1900

Time in Hospital, 5 Mos 12 Ds —

Result, Improved. Discharged May 1/1901

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, " Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Correct.

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State, partly appreciates condition.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

depressed by intervals.

DELUSIONS, Systematized, Transitory, Special Subjects,

regarding infidelity of wife - Threatened to kill her.

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, gradual

ONSET, Gradual or Sudden,

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

Father, died - accident.

Paternal Relatives, No insanity known.

Mother, living.

Maternal Relatives, No insanity known.

Brothers and Sisters, bro. Nervous - sister sickly 2 children well

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

Intestinal obstruction 12 yrs. ago.

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Acute frontal headache.

OCCUPATION, Healthy or not, farmer.

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

Sleep, Appetite, and Bowels, irregular irregular irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 9in PRESENT WEIGHT, 185# USUAL WEIGHT, NUTRITION, well nourished

WOUNDS, Abnormalities and condition of Skin, None noted Eruption on skin.

TONGUE, Coatings or Promptness of Movement, grayish coating - fissured.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - eye normal response to light slow.

SIGHT, good.

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

HEARING, good.

COORDINATION, Arms, good Legs, ds. Grasp,

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

PATELLAR REFLEX, normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, 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, 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 depressed & when questioned regarding affairs will frequently burst out in tears. Shows a mental weakness. Condition perhaps developing at present. Has been a hard drinker - shows some motor degeneration. Physically is sluggish - habits irregular.

Personal and Medical History of John A. Peterson

Personal and Medical History of

1900

This patient was brought here by Sheriff P. J. Lundquist attended by John Oderson in good physical condition, with the following history:- No history of heredity, consanguinity or intemperance in parents or patient. First symptoms of insanity manifested in May 1899 by accusing wife of infidelity, sleeplessness, irritability: disease increasing, not variable: no rational intervals: derangement now manifested by jealousy & supposed infidelity of wife: Has threatened to kill his wife: not suicidal, filthy nor destructive: no previous peculiarities, severe disease or head injury: Has not been restrained nor confined: Has received no treatment: On personal examination:- Is irritable & nervous: slight intermittence of heart's action- On admission but on B^{3} (Gen. H. N. Pfpt) complexion dark, hair black, eyes blue, condition of skin good: vaccination scar on left arm: slight eruption on back & shoulders: clean. 3 teeth gone from right upper jaw: 2 from left upper: 4 from right lower, 1 from left lower jaw: Behavior good.

Apl 17 Received on B^{3}. Is very restless and disturbed: inclined to be stubborn: bowels constipated—
19 Attempted Elopement. Apl 21. Expresses delusions of persecution. Apl 22. Thinks he hears his brother
22 not so depressed: assists at ball. Apl 30. Patient seems quite improved. Is quiet and tidy in habits.
30 Wt 182#. Off. May 25. Well-behaved: neat & clean in habits. Patient is working outside—
May 25 vaccinated successfully. July 31. Condition much improved. Well behaved - works some
July 30 Well-behaved: works with gardener: mental & physical condition both good. Sept 21. Transferred to A!
31
Aug 31
Sept 21 Patient sent home.

Discharged

Personal and Medical History of Richard Kenney

Whole No. 5550

Residence, 1038 Lexington av. St. Paul

Date Admission, Apr. 17 1900

Admitted by Dr. C. L. Chapple hour, 6th pm

How Sent, C.M. Bazille, J of P. Ramsey Co

Sex, male Age, 72

Civil Condition, married

Children, 5

Age Youngest Child, —

Occupation, Laborer

Degree Education, Common School

Profession, Religion, Catholic

Habits, not intemperate

Nativity, Ireland. Parents also. Came resident of State in 1856. Of county 5 years ago.

Physicians Committing, Gustav Kleng & C. F. Keer

Correspondents, Mrs Richard Kenney, 1038 Lexington av. St. Paul

No. of Year, 180

Insane Relatives, Two brothers died in this hosp.

Cause Exciting, Not known.

Cause Predisposing,

Form, Acute Melancholia

Accompanying Bodily Disorder,

Suicidal or not, not suicidal

Date of this Attack, Two months ago.

Duration, Two months

No. of Attack, 2nd.

No. of Admission, 2nd

Age First Attack, 63.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Travers *Date of* 4/-/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Alert - Correct.

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State, Good.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,

Says people want to get rid of him because of his mental condition - says mind is 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).

2 Brothers

Father, died - old age.

Paternal Relatives,

Mother, died "

Maternal Relatives,

Brothers and Sisters, Well (2 bros. died in this institution. 5 children - well.

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

Sunstroke in 61(c)

HABITS, Drinking and Smoking, Both.

HEADACHES, VERTIGO, OR CONVULSIONS, Lightness + dizziness.

OCCUPATION, Healthy or not, Laborer.

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

Here before Jan. '91 to Apr. '93

Sleep, Appetite, and Bowels, Poor / Good / Poor / Good / Constipated

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 7½in PRESENT WEIGHT, 138# USUAL WEIGHT, NUTRITION, Fair for age.

WOUNDS, Abnormalities and condition of Skin, Double inguinal hernia. Skin pale - healthy.

TONGUE, Coatings or Promptness of Movement, slight coating - prompt.

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

SIGHT, Impaired.

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

HEARING,

COORDINATION, Arms, good - Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands - tongue steady.

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Rather slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Size, diminished / enlarged

Apex Beat, 5-6 Regularity, Regular.

ARTERIES,

Some sclerosis.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest asymmetrical. Expansion poor. B. sounds roughened

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Fair.

BOWELS, Present Condition, Constipated.

Give condensed statement of the present Mental and Physical Condition (the nearest type of Insanity, the most probable cause, the degree of invasion, estimate of previous mental grade, and any physical impairment). Patient comes to his condition through heredity - is very irritable - continually complains about not receiving right treatment. Shows marked condition of depression & confusion - Is a case of melancholia.

Personal and Medical History of Richard Kenney

1900

This patient was brought here by Deputy Sheriff Hansen in fair physical condition with the following history:- No history of consanguinity or intemperance in patient or parents. Two brothers of patient have died here. This is second attack: First attack occurred in 1891 when patient was confined in this (Rochester) Hospital from Jan. 27 to Sept. 30: (See Vol. 15 Folio 225 No. 2595) discharged improved. First symptoms of present attack manifested two months ago by melancholia: disease appears to be increasing: variable with irregular rational intervals: derangement now manifested by fear of not being able to support family: Has shown no disposition to injure others, not suicidal, filthy nor destructive: no previous peculiarities: sunstroke in 1861, but no other severe disease or head injury. Has not been restrained nor confined except as stated above. Has received no treatment. On personal examination: nothing further particular: On admission put upon B3 (G. H. N. Pat). Complexion light: hair brown and gray: eyes blue: condition of skin fair. 3 small scars on left hip & one on right limb above knee: has double hernia: fairly clean: fourth finger on right hand crippled: feet are shrunken & misshapen: teeth poor: one gone from upper left jaw, one from upper right jaw. Ex by J.R. Gilliland.

Apl 17/00 Received on B3: is somewhat confused: nervous and restless: weak + unsteady. Apl 25. Is despondent; says he would destroy himself if given opportunity. Apl 30. Patient seems brighter: more talkative, and physical condition improved. May 25. Transferred to A. May 31. Has been working with Painter.

May 25/00 to May 31/00 Vaccinated successfully.

July 20/00 to July 31/00 Patient's condition shows some improvement.

Sept 3/00 to Sept 6/00 Transferred to TW: put to bed: prepared for operation for hernia. Sept 4. Was operated on. —

" 6/00 to " 7/00 Temperature continues normal. Sept 7. Receives milk diet. Sept 14. Stitches removed. Sept 25. Patient is up + dressed. Oct. 1. 149#. P.B. assists on ward. Exemparole. Oct 16. Complains of pain during micturition. Nov 14. Transferred to A. Jany 31/1901 Patient's mental + physical condition quite

Nov 14/1900 to Jan 31/1901 good. Goes out walking about the grounds: assists some with work on ward: reads the papers some.

July 1/01 Wt 145#. P 80. Works on ward: complains of appetite. May 9. Sent home to St Paul

May 9/01 to May 27/01 May 27. Returned: said "his people would not keep him". May 28. Transferred to A!

July 31/01 no change in condition to report. Pt still seems melancholy at times. Habits neat + clean.

August 1/1901 to Jany 31/02 Wt 156#. Jany 31/02. During period, usually quiet + well-behaved: answers most questions rationally. "Thinks himself weak", and, at times, is surly + irritable — no bodily illness is apparent. —

Jan. 31/03. Patient is rather senile & somewhat feebleminded. Easily imposed upon; but usually well behaved & of a good disposition.

Personal and Medical History of

Personal and Medical History of William H. Daw.

Whole No. 5551

Residence, St. Paul, Minnesota.

Date Admission, April 18' 1900.

Admitted by Dr. C. L. Chapple hour, 7 P.M.

How Sent, Exr. Bayliss J. of P. Ramsey Co.

Sex, male Age, 56 yrs.

Civil Condition, single.

Children, —

Age Youngest Child, —

Occupation, Paper-hanger.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, Not intemperate.

Nativity, England (Parents also born there)

Physicians Committing, J. J. Christian & J. F. Baker.

Correspondents, Fredk W. Daw 195 Smith Ave. St. Paul, Minn.

No. of Year, 181.

Insane Relatives, None

Cause Exciting, Business worries

Cause Predisposing, Unknown.

Form, Acute Mania

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, One month ago.

Duration, One month.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 56 yrs.

Time of Leaving, ~~June 5' 1900~~ Aug 14/1900

Time in Hospital, Two 18 days.

Result, Discharged Recovered Feb 5' 1901.

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* 4/-/1900

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.
Alert & illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, will not reason.

Own Mental State, does not appreciate condition

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, died - pneumonia.

Paternal Relatives, Grandmother insane.

Mother, died - injury.

Maternal Relatives, None known insane.

Brothers ~~and Sisters~~, well.

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

HABITS, Drinking and Smoking, Moderate.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, Paper hanger.

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

Sleep, Appetite, and Bowels, Moderate good Constipated

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Fair.

WOUNDS, Abnormalities and condition of Skin, None. Skin anaemic. sluggish.

TONGUE, Coatings or Promptness of Movement, grayish coat

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size small. Responses slow.

SIGHT, Poor.

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

HEARING,

COORDINATION, Arms, impaired Legs, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hand, tongue, facial muscles, general.

PATELLAR REFLEX, Exaggerated. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Slurred.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, Regular.

ARTERIES,
Full & compressible.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical.
Expansion fair.
Sounds. R-side sonorous-
rales in upper lobe - rex

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

EXAMINATION URINE, Quantity, 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 confused - fearful & very unsteady - thinks he is here for a punishment & that he ought to be turned out. Has spells of depression & says his friends are not helping him. Refuses to answer questions as tho through fear. Is very nervous.

Personal and Medical History of William H. Daw.

1900

This patient was brought here by Deputy Sheriff Hansen in fair physical condition, with the following history: No history of consanguinity, heredity nor intemperance in patient nor parents: First symptoms of insanity manifested one month ago by insomnia, & increasing nervousness & irritability. Disease appears increasing: is variable: Derangement now manifested by hallucinations & delusions: Patient not disposed to injure anyone: No filthy nor destructive habits: No previous peculiarities noted: No severe diseases nor injuries to head sustained: Has been given hypnotics & tonics. On personal examination extremely nervous.

On admission put upon Infirmary Ward (G.H.N. Dpt. Complexion light: hair grayish brown, bald: eyes blue: Skin in good condition: Bail on left Elbow: Moles on shoulder, & middle finger & R. first finger: Eruptions on shoulders: Is dirty: 6 teeth in lower jaw - false set in upper: Behavior good. Exam. J.B. Spillane)

Apl 18/ 23/ 28/ 30 Received on I.W. Patient is quiet: somewhat depressed: Apl 23 Is somewhat restless: Apl 28 Is up, on ward. Apl 30 Is improving: goes out for exercise. May 2 Patient is quite bright, & is improved physical condition. May 13 Transferred to B2. Quiet & well behaved. Enjoys reading.

July 13 Transferred to A2. vaccinated successfully July 31. Improvement continues. Spends time in reading.

Aug 10/ 14 Patient is rational: hard of hearing: Seems quite anxious to go home: Is neat & clean in dress and habits. Aug 14 Went home.

Discharged

Personal and Medical History of

Personal and Medical History of R. M. Sorenson.

Whole No. 5555

Residence, Winona Co, Minn.

Date Admission, April 24 1900.

Admitted by Dr C. L. Chapple hour, —

How Sent, P. L. Buck Jop P. Winona Co.

Sex, male Age, 53.

Civil Condition, married.

Children, Seven.

Age Youngest Child, —

Occupation, Salesman - (Sewing machines)

Degree Education, Common schools.

Profession, Religion, Not a church member.

Habits, Has been very intemperate

Nativity, Norway.

Physicians Committing, C. B. Blair & H. F. McGaughey.

Correspondents, Mrs. Minnie Sorensen (wife) 1070 Lo Wabasha St. Winona, Minn.

No. of Year, 1895

Insane Relatives, Father committed suicide.

Cause Exciting, Alcohol.

Cause Predisposing, unknown.

Form, Alcoholic Insanity

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, not.

Date of this Attack, 4 months ago.

Duration, 4 mos.

No. of Attack, First.

No. of Admission, First.

Age First Attack, 52 yrs.

Time of Leaving, July 9. 1900

Time in Hospital, 2 mo. 15 d.

Result, Disc Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Watkins Date of 4/26/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired.

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State, Dont. feel well.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Regarding family affairs.

HALLUCINATIONS, of hearing & sight.

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 - Suicided

Paternal Relatives, no insanity known.

Mother, dead - Cancer of stomach.

Maternal Relatives, no insanity known.

Brothers and Sisters, 3 well.

2 Children are well.

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

HABITS, Drinking and Smoking, drank to excess when young. Smoked some.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches at times.

OCCUPATION, Healthy or not, Canvasser

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

Sleep, Appetite, and Bowels, disturbed. good. Constipated.

RECEIVED
APR 26 1900
BINGHAM MEMORIAL
BINGHAM

R. M. Sorensen, a traveling agent for the Singer Sewing machine, was yesterday morning in the probate court adjudged insane, and ordered taken to the insane asylum at Rochester for treatment. Sorenson, who is 53 years of age, realized his condition and the fact that his mind was failing him. Accompanied by his wife he made application to the court to be committed to the asylum, and it was largely at his request that he was accommodated. It was shown that he could not sleep, was afflicted with delusions and persisted in carrying around the house a couple of loaded revolvers. Sorenson has several children.—Winona Helald.

Winona Minn
May 3, 1900

Medical Superintendent,

Dear Sir:

My husband first attack was taken the first of the year. The effect I think was brought on by drinking. The first that I noticed was he did not sleep much nights and talk to himself. And then he heard voices in the room which where not

NUTRITION, Good.
Strong.

normal. normal. response to light plus.

Normal. Grasp,
of hands & tongue.
Other Reflexes,

Chest symmetrical -
Expansion good.
Bounds 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, 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 talks quite rationally tho somewhat disconnectedly. In statements made cannot remember particulars. History shows hallucinations of sight & hearing. Has been unable to sleep: is very nervous & has worried about business, which has caused his trouble.

Personal and Medical History of

Whole No. 5555

Residence, Winona Co, Minn.

Date Admission, April 24 1900.

Admitted by Dr C.L. Chapple hour, —

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

Sex, male Age, 53.

Civil Condition, married.

Children, seven.

Age Youngest Child, —

Occupation, Salesman - (Sewing machines)

Degree Education, Common schools.

Profession, Religion, Not a church member.

Habits, Has been very intemperate

Nativity, Norway.

Physicians Committing, P.B. Blair & H.J. McGaughey.

Correspondents, Mrs. Minnie Sorensen (wife) 1070

EXAMINATION ON ADMISSION BY DR. W

MENTAL CHARAC

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

MEMORY, Past Events, Impaired-

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State, Dont. feel well.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Regarding family affairs.

HALLUCINATIONS, of hearing & sight.

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.

not there, than he saw people or engagements, he saw them in the room and they were nobody there, he said they were talking about him.

But there was not any body in the room but himself.

One night he saw (that is he said he saw) a man get killed in the front room and saw some men carried him out the front door, and carried away in a box.

And he was all the time hunting for some body in the house that was not there.

He carried loaded revolvers to kill that some body he could not find.

At last he was afraid to go to sleep for fear that some body should hurt him or kill him.

I had to watch him might for fear he would kill himself for he said he would.

You will have to watch him ~~all~~ close for he is offel.

ONSET, Gradual or Sudden,

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

Father, dead - Suicided.

Paternal Relatives, no insanity known,

Mother, dead - Cancer of Stomach,

Maternal Relatives, no insanity known.

Brothers and Sisters, well.

2 Children are well.

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

Yellow fever - gonorrhoea.

HABITS, Drinking and Smoking, drank to excess when young. smoked some.

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches at times,

OCCUPATION, Healthy or not, Canvasser

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

Sleep, Appetite, and Bowels, disturbed / good / Constipated.

R.M. Sorensen, a traveling agent for the Singer Sewing machine, was yesterday morning in the probate court adjudged insane, and ordered taken to the insane asylum at Rochester for treatment. Sorenson, who is 53 years of age, realized his condition and the fact that his mind was failing him. Accompanied by his wife he made application to the court to be committed to the asylum, and it was largely at his request that he was accommodated. It was shown that he could not sleep, was afflicted with delusions and persisted in carrying around the house a couple of loaded revolvers. Sorenson has several children.—Winona Helald.

HA

NUTRITION, Good.

Strong.

qual - Normal - response to light plane.

Normal. Grasp,

of hands & tongue.

Other Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

Chest symmetrical -

Expansion good.

B. sounds normal -

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Good.

BOWELS, Present Condition, 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 talks quite rationally tho somewhat disconnectedly. In statements made cannot remember particulars. History shows hallucinations of sight & hearing. Has been unable to sleep: is very nervous & has worried about business, which has caused his trouble.

Personal and Medical Histor

Whole No. 5555

Residence, Minnoa

Date Admission, April

Admitted by Dr C.L.

How Sent, H.L. Buck Jo

Sex, male A

Civil Condition, married

Children, Seven.

Age Youngest Child,

Occupation, Salesman - Sewing ma

Degree Education, Common school

Profession, Religion, Not a church mem

Habits, Has been very intemperate

Nativity, Norway.

Physicians Committing, C.B. Blair & H.F. McGaughey.

Correspondents, Mrs. Minnie Sorensen (wife) 1070 LaWabasha St. Minona, Minn

53 yrs.

ing, July 9. 1900

Hospital, 2nd 15th

esult, Discharged Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Travares *Date of* 7/26/1900.

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired.

Recent Events, " Special Subjects, do.

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

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State, Dont. feel well.

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Regarding family affairs.

HALLUCINATIONS, of hearing & sight.

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 - Suicided.

Paternal Relatives, no insanity known.

Mother, dead - Cancer of stomach.

Maternal Relatives, no insanity known.

Brothers and Sisters, well.

7 Children - are well.

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

HABITS, Drinking and Smoking, drank to excess when young. smoked some.

HEADACHES, VERTIGO, OR CONVULSIONS, headaches at times.

OCCUPATION, Healthy or not, Canvasser

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

Sleep, disturbed Appetite, good and Bowels, Constipated.

Personal and Medical History of

R. M. Sorensen, a traveling agent.

C. B. CALLAHAN, Postmaster.

Money Order office open from 8 a. m., to 7:30 p. m., every day except Sunday.
P. m., every day from 9 to 10 a. m.
SUNDAY—Door will be open from 11.45 to 12.15 m.
General Delivery, 11.45 to 12.15 m.
Persons calling for letters, and give date of
call for "Advertised" letters in two weeks they will
be sent to the Dead Letter office.

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 Ft 10 in. PRESENT WEIGHT, 176 USUAL WEIGHT, NUTRITION, Good.

WOUNDS, Abnormalities and condition of Skin, Scar on leg. Skin reddish & bronzed.

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, Many glasses to read.

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, Increased. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, 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,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, Good.

BOWELS, Present Condition, Constipated

CRANIAL MEASUREMENTS.

Circumference Horizontal,

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 talks quite rationally tho somewhat disconnectedly. In statements made cannot remember particulars. History shows hallucinations of sight & hearing. Has been unable to sleep: is very nervous & has worried about business, which has caused this trouble.

Personal and Medical History of P. M. Sorensen.

1900

This patient was brought here by Sheriff Aug. Fehrmann in good physical condition, with the following history:- No history of consanguinity. Father committed suicide: patient has been very intemperate. First symptoms of insanity manifested four months ago, became nervous & unsettled: disease appears increasing: not variable. Derangement manifested by thinking sons have intercourse with mother: hears strange voices at night & searches house for strangers: Not disposed to injure anyone: No filthy nor destructive habits noted: Has always had a violent temper: Injury to head sustained: Supposed cause of disease excessive use of alcohol. Never under restraint nor medical treatment. On personal examination expression stolid: has delusions: Realizes his condition & is anxious for treatment. On admission put upon B.D.C. (2 H.N. Rpt. Complexion dark: Hair dark brown, part bald: eyes blue: Skin in good condition: Vaccination marks on left arm: several small scars on legs, scalp: above right eye & between eyes. Is clean: 5 teeth gone from lower & 5 from upper jaw: Behavior good: (Exam. by H.S Heldon.)

Apl 24/ Received on B.3. Is rather depressed & nervous: says "he has been overworked": Apl 30. Has improved.
May 5/ Transferred to A.: frequently complains of headache. May 31. Is less depressed: more cheerful,
June 1 apparently: less nervous. June 1. Wt 184# P 76: Sprinkles lawn every morning: much improved.
July 9 Sent home.

Discharged

Personal and Medical History of

Personal and Medical History of Swan Swanson.

Whole No. 5556
Residence, Ft. Goodhue, Goodhue Co. Minn.
Date Admission, April 25 1900.
Admitted by Dr. O.C. Heyerdale hour, 7 PM.
How Sent, Axel Haller & Ap'd Goodhue Co.
Sex, male Age, 62 yrs.
Civil Condition, Widowed.
Children, two.
Age Youngest Child,
Occupation, Carpenter
Degree Education, Common school.
Profession, Religion, Not a church member.
Habits, Unknown.
Nativity, Sweden (Parents also born there
Physicians Committing, G.C. Millner & A.W. Jones.
Correspondents, Mrs. Amelia Newman (Sister) Goodhue Minn.

No. of Year, 136.
Insane Relatives, None
Cause Exciting, Unknown.
Cause Predisposing, Previous attack.
Form, Senile Dementia
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Not.
Date of this Attack, About one year ago.
Duration, One year
No. of Attack, 2nd
No. of Admission, 1 Ken (At No. Fork, Neb.)
Age First Attack, About 53
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Warson Date of Apr 26/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Rather confused & sluggish.
MEMORY, Past Events, fair.
Recent Events, much imp. Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Rather dull.
REASONING POWER, Ordinary Subjects, impaired.
Special Subjects,
Own Mental State, does not appreciate it.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed.

DELUSIONS, Systematized, Transitory, Special Subjects,
of poisoning.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead.
Paternal Relatives,
Mother, dead.
Maternal Relatives,
Brothers and Sisters,
2 boys living.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Malaria in the army.
HABITS, Drinking and Smoking, Uses chewing t. Drank to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, No.
OCCUPATION, Healthy or not, farmer.
Detail Date, Duration, and Character of Previous Attack, if any,
No.
Sleep Good Appetite fair and Bowels regular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 6. PRESENT WEIGHT, 135 lbs USUAL WEIGHT, NUTRITION, fairly well nourished
WOUNDS, Abnormalities and condition of Skin, O
TONGUE, Coatings or Promptness of Movement, Clean. prompt.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - small - responses slow.
SIGHT, impaired - wears glasses to read -
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, defective.
COORDINATION, Arms, normal - Legs, normal - Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, rather exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, hesitating.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, Enlarged toward axilla & down. Maximum impulse
Apex Beat, Regularity,

ARTERIES,
Sclerotic.

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

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

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

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

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

The patient shows a marked impairment of memory for recent events. not able to tell when he came here or where he came from. Condition due to senility & depression over troubles. A case of Senile Melancholia.

Personal and Medical History of Swan Swanson.

1900.

This patient was brought here by Sheriff P.J. Lundquist, in fair physical condition, with the following history: No history of consanguinity; no hereditity: History of intemperance unknown: First symptoms of insanity manifested about ten years ago & patient was at hospital at North Fork Nebraska for a year & a half. First symptoms of present attack manifested about a year ago by delusions of poisoning drove sister from house & threatened violence. Disease appears increasing: So variable with rational intervals: Derangement now manifested by threatening violence to others & by delusions of poisoning: No filthy nor destructive habits: No previous peculiarities: Nothing known concerning severe diseases nor injuries to head: No confinement nor restraint employed: No Matment pursued. On personal examination is apathetic, stupid, lacks intelligence, memory, especially, for recent events, poor: Pulse 84. Arteries atheromatous.

On admission was put on B3 (G.H.N.Rft. Complexion light: hair brown & gray: eyes gray: Condition of skin good: vaccination mark on left arm: Small scar (scars) on left side of abdomen: No vermin: is clean. Teeth 4 stubs in upper jaw: and 7 in lower jaw: rest gone) ———

Apl 2/00 Received on Ward: Patient appears demented: memory poor: Apl 25. Restless & rambles from ward: May 30 Cannot find his way to any place on ward. May 30. Condition shows no special change. — June 4/30 Wt 134#. P84. June 30. Patient still seems demented: wanders aimlessly about ward. — July 31 Condition continues about the same. Aug 30. Is much demented: rather indifferent to surroundings: seldom answers questions. Oct 31. no noticeable change in condition Oct 31 Wt 135#. P88. Dec 1900 Jany 31/901. No change in either mental & physical condition to report. Jany 31 Indifferent: demented. Feby 1. Wt 132#. Apl 4. Transferred to D3rd. Is very dull: rarely speaks. Apl 4/01 indifferent to surroundings: does nothing. Habits cleanly: well-behaved. Apl 10. Began working at May 1 East barn. May 1. Wt 126#. July 31. No apparent change. Physical condition only fair: July 31 is quite senile & thin. Works regularly on farm. Augs Wt 118#: Nov 1. Wt 128#. — July 31 1901 Has worked regularly on farm: very quiet & peaceable: physical health not very good: but has had no acute illness.

Feb. 1/02 Wt. 132#. Aug. 1 Wt. 122#. Nov. 10 Visited by friend.

Jan 31/03. Has worked quite regularly on farm & in mattress shop; quiet; much demented; senile; habits rather untidy; physical condition fair.

Personal and Medical History of

Personal and Medical History of Patrick Moran.

Whole No. 5558

Residence, St. Paul, Minn.

Date Admission, April 26 1900.

Admitted by Dr. C. L. Chapple hour, 7 PM.

How Sent, Ch. Baylis & Asst. Ramsey Co.

Sex, male. Age, 38

Civil Condition, married.

Children, two.

Age Youngest Child, –

Occupation, Laborer.

Degree Education, Very little

Profession, Religion, Catholic.

Habits, Not intemperate.

Nativity, Ireland (Parents also born there)

Physicians Committing, Chas. L. Meade & J. C. Markoe.

Correspondents, Mrs Patk. (Agusta) Moran. 321 W. 7th St. St. Paul, Minn.

No. of Year, 188.

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, January 1899.

Duration, 1yr 4 mos.

No. of Attack, 1st

No. of Admission, 1st

Age First Attack, 38 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Markoe *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
believes his friends & wife are plotting against him.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, Gradual.

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

Father, Nothing known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid 4 times - last attack 4 yrs. ago. malaria discontinued - 4 yrs ago syphilis - took treatment two years

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Chr. Headaches after syphilis

OCCUPATION, Healthy or not, laborer

Detail Date, Duration, and Character of Previous Attack, if any,
None.

Sleep, Appetite, and Bowels, Regulated.

Personal and Medical History of

5558/425/325

M^r Patrick Moran

Copy of Order for Hearing Petition of Auguste Moran for appointment of as guardian for Patrick Moran insane; served and service admitted Petition & the heard Feb 11/1901.

(Papers filed with commitment papers.)

ACTERISTICS.

SUAL WEIGHT, NUTRITION, poor.

th legs: Skin brown - sluggish.
Slow to respond.
. eye small. responses impaired.

mal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Present of hands, tongue & facial muscles.

PATELLAR REFLEX, Impaired in L. knee - R. normal. Other Reflexes,

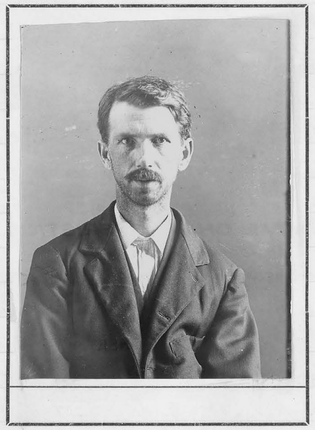
ARTICULATION, Slurred, Hesitating, Slow, N. very talkative.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, Normal.

HEART, Murmurs, Strength, Sounds, Size, N

Apex Beat, N Regularity, N.



ARTERIES,
full & compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical.
Expansion normal
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 seems rather agitated but depressed. Fears everyone wishes to harm him. Has had specific trouble for which he has been treated: Condition began about two years after the infection. Physically in fair condition.

Personal and Medical History of Patr

Whole No. 5558	No. of Year, 1
Residence, St. Paul, Minn.	Insane Relatives, No
Date Admission, April 26 1900.	Cause Exciting, Unkn
Admitted by Dr. C. L. Chapple hour, 7 PM.	Cause Predisposing, Unknown
How Sent, Co. Bayliff Dep. Ramsey Co.	Form, Acute Mel
Sex, male. Age, 38	Accompanying Bodily Disorder, None me
Civil Condition, married.	Suicidal or not, Not.
Children, two.	Date of this Attack, January 1899.
Age Youngest Child, —	Duration, 1yr 4 mos.
Occupation, Laborer.	No. of Attack, 1st
Degree Education, Very little	No. of Admission, 1st
Profession, Religion, Catholic.	Age First Attack, 38 yrs.
Habits, Not intemperate.	Time of Leaving,
Nativity, Ireland (Parents also born there)	Time in Hospital,
Physicians Committing, Chas. L. Meade & J. H. Mankey.	Result,
Correspondents, Mrs Kath. (Agusta) Moran. 321 W. 7th St. St. Paul, Minn.	

EXAMINATION ON ADMISSION BY DR. Manous *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, good

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, good.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
believes his friends & wife are plotting against him.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden, Gradual.

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

Father, Nothing Known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid 4 times - last attack 4 yrs. ago. Malaria
Rheumatism - 4 yrs ago Syphilis - took treatment two years

HABITS, Drinking and Smoking,

HEADACHES, VERTIGO, OR CONVULSIONS, Chr. Headaches after syphilis

OCCUPATION, Healthy or not, Laborer

Detail Date, Duration, and Character of Previous Attack, if any,
None.

Sleep, Appetite, and Bowels, Disturbed.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft. 9½ in. PRESENT WEIGHT, 146# USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, Varicose viens, both legs: Skin bronzed - sluggish.

TONGUE, Coatings or Promptness of Movement, Grayish coating: slow to respond.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size small. responses impaired.

SIGHT, fair

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

HEARING, good

COORDINATION, Arms, normal Legs, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Present of hands, tongue & facial muscles.

PATELLAR REFLEX, Impaired in L. knee - R. normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, n. very talkative.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, normal.

HEART, Murmurs, Strength, Sounds, Size, n

Apex Beat, n Regularity, n.

ARTERIES,
full & compressible

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical.
Expansion normal
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 seems rather agitated but depressed. Fears everyone wishes to harm him. Has had specific trouble for which he has been treated: Condition began about two years after the infection. Physically in fair condition.

Personal and Medical History of Patrick Moran.

1900

This patient was brought here by Sheriff's deputy Hamm attended by Tom Galvin, in good physical condition, with the following history:- No history of consanguinity, lunacy nor intemperance known: First symptoms of insanity manifested in January 1899: Disease appears increasing: Derangement now manifested by delusions of persecution: 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 given home treatment & sedative medication. On personal examination became violently excited and excessively talkative.

On admission put upon B³ E (G.P.N. Rpt. Complexion dark: hair black: eyes gray: skin in good condition: scar on chest: Is clear: Has varicose veins in left leg: One tooth gone from upper & one from lower jaw: Behavior good.)

Apl 26 Received on B³. Says his wife was the cause of him coming here: "thinks patients are working against him". Has various delusions of persecution. Apl 30. No change specially noticeable.—
May 9/99 Patient depressed: does no work: Is in fairly good physical condition. May 19. Visited by wife.—
28 Attempted Elopement. June 4. For several days, has taken but little nourishment. Still depressed.
June 4/99 June 20. No noticeable change. July 6. Wt 126#. July 30. Patients condition remains about same.
Aug 30 Well-behaved & agreeable. Holds "delusions of persecution". Oct 28. Complains of diarrhoea: Was
Oct 28/99 transferred to T.W.; put to bed & on treatment. Oct 31. Temp & abnt. Does. Transferred to B³.—
Jan 26/00 "Thinks his family has gone back on him"— Jan 26. Had "fainting spell" while going to closet.—
31 Was transferred to T.W.: Temp. 97 P 90 R 20. Coughs & expectorates a great deal. Lungs: Is still in bed.
July 1 Transferred to B³. March 2. Little change in condition; is quite talkative & rational, but thinks he has been misused, especially by his wife. Is tidy in habits and works on ward.
Apl 4/00 Very excitable and restless: irrational. Apl 20. Struck Oscar Cole on head with mop stick.
23 Transferred to 6. Apl 23. Visited by wife: was very abusive and using obscene language.
29 very violent to nurses: struck nurse Pattison in the face: Put in protection sheet
29/99 15 hours. Apl 28. In protection sheet 23 hrs: Apl 29. 20 hours in protection sheet—
May 1 more quiet but still very delusive. May 1. Wt 134#. July 31. Very little change: Still
July 31 very abusive & threatening in language & delusional: rarely speaks civilly: Habits tidy.
works a little on ward. Pretends to read, but is constantly talking to himself. Physical
Aug 8/99 health good. Aug 8 Wt 149#. Aug 8. Visited by wife. Nov 2 Wt 138#. Dec 9. To B³.—
Jan 13/00 Visited by Cousin. Jan 31. During most of period, has been very ugly noisy and
31 abusive: Has quieted down some lately. Irrational in speech: Does no work: is inclined to be violent.

Feb. 1/02 Wt. 154#. May 1 Patient has been very delusional, abusive in talk & noisy. Works a little on ward; quite cleanly in habits; May 16 Visited by wife. Aug 1 Wt 157#

Personal and Medical History of

Aug 1. Visited by sister.
Jan 31/01 Continues to talk spitefully and abusively, but causes no trouble; still works a little on ward.

Personal and Medical History of Nels Kvale.

Whole No. 5560
Residence, Northfield, Minnesota.
Date Admission, May 2' 1900.
Admitted by Dr. O. C. Fryerdale hour, 3 30 PM.
How Sent, James Hunter Jap? Rice Co.
Sex, male Age, 28 yrs
Civil Condition, single
Children, none
Age Youngest Child, –
Occupation, Clerk.
Degree Education, Common.
Profession, Religion, Lutheran.
Habits, Not intemperate.
Nativity, Norway. (Parents also born there)
Physicians Committing, Wm. Graves & W. A. Hunt.
Correspondents, Sister Mrs. Andrew Groos. Northfield Minn.

No. of Year, 190.
Insane Relatives, None.
Cause Exciting, Worry.
Cause Predisposing, unknown.
Form, Acute Hypersonia Melancholia
Accompanying Bodily Disorder, unknown.
Suicidal or not, Not.
Date of this Attack, April 2' 1900.
Duration, One month.
No. of Attack, First.
No. of Admission, First.
Age First Attack, 28 yrs.
Time of Leaving, December 27 – 1901
Time in Hospital, 1 yr. 7 mos 25 ds
Result, Recovered; Discharged by Supt. July 5 – 1902

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* May 4/1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Somewhat sluggish & confused.
MEMORY, Past Events, impaired
Recent Events, Special Subjects,
PERCEPTIVITY, Alert or Dull, Correct or Illusive.
dull.
REASONING POWER, Ordinary Subjects,
Special Subjects,
Own Mental State, Appreciates condition.
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Indifferent &
DELUSIONS, Systematized, Transitory, Special Subjects,
Has spells when he cannot control himself.
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,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Sunstroke(?)
HABITS, Drinking and Smoking, drank & smoked to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, 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, 5 ft. 8 PRESENT WEIGHT, 154 lbs USUAL WEIGHT, NUTRITION, Good.
WOUNDS, Abnormalities and condition of Skin, anaemic.
TONGUE, Coatings or Promptness of Movement, Coated - sluggish.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size & response normal
SIGHT, good.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, N. Legs, N. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, present of hands & tongue.
PATELLAR REFLEX, Exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size N.
Apex Beat, Regularity,
ARTERIES,
full. pulse bounding.
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, 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 been worrying about trouble he is involved in. So much depressed & very melancholic Was afraid the woman was going to have him arrested. Has spells when he becomes very much excited & uncontrolable. These may be hysterical. At present is having some rise of temperature & complains of headach & nose bleeding

Personal and Medical History of Nels Kvale.

1900

This patient was brought here by Sheriffs deputy M.E. Hibbard, attended by Thos. Gross, in fair physical condition, with the following history:- Parents were cousins, no history of heredity nor of intemperance in patient nor parents given. First symptoms of insanity manifested April 2. 1900 by delirium & loss of control: Disease appears increasing: Is variable: Derangement now manifested by viciousness, strikes & kicks others: No filthy nor destructive habits: Previous peculiarity worry: No severe diseases nor injuries to head sustained: Has been restrained at times of excitement: Temporary treatment pursued: No further facts noted on personal examination.

On admission put upon B3E (6th Rft) Complexion light: hair light: eyes blue: Vaccination mark on R. arm: Scars on sides abdomen & hands: Eruptions over body: Is clean: Teeth good: Behavior good: Exam. by Fahey & Howe.)

May 2 Received on Ward (B3). Is very restless: inclined to be pugnacious: May 5. Transferred to TW.
7/1 Refuses nourishment: says it hurts him to eat: will not remain in bed: May 9. says "they are
June 30 trying to persecute him". June 30. Patients condition shows no special change. Still has delusions.
July 1/21 Patient is filthy: refuses nourishment: must be fed. Wt 110 lbs. July 31. Condition remains about same.
Aug 1 Patient has to be fed by nurse. Is in bed: on special diet & electrical treatment. Sept 4. Has improved;
Oct 13/16 is now up & around. Sept 13. Visited by friend: takes nourishment himself. Sept 16. Had to be returned to
Nov 19/01 bed: is very filthy & noisy. Sept 29. Given clothes again & got up. Nov 12. Transferred to B3.
Jan 3/23 Transferred to TW, again. Stomach washed out by stomach tube. Jany 31. Is still in bed. —
Feb 1/27 Seems depressed: Delusional: Works some at ward. Febr 2. Put on electrical treatment. —
May 1 Transferred to B3. Is stubborn: pugnacious, at times. June 19. Visited by a friend.
July 2 No change to report. Augs. Wt 122#. Dec 25/01. During period, patient tries to escape
Dec 5 frequently. Is usually neat & well-behaved. Is considerably improved. During
last portion of the period & in December, Commenced to work in the carpenter shop.
29 Was sent home on trial.

Discharged

Personal and Medical History of

Personal and Medical History of August Vaight

Whole No. 5567

Residence, Mower Co. Minn.

Date Admission, May 4th 1900

Admitted by Dr. Ef. Warnons hour, 7 P.M.

How Sent, F.C. Harvey J. afp. Hennepin Co.

Sex, male Age, 46.

Civil Condition, Single.

Children, –

Age Youngest Child, –

Occupation, Carpenter + teacher.

Degree Education, Common school.

Profession, Religion, Lutheran

Habits, Not intemperate.

Nativity, Wisconsin. (Parents born in Germany)

Physicians Committing, J. Clark Stewart + A. J. Mann.

Correspondents, Mrs. Louisa Vaight (mother) Austin, Minn.

No. of Year, 1900.

Insane Relatives, Brother (Julius Vaight) here. Sister temporarily insane. Maternal aunt + uncle insane.

Cause Exciting, unknown.

Cause Predisposing, Probably heredity + previous attack

Form, Acute Melancholia

Accompanying Bodily Disorder, none mentioned.

Suicidal or not, Not.

Date of this Attack, April 99. following injury to ribs.

Duration, Over a year.

No. of Attack, 2nd

No. of Admission, 1 here. One to hospital in Oregon.

Age First Attack, 21 yrs.

Time of Leaving, Aug. 25 1900.

Time in Hospital, 3 mo. 21 days.

Result, Dischg. Improved. Feb. 6 1901.

EXAMINATION ON ADMISSION BY DR. Warnons *Date of* May 5 1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Good.

Recent Events, " Special Subjects,

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

REASONING POWER, Ordinary Subjects, fair.

Special Subjects,

Own Mental State,

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Regarding operation.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, dead

Paternal Relatives,

Mother, living.

Maternal Relatives, Aunt + uncle insane.

Brothers and Sisters, 1 bro here. 1 sister insane

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
pleurisy caused from injury to ribs.

HABITS, Drinking and Smoking, moderate

HEADACHES, VERTIGO, OR CONVULSIONS, Headaches.

OCCUPATION, Healthy or not, Carpenter

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

Sleep, My Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 11¼ PRESENT WEIGHT, 154½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Scar of operation for excision of rib. Skin sluggish.

TONGUE, Coatings or Promptness of Movement, Grayish coat. slow.

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, normal. Legs, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, present of hands + tongue.

PATELLAR REFLEX, normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, regular

ARTERIES,
full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion good.
B. 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, 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). Has delusions regarding operation thinks it will break down; that it is opening + that it pains continually. On physical examination respiration + expansion good. No abnormalities noted. Wants to remain in bed. Physical condition anaemic + sluggish generally

Personal and Medical History of August Voight.

1900.

This patient was brought here by Sheriff Phillips. in fair physical condition with the following history:- Patients maternal aunt + uncle insane also a sister + brother. No history of consanguinity nor of intemperance in patient nor parents: First attack of insanity occured about 15 years ago + lasted about six months + patient was in State Hospital in Oregon (probably at Portland) First symptoms of present attack manifested two weks after injury to ribs in April 1899 - by delusions as to result of injury: Disease is variable with no absolutely rational intervals. Derangement now manifested by imagining impossible symptoms as result of rib injury: (an operation on injured rib was done + wound is now perfectly healed). He insists upon further operation to cure alleged "convulsions of his lung". Is tremulous, excitable + greatly increased reflexes. Patient not diposed to injure anyone: Before accession of disease was very excitable: No severe diseases nor injuries to head sustained: Mild restraint at Home + at Hospital employed; also sedative treatment. On personal examination has wound well healed on right side from operation on broken rib: No evidence of other disease except mental malady. Expression vacant manner nervous: insisted upon walking about hall of hospital in bare feet. On admission put upon Inf E/ G.H.N. Rpt. Complexion dark: hair black: eyes gray: Skin in good condition: Scar 3 in. long on R. breast out on L. large toe + one on left knee: Is clean. 2 teeth gone from upper + one from lower jaw: Behavior good: Exam. by H. Rpt.)

May 1st — Received on T.W.: Put to bed: had operation for necrosed rib: "thinks that it has not healed" —
10 — that it bleeds from the inside." (Wound is perfectly healed). Mayo. Still holds to that idea.
15 — Daily Complains of pain in the operated area. May 22. Visited by mother + taken home.
June 8 — Was returned: put on T.W. Still shows some nervousness. Aug 1. 152#. Aug 5. Seems
Aug 5 — quite well, both mentally + physically, though is nervous "by spells".
25 — Taken home by mother.

Discharged

Personal and Medical History of

Personal and Medical History of Leroy E. Joslyn.

Whole No. 5563

Residence, Northfield, Minn.

Date Admission, May 8th 1900.

Admitted by Dr. E. J. Wanous hour, 2 PM.

How Sent, Jas. Hunter Dep of P. Prin Co.

Sex, male. Age, 57 yrs (as of)

Civil Condition, single

Children, —

Age Youngest Child, —

Occupation, Ry. engineer.

Degree Education, Common school.

Profession, Religion, Not a church member.

Habits, drank hard for 10 or 15 years.

Nativity, Illinois - (Parents born in Newyork)

Physicians Committing, E. E. Brubaker + Wm. Greaves.

Correspondents, L.W. Donovan (bro-in-law) Station Agent. Northfield, Minn.

No. of Year, 1900.

Insane Relatives, None.

Cause Exciting, Injury to head in Ry. accident.

Cause Predisposing, Epileptic attack + epilepsy -

Form, Paranoia Dementia

Accompanying Bodily Disorder, Heroic treatment for epilepsy + fistula operated.

Suicidal or not, not.

Date of this Attack, ?

Duration, ?

No. of Attack, Several. of short duration.

No. of Admission, 1 here.

Age First Attack, 42 yrs. - Epilepsy followed by mental aberration.

Time of Leaving, October 25 — 1900

Time in Hospital, 5 mos 17 days

Result, Improved — Died: May 1/1901

EXAMINATION ON ADMISSION BY DR. Wanous. Date of May - 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Sluggish.

MEMORY, Past Events, Poor.

Recent Events, Fair. Special Subjects, —

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Rather illusive.

REASONING POWER, Ordinary Subjects, Poor

Special Subjects, "

Own Mental State, does not appreciate it.

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted + Facilitive.

DELUSIONS, Systematized, Transitory, Special Subjects,

Claims he cannot remember what has transpired since injury 15 yrs two years ago. Thinks mind is better now.

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, Gradual.

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, living - well.

Maternal Relatives, no history of insanity.

Brothers and Sisters, 1 sister living 1 bro. dead.

PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Injury to head in RR. accident 15 yrs. ago - epileptic fits after ward. Gonorrhoea. Syphilis.

HABITS, Drinking and Smoking, at one time a hard drinker - Smokes to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.

OCCUPATION, Healthy or not, RR. work - lately about house.

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

Has had slight attacks.

Sleep, Appetite, and Bowels, irregular.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5ft 5 PRESENT WEIGHT, 165 USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, R. leg broken - L. thigh broken - R. elbow finger contracted at distal articulation Skin browned + sluggish -

TONGUE, Coatings or Promptness of Movement, Badly coated - grayish -

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

SIGHT, impaired

EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, wears glasses to read.

HEARING, good

COORDINATION, Arms, Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, present of hands + tongue.

PATELLAR REFLEX, normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, normal -

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, regular.

ARTERIES, full.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest asymmetrical

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, 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).

Shows marked impairment of memory: Confused + dull on all subjects following injury he developed fits + has been irrational ever since. Physically condition good. Has been troubled with insomnia. Diagnosis confusional insanity.

Personal and Medical History of Leroy E. Jocelyn.

1900

This patient was brought here by deputy sheriff W.E. Hubbard in good physical condition with the following history: No history of consanguinity nor lunacy: Patient drank hard for ten or fifteen years: Fifteen years ago he commenced having epileptic convulsions followed by mental aberration: Disease appears increasing: is variable with irregular rational intervals: Has had a number of attacks of short duration: Derangement now manifested by intense hatred of brothers & sisters: thinks they plot & plan against him: shakes fist at mother & strikes her while in spell: afterward remembers nothing about it. No filthy nor destructive habits: No peculiarities previously manifested: Received injury to head & had both legs broken in railroad accident: Has received treatment for epilepsy & fistula operated. On personal examination seems rational, is in his best condition: No special facts noted except that he thinks he is rapidly improving: On admission put upon B3 & (Gen. Rpt. Complexion light: hair gray: eyes gray: Skin in good condition: Right leg has been broken below knee: has two warts on back: Vaccination marks on left arm: Small scars knees: Eruption on chest: Bruise on R. leg below knee: 5 teeth in upper & four in lower jaw all badly decayed: Very stubborn when bathed. —

May 8 Received on B3. Is very stubborn: very erratic. Says "this institution was misrepresented to him & he would not be here". Uses little reason in conversation. Mayor. Had a convulsion.
12 Patients condition shows no special change. Is very troublesome & annoying on the ward.
31 Wt 159#. P96. June 30. Is quick-tempered, and quarrels on slightest provocation —
June 4 July 30 Vaccinated successfully: July 31. No change to note. Very easily irritated; is troublesome.
Aug 1 Given parole: Sept 1. Transferred to A2. — Sept 8. Parole revoked — (was troublesome about Center) —
Sept 12 Oct 25 Patient was transferred to B2. Sept 12. Visited by Sister. Oct 25. no apparent change: health good. no prominent insane ideas manifested. Is of a very cranky and disagreeable disposition. Abusive to nurses & patients. Constantly complains of treatment & asking for privileges, not allowed to others. Constantly getting into trouble with other patients.

Was taken home today by Sister.

Discharged

Personal and Medical History of

Personal and Medical History of James Hunter.

Whole No. 5564

Residence, Faribault Co. Minn.

Date Admission, May 10 1900.

Admitted by Dr Geo. Chapple hour, 7 PM.

How Sent, H.L. Bullis J. of P. Faribault Co.

Sex, male Age, 28

Civil Condition, Single

Children, —

Age Youngest Child, —

Occupation, Farming.

Degree Education, Can read & write.

Profession, Religion, none.

Habits, unknown.

Nativity, Iowa (Parents unknown.)

Physicians Committing, A.F. Franklin & G.F. Smart

Correspondents, Wm Hunter (adopted father) Bluetarth, Minn.

No. of Year, 194.

Insane Relatives, unknown,

Cause Exciting, Masturbation,

Cause Predisposing, unknown.

Form, Acute Melancholia

Accompanying Bodily Disorder, none known.

Suicidal or not, not.

Date of this Attack, about 2 yrs ago.

Duration, 2 yrs.

No. of Attack, First.

No. of Admission, First.

Age First Attack, 26 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Various *Date of*

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events,

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.
Illusive

REASONING POWER, Ordinary Subjects,

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
Rather 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),
Masturbator

HABITS, Drinking and Smoking, No.

HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 8 PRESENT WEIGHT, 138 lbs USUAL WEIGHT, NUTRITION, Emaciated

WOUNDS, Abnormalities and condition of Skin, Scar on left knee. Skin sluggish

TONGUE, Coatings or Promptness of Movement, Coated.

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, Do. Grasp,

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

PATELLAR REFLEX, Normal. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Yes - a

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, Regularity,

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,

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 irritable, excitable & very nervous. Is a masturbator which has caused his present condition. Physical condition weak & anaemic.

Personal and Medical History of James Hunter.

1900

This patient was brought here by Sheriff Sandy MacDonald attended by Burt James. in fair physical condition. with the following history: Patient is an adopted child & nothing known concerning his parentage. Frist symptoms of insanity manifested two years ago by incoherent talk & wandering away. Disease appears increasing in variable but no rational intervals. Derangement now manifested by wandering away, refusing to work. fily abuse &c. Not disposed to injure anyone. No filthy nor destructive habits. before accession of disease was feebleminded. No severe diseases nor injuries to head. Has had to be watched. No treatment pursued.

On examination dull & simpleminded & wandering.

On admission put upon B³ E (2st N. Rpt. Complexion dark. Hair dark. eyes gray. Skin in normal condition. Larges scar on inside of left leg. In mouth. One tooth gone from upper & & two from lower jaw. One old snag in upper. Behavior good. Exam. by T. Page.)

May 10/00 Received on B³ ward. Patient is quiet. depressed. only answers questions.
May 17. Somewhat brighter.
June 4/00 Wt 140#. P.B.D. June 9. Transferred to 1st W. Circumcised by physician. Is still some depressed.
19 Patient dressed & transferred to B³. July 6. Wt 141#. July 20. Vaccinated, unsuccessfully.
Sept 31 Patients condition remains about the same. Aug 31 Patient is dull, stupid: does nothing.
Oct 31 Physical condition shows no change: mental condition about same. Dec 31. Above notes, in general, hold good. Jany 14/1901. Transferred to B². Jany 31. No noticeable change: quiet & depressed, at times. Oct 31. Wt 146#. April. Transferred to D². Is slovenly: urinates in heaters (radiators); masturbates frequently. Does a little work, but only when urged.
Dec 31 1900
Jany 31 1901
April 4
6 April 6. Began work on farm. July 31. Still working at farm: habits filthy: is very quiet: will barely answer questions & is demented & silly. Physical health fair.
July 31
Aug 31 Wt 133# Nov 1. Wt 145#. Jany 31/02. Has worked, every day, at farm: quiet and peaceable.
Jany 31 1902 Will answer questions fairly well: much demented and indifferent.
Feb. 1/02 Wt 143#. Aug. 1/02 Wt. 142#.

1903 Jan. 31. Has worked during year on farm & about grounds; Is quiet; listless in manner; at times laughs to himself sillily. Seldom converses; Seems to have no interest in things; health quite good; cleanly.

Personal and Medical History of

Personal and Medical History of Henry H. Meyer.

Whole No. 5565

Residence, Hay Creek, Minn.

Date Admission, May 11 1900.

Admitted by Drs. E. J. Wanous. hour, 3 P.M.

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

Sex, male Age, 37.

Civil Condition, single.

Children, —

Age Youngest Child, -

Occupation, Miller.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Not intemperate.

Nativity, Minn. (Parents born in Germany

Physicians Committing, B. Jacking + F.V. Anderson.

Correspondents, Chs. F. Meyer Hay Creek, Minn.

No. of Year, 1901.

Insane Relatives, None.

Cause Exciting, Possibly mistake 14 yrs ago. Business worry about 5 Mths ago.

Cause Predisposing, Previous attack.

Form, Acute Melancholia

Accompanying Bodily Disorder, Insomnia, anorexia, debility

Suicidal or not, Not.

Date of this Attack, about 5 Mths ago.

Duration, 5 Mths.

No. of Attack, 2nd

No. of Admission, 1st

Age First Attack, 23 yrs.

Time of Leaving, June 27. 1900

Time in Hospital, 1 m. 11 d

Result, Disc. Nov. 7. 1900 Improved

(father) - lives 1½ miles in Country.

EXAMINATION ON ADMISSION BY DR. Wanous Date of May — 1900

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Impaired

Recent Events, do Special Subjects,

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

REASONING POWER, Ordinary Subjects, poor

Special Subjects, "

Own Mental State, Appreciates condition

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed at intervals

DELUSIONS, Systematized, Transitory, Special Subjects,
believes he is lost.

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 rec - known -

Mother, living Well

Maternal Relatives, no rec. known.

Brothers and Sisters, All well

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

HABITS, Drinking and Smoking, not to excess.

HEADACHES, VERTIGO, OR CONVULSIONS, Headache

OCCUPATION, Healthy or not, Miller

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

Sleep, Appetite, and Bowels,

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft. 8¾ PRESENT WEIGHT, 157# USUAL WEIGHT, NUTRITION, poor.

WOUNDS, Abnormalities and condition of Skin, Skin bronzed + sluggish -

TONGUE, Coatings or Promptness of Movement, Grayish coating.

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

SIGHT, good

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

HEARING, good

COORDINATION, Arms, normal Legs, N. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands + tongue.

PATELLAR REFLEX, Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity,

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, 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 dull depressed + rather confused of late has become very religious + "fears he is lost" Seems much agitated when approached on subject of religion - Physical condition poor

Personal and Medical History of Henry H. Meyer.

1900

This patient was brought here by sheriffs deputy Geo. F. Meyer attended by Mrs F- L. H. Meyer, in fair physical condition, with the following history:- No history of consanguinity, heredity nor intemperance in patient nor parents: First attack of insanity manifested fourteen years ago, lasted six mos: First symptoms of present attack manifested about five mos ago by melancholia: Disease appears increasing: Is variable with irregular rational intervals: Derangement now shown on religious subjects: Believes he cannot be saved. Not disposed to injure anyone: No filthy nor destructive habits noted: No previous peculiarities manifested: No severe disease nor injuries to head: Has been given tonics & sedatives. On personal examination Pulse 100. - 99°. Tongue Coated, Tremulous: Bowels & Kidneys normal: Complains of debility, anorexia & insomnia, is morose.
On admission put upon B³ E(G.H.N. Rpt. Complexion dark: Hair dark brown: eyes blue: Skin in good condition: 3 warts on chest: 2 on back: 1 on abdomen. Vac. mark on left arm: Soft bunch sign of egg on left leg. Is clean: Teeth good. Behavior good.

May 11/13 Received on B³. Is very nervous & restless: frequaciuis, at night. May 13. Given cold Spinal douche.
15/13 At times, apparently hysterical. May 14. Says "feels much better," but "head does not feel just right":
June 16/13 Transferred to W. June 21. Was visited by father, and Taken Home.

Discharged

Personal and Medical History of

Personal and Medical History of Carl L. Vaugan.

Whole No. 5566

Residence, Leon, Goodhue Co, Minn.

Date Admission, May 14' 1900.

Admitted by Dr E. J. Wanous. hour, 7 P.M.

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

Sex, male Age, 17 yrs.

Civil Condition, Single

Children, -

Age Youngest Child, -

Occupation, Common laborer.

Degree Education, Common school.

Profession, Religion, Lutheran.

Habits, Temperate.

Nativity, Leon, Goodhue Co. Minn (Parents born in Norway.)

Physicians Committing, P. W. Dinnnett & Geo. L. Millner.

Correspondents, Knute Vaugan, (Father) Dogr. Goodhue Co. Minn.

No. of Year, 196.

Insane Relatives, Maternal uncle.

Cause Exciting, Family attribute it to mad stings received before accession of trouble.

Cause Predisposing, Possibly hereditary.

Form, Primary Dementia

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 1½ yrs. ago.

Duration, 1½ yrs.

No. of Attack, 1st.

No. of Admission, 1st.

Age First Attack, 15 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of* May - 1900.

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

MEMORY, Past Events, Will not Talk

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects,

Special Subjects, Nothing obtained

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, 1 brother

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 in. PRESENT WEIGHT, 147 lbs. USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin bronzed.

TONGUE, Coatings or Promptness of Movement, Clean

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, do. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, Slight

PATELLAR REFLEX, normal Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, Will not talk -

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, No Murmurs, Strength, Sounds, Good Size, ?

Apex Beat, W Regularity,

ARTERIES,

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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 dull, sullen & apparently depressed. Will not talk - mind seems fixed on some one particular thing - Condition one of acute melancholia - Physically anaemic & sluggish

Personal and Medical History of Earl L. Vaugen.

1900

This patient was brought here by sheriffs deputy Linnie Vaugen attended by Peter A. Vaugen in fair physical condition with the following history: No history of consanguinity: Maternal uncle in hospital for insane: No intemperance in patient nor parents. First symptoms of insanity manifested a year & a half ago, by morbid fears, refusal to talk & intractability. Disease appears stationary: not variable: Derangement manifested on no particular subject but refuses to talk & cannot be induced to perform any duty whatever: Not disposed to injure anyone: No filthy nor destructive habits noted: Patient always seemed as bright as other children, before accession of disease was stung on head by a number of wasps & family attribute disease to this. Patient never in confinement of any kind: Dr. G. Bjornstad of Cannon Falls, was consulted but no relief obtained. On personal examination is sullen, refuses to talk: attitude & expression demented: is practically oblivious to surroundings. On admission put upon B 5 C (5th Regt Complexion light hair brown eyes blue: skin in good condition: small scar on R. buttock: 32 dirty teeth are present) Received as B 3 Is quiet: dull: refuses to answer questions. May 31. Is still somewhat dull. June 1. 145#. Takes no interest in surroundings. June 30. Hospital Charge - Vaccinated successfully. July 31. Nothing special to report regarding patient's condition. — Patient is dull & stupid: has to be coaxed to go out. Oct 31. 138#. P88. Seems somewhat brighter - Patient transferred to TW & put to bed: given Cold douches. Dec 6. Patient's face swollen, caused by ulcerated tooth. Dec 23. Douches discontinued. Dec 31. Patient has rapid respiration. — frequently found breathing deeply & much labored - (Due to hysteria) - Jany 31/1901. Condition shows no change. Febry 28. Has been receiving daily baths and electrical treatment: no improvement. Is very much depressed: will neither speak nor move about: has peculiar respiration; very rapid & labored: (especially when another person is present): evidently hysterical: bowels & urine regular: appetite fair. March 31. Still receiving electrical treatment & baths: no improvement. Apl 26. To B 2 - Apl 30. Becoming untidy and slouchy: soils bed. May 6. To B 1. June 28. Transferred to D 2. July 31. Very demented Lies about on floor or on bench, with eyes closed.: never does any work: has to be urged to go to meals. Physical condition rather poor. Augt. Wt 148#: Nov 1. Wt 158# No change apparent: very demented: inactive: filthy: Usually, sits quietly on bench, with eyes shut: has to be urged to move.

Feb 1/02 Wt. 157#. Aug 1/02 Wt. 147#.

1903
Jan. 31 Very inactive; sits quietly all day; scarcely looking about; never speaks; habits very untidy. Urged to move about. Thoroughly demented. Health fair.

Personal and Medical History of

Personal and Medical History of Louis Balzer.

Whole No. 5567 (Brot. from Stillwater)
Residence, Blue Earth City, Minn.
Date Admission, May 14, 1900.
Admitted by Dr. E. J. Warnow. hour, 7 PM.
How Sent, J. J. Wilson J. of P. Washington Co.
Sex, male Age, 57 yrs.
Civil Condition, Widowed.
Children, 11. (16)
Age Youngest Child, —
Occupation, Brewer.
Degree Education, can read.
Profession, Religion, Catholic.
Habits, Unknown.
Nativity, Germany (Parents also born there)
Physicians Committing, J. C. Rhodes & W. Jenner.
Correspondents,

No. of Year, 197.
Insane Relatives, Unknown.
Cause Exciting, Unknown.
Cause Predisposing, Unknown.
Form, Chronic Melancholia
Accompanying Bodily Disorder, Pulse quick-wk. Reaction of pupils sluggish.
Suicidal or not, Not. (killed his wife)
Date of this Attack, Ever since admission to Prison in 1897.
Duration, ?
No. of Attack, ?
No. of Admission, 1st
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Warnow *Date of* May — 1900

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish, Rather confused.
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, does not appreciate
EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed, Rather depressed.

DELUSIONS, Systematized, Transitory, Special Subjects, Transitory.

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

HISTORICAL.

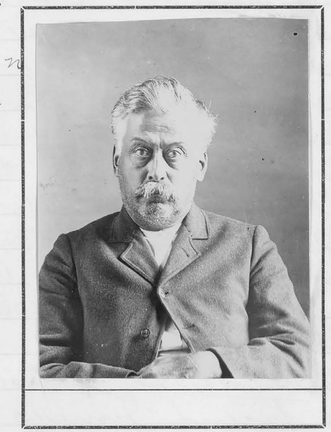
LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead. consumption.
Paternal Relatives, no history of insanity.
Mother, dead
Maternal Relatives, No history of insanity
Brothers and Sisters, all well. 16 children
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Typhoid, Neuralgia, Foot injured, Rheumatism
HABITS, Drinking and Smoking, yes. drank to excess
HEADACHES, VERTIGO, OR CONVULSIONS, Headaches
OCCUPATION, Healthy or not, Prisoner
Detail Date, Duration, and Character of Previous Attack, if any,

Sleep, Appetite, and Bowels, good good irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 4½ PRESENT WEIGHT, 174½ USUAL WEIGHT, NUTRITION, good.
WOUNDS, Abnormalities and condition of Skin, Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, normal responsive.
SIGHT, No defection
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles, Opacity of right eye
HEARING, good.
COORDINATION, Arms, normal. Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands & tongue.
PATELLAR REFLEX, delayed. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, N 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,

ARTERIES, 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, 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 committed from prison. Has hallucinations & delusions concerning family & sentence. Talks in rambling manner. rational on other subjects. Physical condition good. is well nourished

Personal and Medical History of Louis Balzer.

1900

This patient was brought here from state Prison Stillwater by Dr Wickson as deputy sheriff, in fair physical condition, with the following history: In Dec 1896 patient was sentenced to prison for life for crime of murder in second degree (killed wife) Nothing known concerning his previous history but insanity manifested from time of admission by hallucinations of hearing &c. Disease appears stationary: not variable: Habits filthy & destructive: Has been confined in crank cell: No treatment pursued. On personal examination is excitable: pulse quickened: reaction of pupils very slow. On admission put upon B 3 E (3.14. N. Rpt.) Complexion dark: hair & eyes gray: skin in good condition: Is clean: Four teeth gone from upper & one from lower jaw.

May 14/00 Received on B3. Is quiet & well-behaved. May 16. States "he hears old friends talking to him, frequently when he cannot see them". May 18. States "he can hear his deceased wife talking to him". May 29. Still has delusions. He does not talk about them. May 31. No special change.

2/3 Jul 6/00 Wt 179# P 80. Relapse. Vaccinated successfully. Jul 31. Condition remains about same.

Aug 1 Oct 1 Is well behaved: does no work: remains in room most of time. Physical condition good - 188# P 80. Nov 1. Says "he can hear people talk to him, but cannot see them": "does not recognize voice": "thinks they are his neighbors". At times becomes angry & curses those people in loud angry tones - Patient has La Grippe. Put on treatment & improved. Jan 1/01 Wt 182# P 80. Jan 29 Mar 31. Is talkative and delusional. May 31. No special change noticeable. July 31. Is a "Chronic case": no change from month to month - Aug 1. Wt 197# Jan 31/02. Has changed little during period - "Thinks people are talking about him" & gets angry and argues that he ought to be sent away.

Feb. 1/02 Wt. 207# Feb. 28/02 A tooth extracted. June 3 Visited by friend. June 15 Trans. to C - Noisy & excited. Aug 1 Wt. 201#. Dec. 30 Visited by relative.

Jan 31/03 Has been fairly well behaved as a rule; an occasional quarrel with other patients; inclined to get excited & noisy when trouble occurs on ward; delusions of persecution. "Hears voices"; becomes abusive at times; claims not insane; wants to go home or back to prison; has been rather more calm & sociable of late; quite rational on ordinary topics.

Personal and Medical History of

Personal and Medical History of George Poppenhauer.

Whole No. 5569
Residence, Faribault Co. Minn.
Date Admission, May 15' 1900.
Admitted by Dr G. L. Chapple hour, 7 PM.
How Sent, H.S. Bullis Jay P. Faribault Co.
Sex, male. Age, 23
Civil Condition, single
Children, -
Age Youngest Child, -
Occupation, Laborer.
Degree Education, Common school.
Profession, Religion, Catholic.
Habits, Not intemperate.
Nativity, Germany. (Parents unknown.)
Physicians Committing, A. J. Franklin & N. Hughes.
Correspondents, Andrew Wesner, Blue Earth City, Minn.

No. of Year, 199.
Insane Relatives, unknown.
Cause Exciting, Injury to head & eyes from dynamite explosion
Cause Predisposing, unknown.
Form, Acute Mania
Accompanying Bodily Disorder, Is blind from above injury.
Suicidal or not, Threatened it.
Date of this Attack, Mch 1st 1900 (about)
Duration, About 2½ mos.
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, 23 yrs.
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Watsons *Date of* May 1900

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives, Nothing known
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Injury to eyes & head from premature explosion of dynamite
HABITS, Drinking and Smoking, no
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, laborer
Detail Date, Duration, and Character of Previous Attack, if any,
no
Sleep, Appetite, and Bowels, good

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 3½ in. PRESENT WEIGHT, 132 lb USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, blind. Skin poorly nourished -
TONGUE, Coatings or Promptness of Movement, slight coating
PUPILS, Equality, Size, Response to Light, and Accommodation, Complete opacity
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, Legs, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General,
PATELLAR REFLEX, Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slow
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size N. Dist.
Apex Beat, N Regularity,
ARTERIES,
Easily compressed-
pulse weak.
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,
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).

Nov 23' 99 patient met with accident which caused blindness & severe injury to head. He was treated by Faith cure with no results but became very religious & brooded over condition. Is of low mentality & perhaps is an imbecile Physical condition poor.

Personal and Medical History of George Pappendauer

1900

This patient was brought here by Sheriff Sandy MacDonald attended by Powers Walters, in fair physical condition, with the following history: No information concerning consanguinity & heredity. No history of intemperance in patient nor in parents: First symptoms of insanity manifested about March 1st Could not sleep & talked incoherently: disease appears increasing: Is variable: Derangement now manifested by religious hallucinations: Not disposed to injure anyone, but has talked of suicide: No filthy nor destructive habits: Before accession of disease only peculiarity noted a rather quick temper. On Nov. 23 99 While blasting a stone charge of dynamite exploded injuring head & eyes, which is supposed cause of attack & of blindness: No confinement nor restraint employed: Faith cure tried. On personal examination, in bed talked on religious subjects, sings & made strange noises. On admission put upon Infirmary East (U.T.N. Rpt. Complexion dark: hair brown, eyes blue: Skin in good condition Mole on right side of face. scar on R. thumb & 1st finger. Clean: Teeth, full set all sound: Right ear discharging Blind: Behavior good.) ———

May 15 Received at NW. Patient is blind: right ear discharges: is badly confused: noisy & restless.—
16/00 Restless through night. May 20 Patient sleeps most of the time. Is dull and indifferent.—
23 Excited & singing "Salvation Songs"— June 5. Temp & gown dress. July 9 Wt 140#—
July 29/30 Vaccinated unsuccessfully. July 30. Patient transferred to A#. No special change to note—
Aug 7/8 Patient is blind: well behaved. Augs. Struck with cane by Theo. Olen. Sept 15. Has diarhoea: put on treatment; improved: is badly chafed near scrotum. Oct 15 - Left side of head inflamed (broken out in pimples). Oct 19. Visited by cousin. Nov 1. 149#. Physical Condition good. Nov 23. Complains of pain in chest: refuses dinner: stays in bed. T. Normal. Dec 7. Is pugnacious & maniacal.——
Sept 15 / 1901 Jan 31 Physical Condition good. Has some delusions about religion. March 10. Is quiet: well-behaved: hysterical by spells. April Wt 147# P.S. May 13. Complains of headache: vomits & has some Temp: put on treatment & improved. July 31. No change noted, in patients' condition. Aug 1 Wt 136# — Sept 31/01. Is totally blind: rather stupid in behavior, and, at times, noisy. No change noted, during the period.
Jan. 31/03. Practically unchanged during the whole year. Health good. Dull. Imbecile in manner.

Personal and Medical History of

Personal and Medical History of John W. Pruno

Whole No. 5570
Residence, St. Paul, Minn.
Date Admission, May 17. 1900
Admitted by Dr. C. Z. Wanous hour, 6¼ pm.
How Sent, C. W. Bazille, J. of P. Ramsey Co
Sex, Male Age, 34
Civil Condition, Married
Children, 1
Age Youngest Child, -
Occupation, Laborer
Degree Education, Uneducated
Profession, Religion, Catholic
Habits, Not intemperate of late.
Nativity, Canada. Parents also. Became a resident of State in 1887. Of county in 1888.
Physicians Committing, V. J. Hawkins & C. J. Woolsey
Correspondents,

No. of Year, 200
Insane Relatives, none
Cause Exciting, Hot weather
Cause Predisposing,
Form, Alcoholic Insanity
Accompanying Bodily Disorder,
Suicidal or not, Not suicidal
Date of this Attack, One week ago.
Duration, One week
No. of Attack, 2nd.
No. of Admission, 2nd
Age First Attack, 33.
Time of Leaving, Sept. 21. 1900
Time in Hospital, Hon. 4 d.
Result, Died Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Wanous Date of

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Dead.
Paternal Relatives, no history of insanity
Mother, dead
Maternal Relatives, no history of insanity
Brothers and Sisters, no history
1 Child well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), Struck on Head by falling brick
HABITS, Drinking and Smoking, to excess. Moderate user —
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Laborer
Detail Date, Duration, and Character of Previous Attack, if any, 3 mo ago.
Sleep, Appetite, and Bowels, Irregular

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 6½ PRESENT WEIGHT, 157 lb USUAL WEIGHT, NUTRITION, Emaciated
WOUNDS, Abnormalities and condition of Skin, Struck on head by brick. Skin sluggish
TONGUE, Coatings or Promptness of Movement, grayish coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - sluggish
SIGHT,
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, Good
COORDINATION, Arms, good Legs, do, Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, Marked of hands & tongue
PATELLAR REFLEX, Exaggerated Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, yes.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, N.
Apex Beat, N Regularity, 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, 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 marked defect in speech which has developed since here before. Has many ideas of grandeur "is worth millions" At one time much depressed again excited & very talkative. Physically much emaciated. Eats voraciously & a poor sleeper.

Personal and Medical History of John W. Pruns

1900

This patient was brought here by Chas. Linden in fair physical condition, with the following history: No history of consanguinity or heredity: Has not been intemperate of late: First attack occurred in 1899, when patient was confined in this (Rochester) Hospital from June 20th to Sept. 17th, 1899. Was Discharged recovered. (See Vol. 43 - p. 161 - Case number) First symptoms of present attack manifested one week ago by delusions: Disease appears increasing: variable, with irregular rational intervals: Derangement now manifested by imagining different things: Has shown no disposition to injure others, nor suicidal, filthy nor destructive. No previous peculiarities of serious disease: or head was struck by a bar of iron & by a falling brick. Has not been restrained or confined except as stated above. Hot weather is supposed cause of disease: Has received no treatment. On personal examination, - mental sluggishness: difficulty in articulation. On admission put upon B³ ward: (G. R. N. Apt) complexion dark: hair black: eyes brown: condition of skin good: Scar on right forearm and one on left arm: clean. Two teeth gone from right lower jaw: one from left lower: 1 stub in right upper jaw. —

May 19 Behavior good. Received on B³. Is much confused: excited & progressive. — —

19/20/27 Expresses exalted delusions. May 25. Transferred to C¹ was noisy all night. May 27. Expresses

June 14 delusions of great wealth & power: is also threatening. June 14. Transferred to B³. Works on ward.

July 11, 24/28 Complains of Scalding Sensation, during micturition. July 24. Transferred to A¹. July 28. Complains of Stomach trouble. Was vaccinated successfully. Patient works well on ward.

31 Has also been working quite well, outside, occasionally. July 31. Condition has improved. —

Aug 1/18 Physical condition good: works outside. Aug 18. Went Camping. Sept 2. Returned. Sept 21. Patient

Sept 21 taken Home by wife.

Discharged

Personal and Medical History of

Personal and Medical History of Thomas Jones.

Whole No. 5573
Residence, St. Paul, Minn.
Date Admission, May 18' 1900.
Admitted by Dr. E. J. Watsons. hour, 7 PM.
How Sent, E.W. Bazille & of P. Ramsey Co.
Sex, ♂ male Age, 44.
Civil Condition, married
Children, Three.
Age Youngest Child, —
Occupation, Mail carrier
Degree Education, Highschool.
Profession, Religion, Episcopal.
Habits, Intemperate.
Nativity, U. S. Father Wales Mother England.
Physicians Committing, Howe & A.B. Ancker.
Correspondents,

No. of Year, 703
Insane Relatives, History uncertain.
Cause Exciting, Heat exhaustion 15 yrs ago (?)
Cause Predisposing, Previous attack.
Form, Epileptic Insanity
Accompanying Bodily Disorder, none mentioned.
Suicidal or not, Attempted by turning on gas.
Date of this Attack, 4 Mo ago.
Duration, 4 Mo.
No. of Attack, 2nd
No. of Admission, 1st
Age First Attack, 34 Yrs.
Time of Leaving, Aug 29' 1900.
Time in Hospital, 3 mos. 11 days.
Result, Discha. Improved. Feb 6' 1901.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,
Clear, much confused at intervals
MEMORY, Past Events, Much impaired.
Recent Events, " Special Subjects, do
PERCEPTIVITY, Alert or Dull, Correct or Illusive.

REASONING POWER, Ordinary Subjects, Good
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, 4 Mos ago.
ONSET, Gradual or Sudden, Gradual
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father,
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters,
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
petit mal. Sunstroke - La Grippe
HABITS, Drinking and Smoking, yes.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not,
Detail Date, Duration, and Character of Previous Attack, if any,
8 yrs. ago, for 9 months
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).

Patient has intervals when he is much confused, depressed & remembers nothing. These last a day or so when he clears up & is rational on al subjects. Has been a hard drinker by spells also has had a peculiar twitching of face & temporary loss of memory which the Doctors called petit mal. Physical condition emaciated. Was confined in St Paul City Hospital where he attempted suicide by turning on gas.—

Personal and Medical History of Thomas Jones,

1900.

This patient was brought here by Dep. Sheriff H Hansen, attended by Dr. Grant. in good physical condition, with the following history: No consanguinity. history of heredity uncertain. First symptoms of insanity manifested 8 years ago, attack lasted about three months. First symptoms of present attack manifested about four weeks ago by numerous delinquincies in performance of his duties. Disease appears increasing. Of rapid. Derangement now manifested by confusion of mind: tendency to excess in use of tobacco & alcohol; delusions of persecution, & irritability. Is disposed to injure others. Tore bedclothing. Attempted suicide by turning on gas. Has had frequent attacks of petit mal for past 8 yrs. Since May 10 1900 has been at City & County Hospital St. Paul. Has been given sedation & hydrotherapic treatment. On personal examination is confused as to time & place. is talkative restless, sleepless, tender of head present.

On admission put upon Infirmary C. (G.H.N.R.R.) Complexion light: hair sandy: eyes blue: Skin in poor condition: a number of marks along spine: bunch on right arm below elbow & one on wrist. Blotches above right knee: old scar inside left knee: scar on back of head: Pimples on back: Varicose veins on legs. Six teeth missing in upper & six in lower jaw. Has two teeth on plate. Behavior good. Exam. by P.R.S.

May 18 Received on IW. & put to bed. Seems confused: thinks he is in St Paul. May 19. Frequently calls
" 22 for help. Asks to go home. May 22. "Is calling for Police" May 24. Given clothing. May 30. Had
" 29 a "Spell": staggered & caught in the fall: much confused after. May 31. Paguacious while out
June 1 with crowd. Transferred to B3 June 5. Had convulsion: bruised right side of face, by falling
" 30 out of bed. June 30. "Spells" are slight. July 4. Wt 146" July 20. Vaccinated unsuccessfully.
July 31 July 31. Patient seems to have improved some. Is irritable, at times. Still subject to "Spells"—
Aug 1 Is subject to spells of "unconsciousness" lasting several minutes. On parole. Rational & except
" 29 for short period after convulsion. Aug 29. Taken home by wife.

Discharged

Personal and Medical History of

Personal and Medical History of John W. Foster.

Whole No. 5574

Residence, St. Paul. Minn.

Date Admission, May 19th 1900.

Admitted by Dr E. J. Wanous. hour, 7 P.M.

How Sent, Est. Bazille Dept. Ramsey Co.

Sex, male. Age, 32.

Civil Condition, married.

Children, one.

Age Youngest Child, —

Occupation, Salesman.

Degree Education, College.

Profession, Religion, Presbyterian.

Habits, Intemperate.

Nativity, Wisconsin (Father Wisconsin, Mother N.Y.)

Physicians Committing, W.S. Kelly & C.H. Gridden

Correspondents,

No. of Year, 204.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing, "

Form, Paresis

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 4 Wks ago.

Duration, 4 Wks.

No. of Attack, first.

No. of Admission, first.

Age First Attack, 32 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous Date of

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick - Confused

MEMORY, Past Events, Impaired

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Illusive

REASONING POWER, Ordinary Subjects, Poor

Special Subjects, "

Own Mental State, "

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted

DELUSIONS, Systematized, Transitory, Special Subjects,

Regarding wealth.

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 Wks.

ONSET, Gradual or Sudden, Gr

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

Father, Dead was intemperate

Paternal Relatives,

Mother, living intemperate

Maternal Relatives,

Brothers and Sisters, one child

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

Gonorrhoea

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Clerk.

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

Sleep, Appetite, and Bowels, Reg Reg Reg

Personal and Medical History of

FIVE HUNDRED BILLION DOLLARS.

John W. Foster Expects a Gift From Oom Paul.

John W. Foster, agd thirty-two, formerly a traveling salesman, was committed to the Rochester hospital yesterday by the probate court. Among Mr. Foster's vagaries is the conviction that he has been authorized to proceed to San Francisco to accept a trunk containing five hundred billion dollars, which has been consigned to him by Paul Kruger of Pretoria. When the trunk arrives Judge Bazille of the probate court is to have $25,000 and Clerk Harry Sundberg a like amount. Mr. Foster has lived on Tilton street. He has a wife and child.

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, 119½ USUAL WEIGHT, NUTRITION,

Condition of Skin, Skin clear.

Mess of Movement, Tongue prompt - coated.

Use to Light, and Accommodation, equal - size large - responses to light sluggish to accom. fair

Lues Senilis, or other troubles,

HEARING, good

COORDINATION, Arms, Impaired Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & facial muscles.

PATELLAR REFLEX, normal. Other Reflexes,

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

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

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

Apex Beat, N Regularity, irritable

ARTERIES, S
Flabby.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest Symmetrical
Expansion Normal
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 much exalted has grandiose ideas and transitory delusions No Motor changes noted except a slight hesitancy in speech. Patient is perhaps becoming a paretic - Physically is well nourished

Personal and Medical History of John W. Foster.

Whole No. 5574

Residence, St. Paul, Minn.

Date Admission, May 19th 1900.

Admitted by Dr E. J. Wanous. hour, 7 P.M.

How Sent, Ess. Bazille Jap. Ramsey Co.

Sex, male. Age, 32.

Civil Condition, married.

Children, one.

Age Youngest Child, —

Occupation, Salesman.

Degree Education, College.

Profession, Religion, Presbyterian.

Habits, Intemperate.

Nativity, Wisconsin (Father Wisconsin, Mother Ky)

Physicians Committing, W.S. Kelly — C.H. Gliddon.

Correspondents,

No. of Year, 204.

Insane Relatives, None.

Cause Exciting, Unknown.

Cause Predisposing,

Form, Paresis

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, Not.

Date of this Attack, 4 Wks ago.

Duration, 4 Wks.

No. of Attack, first.

No. of Admission, first.

Age First Attack, 32 yrs.

Time of Leaving,

Time in Hospital,

Result,

EXAMINATION ON ADMISSION BY DR. Wanous *Date of*

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick — Confused

MEMORY, Past Events, Impaired

Recent Events, Special Subjects,

PERCEPTIVITY, Alert or Dull, Correct or Illusive.

Illusive

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,

Exalted

DELUSIONS, Systematized, Transitory, Special Subjects,

Regarding wealth.

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 Wks.

ONSET, Gradual or Sudden, Yes

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

Father, Dead was intemperate

Paternal Relatives,

Mother, Living intemperate

Maternal Relatives,

Brothers and Sisters, One Child

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

Gonorrhoea

HABITS, Drinking and Smoking, to excess.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, Clerk.

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

Sleep, Appetite, and Bowels Regular

SITUATIONS WANTED. A YOUNG MAN, 20 years of age, wishes a position as COUNTER BOY in a first-class restaurant. Address M. Address this office. 20

COMPETENT LADY TO DO HOUSEWORK in family of two. Apply at 460 Portland avenue.

SITUATIONS WANTED. A YOUNG MAN, 20 years of age, wishes a position as COUNTER BOY in a first-class restaurant. Address M. Address this office. 20

EXPERIENCED PAINTERS AND PAPERHANGERS can find steady employment by addressing Box 40, Hudson, Wis.

PAINTERS AND PAPERHANGERS wanted. Apply at 460 Portland avenue.

WANTED—A GOOD WORKING WOMAN to do housework in family of two. Apply at 460 Portland avenue.

WANTED—FOR U. S. ARMY, able-bodied unmarried men between ages of 21 and 35 years; citizens of United States; of good character and temperate habits; who can speak, read and write English. For information apply to Recruiting Officer, 25 N. 3d st., Minneapolis, Minn.

and Medical History of

PHYSICAL CHARACTERISTICS.

HT, 5ft 5½ PRESENT WEIGHT, 119½ USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin clear.

TONGUE, Coatings or Promptness of Movement, Tongue prompt - coated.

PUPILS, Equality, Size, Response to Light, and Accommodation, equal - size large - responses to light sluggish to accom. fair

SIGHT, good

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

HEARING, good

COORDINATION, Arms, Impaired Legs, Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & facial muscles.

PATELLAR REFLEX, normal. Other Reflexes,

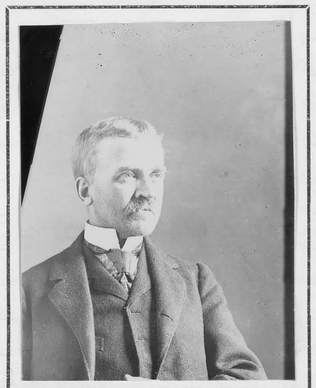
ARTICULATION, Slurred, Hesitating, Slow, slurred & slightly hesitating.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size N Beat N

Apex Beat, Regularity, irritable



ARTERIES, Flabby.

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, 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 much exalted has grandiose ideas and transitory delusions
No Motor changes noted except a slight hesitancy in speech.
Patient is perhaps becoming a paretic - Physically is well nourished

Personal and Medical History of John W. Foster.

1900

This patient was brought here by Sheriffs deputy A Hansen in fair physical condition with the following history: No consanguinity nor heredity known: First symptoms manifested four weeks ago by delusions: vision appears increasing: Not variable: Derangement manifested on money question — Has threatened to injure others: Habits are filthy: No peculiarities previously mentioned: No acute diseases nor injuries to head: No confinement nor restraint employed: No treatment pursued: On personal examination is irrational. On admission put upon B3. 5 Ft. 8 Rpt Complexion light: hair light: eyes gray: Skin in good condition: Vaccination marks on left arm: 2½ in scar on L side abdomen: said caused by operation for hernia: Is clean: 7 teeth from upper & six from lower jaw: Behavior good. Exam by Nurse Hoon & Page)

May 19/00 Received on Ward (B3) - Patient very restless & excited: ate light supper. May 20 very restless and made several attempts to escape: at last elopement, twisted right knee, causing some lameness.
21/00 Agitated; talks incessantly; elated: wandering manner - May 22 Transferred to IW -
27 Vomited after supper: shows hallucinations. May 29. Vomited several times during day.
29 Somewhat improved, mentally. June 1. In about the same condition. Still shows hallucinations
June 1/00 Up & dressed: Kept in "Bay" - June 16. Shows improvement - Transferred to B3. July 6. Wt 125 #
July 6/00 P 80. July 20. Vaccinated unsuccessfully. July 31. Nothing special to report in condition.
Aug 31 Is well-behaved. Thinks he is immensely rich". Does no work - Nov. 1. 127 # Pyz. Is very talkative: writes letters daily: Has "grandiose ideas" - Jany 31/1901. No apparent change in his
Nov 1 1900 condition. Still has "grandiose" delusions. March 10. Quiet and well - behaved -
Jan 31 1901 has delusions of grandeur: shows gradual failure. Apl 30. Same: very stupid -
Mar 10 Is filthy: July 26. Struck, over right eye, with shoe, by Daniel Rhea, Cautery abscision:
June 10 (sutured by Dr Chapple). July 31. Patient's condition remains the same. Aug 1. Wt 114 #.
July 26/00 Nov 30 Has grown somewhat worse, during the period: was somewhat more quiet, in the first portion,
Jany 31 with vaguely "grandiose delusions", but has now become more restless, dirty and indifferent, towards the last.

Feb 1/02 Wt. 120 #. Aug. 1/02. Patient has been failing somewhat; paretic; demented; habits untidy; at times quarrelsome with other patients; failing more lately, today transferred to IWE. Aug 14-18-19 Number of convulsions. Sept. 14 Large carbuncle on shoulder - treated; patient quite feeble; Nov. 5 Convulsions; Nov. 9 Visited by friend.
13 Jan 31. Still in bed; eats & sleeps well; improving some physically; much demented.

Personal and Medical History of

Personal and Medical History of John Schletty

Whole No. 55 77	No. of Year, 207
Residence, Dodge Co. Minn.	Insane Relatives, paternal uncle
Date Admission, May 25, 1900	Cause Exciting, family trouble
Admitted by Dr. C. L. Chapple hour,	Cause Predisposing,
How Sent, J. J. Hunt. Jr of P. Dodge Co.	Form, Acute agitated Melancholia
Sex, male Age, 51	Accompanying Bodily Disorder,
Civil Condition, married	Suicidal or not, not suicidal
Children, 11	Date of this Attack, Sept. 1899
Age Youngest Child, -	Duration, Since Sept. 1899
Occupation, Farmer	No. of Attack, 1st.
Degree Education, Common School	No. of Admission, 1st
Profession, Religion, Lutheran Reformed	Age First Attack, 51
Habits, Not intemperate	Time of Leaving,
Nativity, Switzerland. Parents also.	Time in Hospital,
Physicians Committing, L. L. Chamberlain & D. H. Van Cleve	Result,
Correspondents, Jacob Schletty, Berne, Minn. (brother)	

EXAMINATION ON ADMISSION BY DR. Mearns *Date of*

MENTAL CHARACTERISTICS.

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

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, appreciates condition

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

DELUSIONS, Systematized, Transitory, Special Subjects,
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,

ONSET, Gradual or Sudden,

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

Father, died - consumption

Paternal Relatives, bro.

Mother, died Cause unknown

Maternal Relatives,

Brothers and Sisters, 3 brothers well. Sisters all died of Consumption
11 Children. Two girls very nervous

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

HABITS, Drinking and Smoking, not to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer

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

Sleep, Appetite, and Bowels, Irregular

OFFICE OF
Chas. Hill, M. D.

Pine Island, Minn., May 25th 1900

Arthur Kilbourne M.D.
State Hospital

Dear Doctor

Let me introduce Mr. Jacob Schletty whose brother John, I wrote to you concerning, some time ago. He has been examined legally very recently by Drs Van Cleve and Chambers before the Judge of Probate at Mantorville and considered "non Compos Mentis" so I understand by his brother. The patient is a very nice man has been treated by several physicians during the last two or three years for rheumatism and finally got off of his mental base and could hardly restrain

...CTERISTICS.

...AL WEIGHT, NUTRITION,

...ngers on left hand + of left leg. Skin anaemic

...ize normal- responses sluggish

...ual. Grasp,

...ther Reflexes,

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Is depressed + worries about himself + family. Is of low weak mentality
Has delusions regarding religious ideas + beliefs he is lost.
Has had frequent attacks of Rheumatism which have caused some contraction of tendons.

Personal and Medical History of John Schletty

Whole No. 55-77

No. of Year, 207

Residence, Dodge Co. Minn.

Insane Relatives, paternal uncle

Date Admission, May 25, 1900

Cause Exciting, Family trouble

Admitted by Dr. C. L. Chapple hour,

Cause Predisposing,

How Sent, C. J. & Hunt. J. of P. Dodge Co.

Form, Acute Agitated Melancholia

Sex, male Age, 52

Accompanying Bodily Disorder,

Civil Condition, married

Suicidal or not, not suicidal

Children, 11

Date of this Attack, Sept. 1899

Age Youngest Child, –

Duration, Since Sept. 1899

Occupation, Farmer

No. of Attack, 1st.

Degree Education, Common School

No. of Admission, 1st

Profession, Religion, Lutheran Reformed

Age First Attack, 51

Habits, Not intemperate

Time of Leaving,

Nativity, Switzerland. Parents also.

Time in Hospital,

Physicians Committing, L. L. Chamberlain & D. H. Van Cleve

Result,

Correspondents, Jacob Schletty, Berne, Minn (Brother)

EXAMINATION ON ADMISSION BY DR. Mayous *Date of*

MENTAL CHARACTERISTICS.

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

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, appreciates condition

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

DELUSIONS, Systematized, Transitory, Special Subjects,
Religious

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 - consumption

Paternal Relatives, bro.

Mother, died Cause unknown

Maternal Relatives,

3 Brothers and 2 Sisters, Brothers well. Sisters all died of consumption

11 Children. Two girls very insane

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

HABITS, Drinking and Smoking, not to excess

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not, farmer

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

Sleep, Appetite, and Bowels, Irregular

Personal and Medical History

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Contraction of 2nd fingers on left hand + of left leg. Skin anaemic

TONGUE, Coatings or Promptness of Movement,

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

SIGHT, good

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

HEARING, good

COORDINATION, Arms, normal Legs, normal. Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, sluggish. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, slow.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, normal.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, L.

ARTERIES,
flabby

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion good.
B. sounds good.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character,

BOWELS, Present Condition,

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

Is depressed + worries about himself + family. Is of low mark mentality. Has delusions regarding religious ideas "believes he is lost." Has had frequent attacks of Rheumatism which have caused some contraction of tendons.

Personal and Medical History of John Schlitty

1900

This patient was brought here by Sheriff Joel Tucker, attended by Oscar Schlitty (brother) in poor physical condition with the following history: No history of intemperance or consanguinity in patient or parents: paternal uncle was insane: First symptoms of insanity manifested in Sept. 1899 by acute melancholia: disease appears increasing: variable with irregular rational intervals: Derangement now manifested on religion: "Has the feeling in his mind to do injury" to others: not suicidal filthy or destructive: masturbates: no previous peculiarities nor injury to head: had a severe attack of inflammatory rheumatism: Has not been restrained or confined: supposed cause of disease is family trouble: Has received no treatment: On personal examination:- nothing further noted: On admission put on Infirmary Ward: G. H. N. Rpt. Complexion dark: hair black: eyes blue: condition of skin good: two last fingers on left hand stiff: enlarged veins on left arm: swelling on left side over hip: vaccination scar on left arm: eruptions on skin: two teeth missing from right upper jaw: one from left upper: two from right lower jaw: Deglutition good: Ex. by J.R. Spillard

May 25 Received on T.W. Is very much agitated and depressed: worries about wrong-doings of the past.

28 Vomited in P.M. June 1. Visited by brother. Patient put on cold Spinal Douche-treatment.

June 15 Complains of not being able to control himself. June 17. Given clothes & got up: asks nurses

July 10/18 to watch him: says "he has bad ideas in his head." July 10. Douches discontinued. July 4. Was visited

27/31 by friends. Patient given Spinal electricity. July 27. Vaccinated unsuccessfully. July 31. Nothing

Aug 1 special to report in patient's condition. Aug 1. Is very nervous: talks to himself: agitated: assists on ward. Says "he can think of nothing but evil": wants nurse to watch him. Was put on Spinal treatment

Sep 26 also Electricity, with some improvement. Sep 26. Visited by brother. Oct 28. Visited by daughter.-

Oct 28/ Extremely restless & noisy, all night: badly confused (29th) put to bed. Nov 1. 122nd Dec 27 Given

1900 Clothes. January 31/1901. Patient improved, both mentally & physically: does not worry so much, and

Jany 31 says "he is getting better". March 31. Is tidy: well-behaved: very depressed & very much

Mar 31 agitated, by spells: May 31. Is frequently visited by daughters. July 31. No change to

May 31 report. Is still much depressed. Aug 1. Wt 149# - Jany 31/02. During period, has had

July 31 parole: is usually neat & clean, but quite melancholy & fearful. Thinks, always, something is the matter with him, bodily: has been visited, a good many times, by his

1902 Jany 31 daughters & his brother.

Jan 31/03 No change during year - health good - Sits & cries when alone & is very hypochondriacal - Is of a good disposition and doesn't try to run away.

Personal and Medical History of

Personal and Medical History of Anders Knudson or Knud Anderson.

Whole No. 5578
Residence, Unknown
Date Admission, May 26. 1900
Admitted by Dr. C. L. Chapple hour, 6:45 pm
How Sent, Chas. P. Moran, Sheriff of P. Dakota Co.
Sex, male Age, 58 / Unknown
Civil Condition, Unknown
Children, -
Age Youngest Child, -
Occupation, Unknown
Degree Education, " "
Profession, Religion, " "
Habits, Supposed to have drunk much
Nativity, Unknown. Parents Norway
Physicians Committing, D.O. Vankeppelen & C. Zitek.
Correspondents, No friends or relatives known

No. of Year, 208
Insane Relatives, "
Cause Exciting, Alcoholism
Cause Predisposing,
Form, Chr. Alcoholic Insanity
Accompanying Bodily Disorder,
Suicidal or not, Not suicidal
Date of this Attack, May 26. 1900
Duration, -
No. of Attack,
No. of Admission, 4th Time (St. Peter ?)
Age First Attack,
Time of Leaving, July 12. 1900
Time in Hospital, 1 mo. 16 d.
Result, Discharged Nov. 6. 1900 Recovered

EXAMINATION ON ADMISSION BY DR. Mayou *Date of*

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, dead.
Paternal Relatives, none known.
Mother, dead
Maternal Relatives,
Brothers and Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations), No. Very nervous
HABITS, Drinking and Smoking, to excess.
HEADACHES, VERTIGO, OR CONVULSIONS,
OCCUPATION, Healthy or not, Laborer
Detail Date, Duration, and Character of Previous Attack, if any, 7 yrs. ago following debauch
Sleep, Appetite, and Bowels, [illegible]

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, Not taken PRESENT WEIGHT, Not taken USUAL WEIGHT, NUTRITION,
WOUNDS, Abnormalities and condition of Skin, Scar on left elbow. skin clear.
TONGUE, Coatings or Promptness of Movement, Slight coat.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size normal.
SIGHT, good
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good
COORDINATION, Arms, normal Legs, normal. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, marked of hands.
PATELLAR REFLEX, Sluggish. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, normal.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size,
Apex Beat, Regularity,
ARTERIES, Flabby
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,
Color and Appearance,

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

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

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

Patient had been on a protracted spree. When committed here & suffering from acute alcoholic delirium. Has been his before as an inebriate - physical condition good

Personal and Medical History of Andrew Knutson or Knud Andreson

190

This patient was brought here by Sheriff J. H. Hyland, attended by Hayes Bacon, in fair physical condition, with the following history: Nothing known as to history of heredity or consanguinity: Is supposed to have drank much: Has been confined in this (Rochester) Hospital three times previously. Committed on an inebriate warrant - May 11- 1891 - Left June 21-91 (See Vol. 16 - Folio 209 - Case No. 3691.) Sept. 2-92 - Left May 8- 93- (Vol 20- Folio 129 - No. 3118) and June 20-95- Left (Vol 22. Folio 387. No 4138)

Papers State Has been at St. Peters) First symptoms of present attack manifested yesterday (May 25th) by striking at some unseen enemy: Disease appears increasing: no lucid intervals: Derangement now manifested by patient being in a great state of excitement & unable to articulate a word: No disposition to injure others: not suicidal, filthy nor destructive: nothing known as to previous peculiarities, severe disease or injury to head: Supposed cause of disease is alcoholism: Has not been restrained or confined: Has received morphine injections: On personal examination: patient in a great state of excitement: unable to answer any questions: On Admission put upon Infirmary Ward. (T. H. M. Rpt.) Complexion dark: hair dark. bald: eyes brown: knuckles enlarged on two fingers on right hand: several small scars on body - Scar on left elbow - several small scars on back, small scar on left leg below knee: eruptions all over body. Has vermin: Is dirty: Teeth all gone: behavior good: (Ex. by E. Moore.) -

May 26/ Received on I.W. Confused: nervous: appears to be intoxicated: May 27. Still nervous but brighter.
29 27 Up on ward - Seems somewhat improved. June 1. Works on ward. June 4 Transferred to B3 -
July 3/ 12 July 3. Transferred to B3. Wt 157 lbs. Pro. Patient seems recovered July 12. Sent home. -

Discharged

Personal and Medical History of

Personal and Medical History of (Card) J. Frederickson (Card August 7.)

Whole No. 5-3-80

Residence, St. Paul, Minn.

Date Admission, June 1- 1900

Admitted by Dr. E. Z Warnow hour, 7 p.m.

How Sent, E. M. Bazille, Dr. of P. Ramsey Co

Sex, male Age, 39

Civil Condition, Single

Children, -

Age Youngest Child, -

Occupation, Book Agent

Degree Education, 16 yrs. in School

Profession, Religion, Lutheran

Habits, not known

Nativity, Germany (Parents unknown)

Physicians Committing, Arthur B Ancker & Isabor Brew

Correspondents, none - except City Hosp. St. Paul

No. for Year, 210

Insane Relatives, not known

Cause Exciting, -

Cause Predisposing, -

Form, Syphilitic Organic Dementia

Accompanying Bodily Disorder, Epileptoid attacks

Suicidal or not, not suicidal

Date of this Attack,

Duration,

No. of Attack,

No. of Admission,

Age First Attack,

Time of Leaving, Jan 10 1901.

Time in Hospital, 7 mo 9 da.

Result, Died. Organic brain trouble

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

MENTAL CHARACTERISTICS.

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

MEMORY, Past Events, Poor

Recent Events, Special Subjects,

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

REASONING POWER, Ordinary Subjects, Poor

Special Subjects,

Own Mental State,

EMOTIONAL STATE, Normal, Indifferent, Exalted, Depressed,
depressed & indifferent.

DELUSIONS, Systematized, Transitory, Special Subjects,
None obtainable.
Responds slowly - Talks very little.

HALLUCINATIONS,

ILLUSIONS,

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

HISTORICAL.

LENGTH INVASION,

ONSET, Gradual or Sudden,

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

Father, Nothing Known

Paternal Relatives,

Mother,

Maternal Relatives,

Brothers and Sisters,

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

HABITS, Drinking and Smoking, Not known.

HEADACHES, VERTIGO, OR CONVULSIONS,

OCCUPATION, Healthy or not,

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

Sleep, Appetite, and Bowels, Poor.

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, not taken PRESENT WEIGHT, not taken USUAL WEIGHT, NUTRITION,

WOUNDS, Abnormalities and condition of Skin, Skin sluggish.

TONGUE, Coatings or Promptness of Movement, Coated.

PUPILS, Equality, Size, Response to Light, and Accommodation, Equal - size dilated - response to ac. slow -

SIGHT, poor

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

HEARING, good.

COORDINATION, Arms, Legs, Cannot stand Grasp,

TREMORS, Hands, Tongue, Facial Muscles, General,

PATELLAR REFLEX, Exaggerated Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow,

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY,

HEART, Murmurs, Strength, Sounds, Size, Weak

Apex Beat, Regularity, Regular.

ARTERIES,
Normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,
Chest symmetrical
Expansion poor.
B. sounds normal.

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, poor.

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 remains in bed: eyes bulging - neck drawn back & rigid. Speech very slow: seldom answers questions then only partly - appears of low mentality. Has several scars which perhaps are specific. Physically is anaemic, weak & bed-ridden

Personal and Medical History of (Carl) F. Frederickson

1900

This patient was brought here by Des. Sheriff Samson attended by Jos. Klapp in poor physical condition with the following history: nothing known as to heredity, consanguinity or intemperance: First symptoms of insanity were manifested by epileptiform stigmas & mental weakness: Disease appears increasing: Variable with irregular rational intervals: Derangement now manifested by marked mental weakness, epileptiform attacks, stupor, involuntary stools & urinations: no disposition to injure others, not suicidal, nor destructive: Habits are filthy: nothing known as to previous peculiarities or injury to head: Has epileptoid attacks: has been restrained at intervals to keep him in bed. Cause of disease unknown: Has received rest treatment at City & County Hospital, St. Paul, since Feb. 26. 1900. On personal examination:- patient in bed, stupid, unable to answer questions intelligently. On admission put upon Infirmary, East (G. F. N. Rpt.) Complexion light: Hair light brown: eyes blue: condition of skin poor: large scar on left shoulder: small one on left forearm,- one on right forearm, one on right side of back: one ~~on~~ one on each leg: one on right thigh,- one on foot: Dirty: teeth,- 3 stubs in right upper jaw, 2 in left upper: 3 stubs in right lower, 2 out in left lower. Behavior good: has difficulty in walking.

June 1 Received on IW. Badly confused & speech impaired: unsteady: unable to stand alone.
13/15 Is very filthy: fed by nurses. June 13. Is extremely restless, through night. June 14: Seems somewhat
18 improved. Is able to stand. Is on "Iodide treatment". June 18. Can't understand: Cannot
July 8, '78 talk distinctly. July 8. 125# - July 28. Receives 288 Drops of Iodide, a day: Seems to be
31 improving: talks plainly. Is incoordinate in gait. July 31. Patient is still in bed. -
Aug 3/6 Patient is sluggish: has to be fed by nurses. Is in bed. Aug 6. Visited by friends. Oct 1 - 156# -
Oct 1/9/ has an abscess in right hip. Oct 9. Given clothes & got up a ward. Oct 31. Abscess lanced in
Nov 3 '99 finger (right index) - Nov 23. Transferred to A.H. Dec 1. Patient shows mental failure: also, is
Dec 1/29 very unsteady in limbs. Dec 29. Returned to I.W. Jany 9/1901. Patient has had "Choking Spell".
Jany 9 1900 Is very weak & respiration labored. Is failing rapidly. -
10 Died

Died

Personal and Medical History of

Personal and Medical History of Daniel Ashbaugh

Whole No. 5383
Residence, Washington Co. Minn
Date Admission, June 5. 1900
Admitted by Dr. C. L. Chapple hour, 7 pm
How Sent, Frank L Wilson J. of P. Washington Co
Sex, male Age, 64
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Laborer
Degree Education, Common School
Profession, Religion, Not a Church member
Habits, Not known as to intemperance
Nativity, Pennsylvania. parents unknown
Physicians Committing, B. J. Merrill & W. H. Pratt
Correspondents, Fanny Fiske (friend) St. Paul Park, Minn

No. of Year, 2/3
Insane Relatives, not known
Cause Exciting, "
Cause Predisposing,
Form, Chronic Melancholia
Accompanying Bodily Disorder, none known
Suicidal or not, not suicidal
Date of this Attack, ?
Duration, ?
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, ?
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wamans. *Date of* June 1900.

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died - Paralysis.
Paternal Relatives, no history of ins.
Mother, dead.
Maternal Relatives, nephew insane -
Brothers and Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
Malaria - Masturbation.
HABITS, Drinking and Smoking, not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.
OCCUPATION, Healthy or not, laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Poor, irregular,

Personal and Medical History of

His Mind Is Unsound.

Special to the Dispatch.

Langdon, Minn., June 11.—Daniel Ashbaugh, the old man found wandering around the streets of Stillwater some days ago, and, taken to the city hospital, proved to be a resident of this place, Mr. Ashbaugh has made his home for many years with the Fiske family here, and left there last week to receive medical treatment at Stillwater, and although his actions had been somewhat strange and eccentric of late, such a termination was not looked for. He was examined at the city hospital by Doctors Pratt and Mirrill, and pronounced of unsound mind and was committed to the asylum for insane at Rochester.

√√83

M Daniel Ashbaugh
Copy of Order for Hearing Petition of Forrest E. Woodward
for appointment of
said petitioner as guardian for
Daniel Ashbaugh insane; served and
service admitted June 8' 1900

(Papers filed with commitment papers.)

PHYSICAL CHARACTERISTICS.

PRESENT WEIGHT, ——— USUAL WEIGHT, NUTRITION, Anaemic
condition of Skin, Skin sluggish.
Motor Activity, Restless.
size large - responses slow.
Grasp,
hands & tongue -
Other Reflexes,

SENSIBILITY,
HEART, Murmurs, Strength, Sounds, Size, No - Enlarged
Apex Beat, Regularity, irritable.
ARTERIES,
Sclerotic.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical -
Expansion poor.
Breath sounds normal -
EXAMINATION URINE, Quantity, Sp. g. Reaction,
Albumen, Sugar,
Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,
BLOOD, Corpuscles, Hæmoglobin,
SLEEP, Present Amount and Character, Poor.
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,
Color and Appearance,

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 confused, sluggish & depressed - Is delusional, fears people want to do him harm. Has lived alone: continually practices masturbation. Which probably is cause of present condition. Physically is anaemic & sluggish: bowels constipated. Vertigo.

Personal and Medical History of Daniel A

Whole No. 5583
Residence, Washington Co. Minn
Date Admission, June 5. 1900
Admitted by Dr. L. L. Chapple hour, 7 pm
How Sent, Frank D. Wilson J.P. Washington Co
Sex, male Age, 64
Civil Condition, Single
Children, -
Age Youngest Child, -
Occupation, Laborer
Degree Education, Common School
Profession, Religion, Not a Church member
Habits, Not known as to intemperance
Nativity, Pennsylvania. parents unknown
Physicians Committing, B.J. Merrill & W. F. Pratt
Correspondents, Harry Fisk (friend) St. Paul Park, Minn

No. of Yea
Insane
Cause Exc.
Cause Predispos.
Form, Chron
Accompanying Bodily Disor
Suicidal or not, Not one
Date of this Attack, -
Duration, -
No. of Attack, 1st
No. of Admission, 1st
Age First Attack, -
Time of Leaving,
Time in Hospital,
Result,

EXAMINATION ON ADMISSION BY DR. Wamous *Date of* June 1900

MENTAL CHARACTERISTICS.

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

HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, died - paralysis.
Paternal Relatives, no history of ins.
Mother, dead.
Maternal Relatives, nephew insane -
Brothers and Sisters, well.
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
malaria - masturbation.
HABITS, Drinking and Smoking, not to excess.
HEADACHES, VERTIGO, OR CONVULSIONS, Vertigo.
OCCUPATION, Healthy or not, laborer.
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, irregular, Poor

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, Anaemic
WOUNDS, Abnormalities and condition of Skin, Skin sluggish.
TONGUE, Coatings or Promptness of Movement, Coated.
PUPILS, Equality, Size, Response to Light, and Accommodation, Equal. size large - responses slow.
SIGHT, Blurred.
EYES, Nystagmus, Squint, Arcus Senilis, or other troubles,
HEARING, good.
COORDINATION, Arms, slight incoord - Legs, do Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue -
PATELLAR REFLEX, None. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow, slurred.
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY,
HEART, No Murmurs, Strength, Sounds, Size, N - Enlarged
Apex Beat, Regularity, irritable.
ARTERIES,
Sclerotic.
LUNGS, Chest, Symmetry, Expansion,
Breath Sounds,
Chest symmetrical - Expansion poor. 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, Poor.
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 rather confused, sluggish & depressed - is delusional, fears people want to do him harm. Has lived alone: continually practices masturbation. Which probably is cause of present condition. Physically is anaemic & sluggish. bowels constipated. Vertigo.

Personal and Medical History of Daniel Ashbaugh

1900

This patient was brought here by Dr. J. P. Thomas, in fair physical condition, with the following history: no history of consanguinity: nothing known as to heredity or intemperance: first symptoms of insanity manifested by delusions of persecution. Disease appears increasing: not variable: no rational intervals: Derangement now manifested by delusions that people are after him to arrest him: attempted to use revolver toward those coming: not suicidal filthy nor destructive: nothing known as to previous peculiarities, disease, or injury to head: cause of disease not known: Received treatment at Dellwater City Hospital for one week. On personal examination:- "nothing except delusions". On admission put upon Infirmary C. (U.S.H.N. Rpt. complexion light: eyes blue: hair gray: small scar on R. arm & R. side of chest: & several on leg below knee: Four teeth in lower jaw all in bad condition: Behavior good: — June 5 Exam. by E. Moore.) June 5. Received on T.W. Put to bed. Is confused: "Thinks some one is going to do him harm". Is somewhat depressed and agitated: habits Clean. 10/19 Patient Seems to make some improvement. June 19. Patient is further improved. 20/25 Given Drgs. June 25. Transferred to B3. July 31. Continues about as last described. Aug 1 – 149#. Sept 12. Was put to bed: had severe diarrhoea (Transferred to Infirmary) – Sept 23. Up, Sept 28 on ward: is as usual. Sept 28. Transferred to B3. Oct 1. Put on tonic treatment, as appetite was Nov 1 poor. Nov 1. 157#. Jany 31/1901. Aside from one or two slight illnesses, health very good for his age – 1901 Jan 31 Is quite senile: very emaciated. Sits & lies about in despondent manner; rarely speaks, unless addressed. Answers questions rationally, but thinks that he is going to die soon. Says that he thinks he has done something for which he should not live": "should be shot" "Thinks Every day is his last". Is taken out daily, by the other patients, for exercise. Feby 1. Wt 158# – Feby 1 Mar 29 Has bloody diarrhoea: given powder. (G.H 4.). March 30 Transferred to T.W. Apl 15 Recovered Apl 15 30 from attack of Dysentery and transferred to B3. May 1. 152#. July 31. Patient constantly July 31 very much depressed: "thinking he has done something wrong" "and is not fit to live" – "we should take him out and shoot him": "thinks every day his last". Frequently lies on benches or bed: rarely goes outside: is quite senile. Aug 1. Wt 145# Nov 1. 147# Aug 1 1901 Jany 31 no change whatever: lies about on bed or benches: takes no more exercise than he is obliged to: seldom goes out with crowd. "Believes each hour and day is his last" – health fairly good

Feb. 1/02 Wt. 151#. Aug 1 Wt. 151#.

1903 Jan. 31 Has been in rather poor physical condition mostly from a gr. Complains of abdominal pain and was today transfered to D.W.C. with diarrhoea; has remained in room most of the time when

Personal and Medical History of

on ward; very despondent; says he wishes someone would take him out & shoot him – seems to think every day will be his last. Has not been able to walk much with crowd.

Personal and Medical History of Patrick Flaherty

Whole No. 5585
Residence, St. Paul, Minnesota
Date Admission, June 6th 1900.
Admitted by Dr. Ch. Chapple hour, 7 P.M.
How Sent, E.W. Bazille & J. of P. Ramsey Co
Sex, male Age, about 65 yrs.
Civil Condition, widower.
Children, Three
Age Youngest Child, —
Occupation, Laborer
Degree Education, none.
Profession, Religion, Catholic
Habits, a moderate drinker
Nativity, Ireland. (Parents also born there)
Physicians Committing, H. Drew & A.W. Whitney
Correspondents, Mrs. Flaherty (now) Globe Bldg. St Paul. Minn.

No. of Year, 715
Insane Relatives, unknown.
Cause Exciting, unknown
Cause Predisposing, unknown
Form, Acute Melancholia
Accompanying Bodily Disorder, tremors & exaggerated reflexes.
Suicidal or not, Attempted to cut throat 1 wk. ago.
Date of this Attack, 1 wk ago
Duration, 1 week
No. of Attack, unknown.
No. of Admission, 1 here.
Age First Attack, unknown
Time of Leaving, 25th July 1901.
Time in Hospital, 1 yr 1 mo 19 ds
Result, transferred to Hastings
P.F. Gov

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

MENTAL CHARACTERISTICS.

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

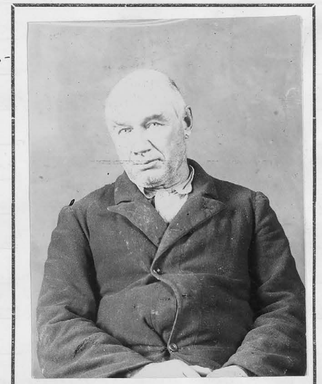
HISTORICAL.

LENGTH INVASION,
ONSET, Gradual or Sudden,
HEREDITY (Question concerning Insanity, Consanguinity, Epilepsy, Paralysis, Syphilis, Hysteria, Inebriety, Consumption).
Father, Nothing known.
Paternal Relatives,
Mother,
Maternal Relatives,
Brothers and Sisters, all well.
3 Children all well
PROMINENT DISEASES (especially Typhoid Fever, Sunstroke, Head Injuries, and Surgical Operations),
No.
HABITS, Drinking and Smoking, No.
HEADACHES, VERTIGO, OR CONVULSIONS, no.
OCCUPATION, Healthy or not, Laborer
Detail Date, Duration, and Character of Previous Attack, if any,
Sleep, Appetite, and Bowels, Good

Personal and Medical History of

PHYSICAL CHARACTERISTICS.

HEIGHT, 5 ft 9 PRESENT WEIGHT, 149 lb USUAL WEIGHT, NUTRITION, poorly nourished
WOUNDS, Abnormalities and condition of Skin, scar of throat. skin brownish, sluggish.
TONGUE, Coatings or Promptness of Movement, moist - grayish coating.
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, normal - Legs, do. Grasp,
TREMORS, Hands, Tongue, Facial Muscles, General, slight of hands & tongue.
PATELLAR REFLEX, exaggerated. Other Reflexes,
ARTICULATION, Slurred, Hesitating, Slow,
FACIAL EXPRESSION, Paretic, Sad, Etc.
SENSIBILITY, normal.
HEART, no Murmurs, Strength, Sounds, Size, N -
Apex Beat, N Regularity, irritable.
ARTERIES, flabby.
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, good.
BOWELS, Present Condition, Constipated

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

Patient has been very much depressed & fretful. Has delusions & marked loss of memory. Attempted suicide by cutting throat - Physically is emaciated mot & nervous. Has melancholia

Personal and Medical History of Patrick Flaherty.

1900.

This patient was brought here by Sheriffs deputy H. Hanson, attended by C. Madison in fair physical condition with the following history:- No information concerning consanguinity nor heredity: Patient a moderate drinker: First symptoms of insanity manifested about one week ago by attempting to cut throat: Disease appears increasing: Not variable: Derangement now manifested by depression & loss of memory: Not disposed to injure anyone else: No disposition to filthy nor destructive habits: No previous peculiarities noted: No information concerning severe diseases nor injuries to head: Was employed on work in City Hospital, St. Paul: Has been given rest in bed: On personal examination is very dull & listless in appearance memory poor, tremor of lips & hands marked, reflexes exaggerated On admission put upon B.3.C. (Gen. Rpt. Complexion dark: Hair dark gray: eyes blue: skin dirty: head bald: Wart on left hip: one 5 in. scar on throat & 3½ in. scar on R. leg. Varicose veins on lower limbs: 7 teeth gone from upper & one from lower jaw: Behavior good. Temp. 101.4 P. 100 R. 28. Exam by Mr. Fahey)

June 12 Received on B.3. Is despondent. Answers hesitatingly. June 12 Untidy & careless about Dress.
July 6/21 Wt 115#. July 24. Patient is more confused: stupid and filthy. Transferred to B.1. —
July 31. Nothing specially to report in patient's condition. Confused. Dull & stupid. habits dirty.
Aug 1 135# Sept. Transferred to Annex. Sept 10. 2 to 1. Was constantly trying to run away, while
Oct 31 at Annex. Oct 31. Patient has improved somewhat, mentally & physically: has been destructive in habits, slovenly & occasionally filthy: restless at night: confused & noisy: not otherwise troublesome. Nov. 1 178#. Nov 12. Had trouble with Carl Andersen & received bruises on face &
Nov 1/22 Dec 1 head, (not serious): Dec. Struck Pt Atkinson in eye. Jany 31/1901 No change of importance.
1901 Jan 31 Quite senile in appearance & demented: indifferent to most everything: habits untidy & slovenly - Usually answers questions freely, but still has delusions of persecution, & at times, noisy.
July 1 Talks to himself: does no work. - July 1. Wt 180#. April 11-12. Visited by daughter.
June 24 Transferred to D.D.: becoming slovenly & dirty in habits: works a little at ward: very irritable, & occasionally very noisy: has delusions of persecution, but causes
July 25 no trouble. July 25. No change. - Transferred to Hastings Hospital —

Personal and Medical History of

Personal and Medical History of Hans Hanson.

Whole No. 5586	No. of Year, 716.
Residence, Faribault, Minnesota.	Insane Relatives, wife says one brother insane
Date Admission, June 7, 1900.	Cause Exciting, "Venereal"
Admitted by Dr. C. L. Chapple hour, 7 P.M.	Cause Predisposing, Possibly heredity
How Sent, James Hunter & P. Rice & Co.	Form, Chronic Melancholia
Sex, male Age, 54	Accompanying Bodily Disorder, None mentioned.
Civil Condition, married.	Suicidal or not, ?
Children, Five.	Date of this Attack, 4-5 years ago.
Age Youngest Child,	Duration, 4-5 years.
Occupation, Day laborer.	No. of Attack, 1st first (?)
Degree Education, Common school.	No. of Admission, 1st here.
Profession, Religion, Not a church member.	Age First Attack, about 48 yrs.
Habits, Not intemperate.	Time of Leaving,
Nativity, Norway (Parents also born there)	Time in Hospital,
Physicians Committing, C. B. Pillsbury & F. M. Rice	Result,
Correspondents, Mrs. Anna Hanson (wife) 14th St &	First Ave. Faribault, Minn.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick. Clear.

MEMORY, Past Events,

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,

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, Several years.

ONSET, Gradual or Sudden,

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

Father, dead.

Paternal Relatives, No history of insanity

Mother, died - from injuries.

Maternal Relatives, No history of insanity

Brothers and Sisters, one brother insane - 5 children - well.

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

Muscular Rheumatism - gonorrhoea.

HABITS, Drinking and Smoking, yes.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, laborer.

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

Sleep, Appetite, and Bowels, fair, good, irregular

Personal and Medical History of

Hanson Adjudged Insane.

Faribault, Minn., Special, June 11.—Hans Hanson, who was last week arrested on the charge of threatening to kill his wife, and who attempted to shoot Officer Norton while being arrested, has been adjudged insane and sent to the hospital at Rochester.

ROCHESTER STATE HOSPITAL.

ROCHESTER, MINNESOTA.

GENERAL HEAD NURSES' REPORT.

Return

Admission of Hans Hanson.

Ward B 3 Date April 24 1901

Height 5-3 1/2 Weight 113

Complexion Sandy Hair Brown

Eyes Gray Condition of Skin Fair

Marks

Scars Vaccination on left arm

Eruptions

Ulcers

Bruises

Hernia

Vermin Cleanliness Fairly.

Bodily Peculiarities

Teeth 4 gone left upper 6 and right upper 4 and left lower 2 right lower 2

Behavior Good

Remarks Ex by Dr F. Fahey -

(Signed) John Power

GENERAL HEAD NURSE.

PHYSICAL CHARACTERISTICS.

USUAL WEIGHT, NUTRITION, fair

ish.

al - normal - responses slow.

Grasp,

of hands.

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,

Reaction, Color and Appearance,

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 has been peculiar in manner for years. always on the alert & continually suspicious of family. Has various delusions. Says his wife is "trying to get rid of him" - people are trying to kill him &c. Physical condition fair.

Personal and Medical Hi

Whole No. 5586

Residence, Faribault, Min

Date Admission, June 7, 190

Admitted by Dr. C. L. Chapp

How Sent, James Hunter Jo

Sex, male Age,

Civil Condition, married.

Children, Five.

Age Youngest Child,

Occupation, Day laborer.

Degree Education, Common school.

Profession, Religion, Not a Church member.

Habits, Not intemperate.

Nativity, Norway (Parents also born there)

Physicians Committing, C. B. Pillsbury & F. M. Rice

Correspondents, Mrs. Anna Hanson (wife) 14th St &

Accompanying Bodily Disorder, None mentioned.

Suicidal or not, ?

Date of this Attack, 4-5 years ago.

Duration, 4-5 years.

No. of Attack, 1st first (?)

No. of Admission, 1st here.

Age First Attack, about 48 yrs.

Time of Leaving,

Time in Hospital,

Result,

First Ave. Faribault, Minn.

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

MENTAL CHARACTERISTICS.

MENTAL ACTIVITY, Clear or Confused, Quick or Sluggish,

Quick. clear.

MEMORY, Past Events,

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,

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, Several years.

ONSET, Gradual or Sudden,

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

Father, dead.

Paternal Relatives, No history of insanity

Mother, died - from injuries.

Maternal Relatives, No history of insanity

Brothers and Sisters, one brother insane - 5 children - well.

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

Muscular Rheumatism - gonorrhoea.

HABITS, Drinking and Smoking, yes.

HEADACHES, VERTIGO, OR CONVULSIONS, no.

OCCUPATION, Healthy or not, laborer.

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

Sleep, Appetite, and Bowels, fair good irregular

onal and Medical History of

ndged Insane.

Special, June 11.—Hans
st week arrested on the
g to kill his wife, and
ot Officer Norton while
en adjudged insane and
Rochester.

PHYSICAL CHARACTERISTICS.

HT, —— PRESENT WEIGHT, —— USUAL WEIGHT, NUTRITION, fair

SOUNDS, Abnormalities and condition of Skin, skin reddish.

TONGUE, Coatings or Promptness of Movement, Clear.

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

SIGHT, wears glasses.

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

HEARING, good.

COORDINATION, Arms, slight. Legs, Grasp,

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

PATELLAR REFLEX, slow. Other Reflexes,

ARTICULATION, Slurred, Hesitating, Slow, normal.

FACIAL EXPRESSION, Paretic, Sad, Etc.

SENSIBILITY, normal.

HEART, Murmurs, Strength, Sounds, Size,

Apex Beat, Regularity, regular.

ARTERIES,

Regular - normal.

LUNGS, Chest, Symmetry, Expansion,

Breath Sounds,

Chest symmetrical
Expansion good
B. sounds normal

CRANIAL MEASUREMENTS.

Circumference Horizontal,

Circumference Verto-Mental,

Naso-Occipital Arc,

Binauricular Arc,

Ant-Post Diameter,

Transverse Diameter,

Binauricular Diameter,

Facial Length,

Length-Breadth Index,

Volume,

Peculiarities in Shape,

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

Albumen, Sugar,

Casts and Crystals,

OPHTHALMOSCOPIC EXAMINATION,

BLOOD, Corpuscles, Hæmoglobin,

SLEEP, Present Amount and Character, good.

BOWELS, Present Condition, regular

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

Patient has been peculiar in manner for years. always on the alert & continually suspicious of family. Has various delusions. Says his wife is "trying to get rid of him" - people are trying to kill him &c. Physical condition fair.

Personal and Medical History of Hans Hanson.

1900

This patient was brought here by Sheriff Gill. Mochies attended by James Thompson in fair physical condition with the following history:- wife says his brother was insane: No history of intemperance in patient nor in parents: Insanity has been manifested for past four or five years, over one year ago was treated for muscular rheumatism Disease variable: is increasing: Derangement now manifested by thinking that someone is trying to kill him, threatens to kill wife: has firearms in his possession all the time; fears someone will kill him: No filthy nor destructive habits at present; as to peculiarities noted, has shown trouble for a number of years. No information concerning severe diseases nor injuries to head. Has received very little treatment, never in confinement nor restraint. On personal examination is in poor health & needs care & treatment. On admission put upon Infirmary East / Ht. & Rpt Complexion light: hair brown: eyes blue: skin pock-marked: six teeth gone from upper jaw and five from lower: behavior good.)

June 7/00 Received on IW. Put to bed. Behavior good. Talks a great deal about family troubles. June 10. Urinalysis made: urine normal. June 16. Complains of pain in left ear. June 19. Sent up, on ward. June 27. Complains of rheumatic pains in shoulder & arms. June 30. Put to bed. July 5/00 is on treatment. July 5. Condition improves. July 14. Given clothes. July 16. Transferred to B3. - 17/00 Vaccinated. July 20. Again complains of rheumatism. Transferred to IW. for treatment - Aug 5/00 113#. Aug 7. Patient is up & around: complains of rheumatism. Sept 6. Transferred to B3 S - Sept 1900 Visited by wife & taken Home. Apl 24/1901. Word was recently received from his sister that Apl 24 patient was unable to get along at home, & desiring that he should be brought back to the hospital. Supervisor C. G. Anderson was accordingly sent for him, and he brought patient back this morning: was put on B3. Aug 1. Wt 130#. - Aug 1900 / July 31 1901 Changed little during period: at times refused to eat & was afraid of being poisoned - Feb. 1/02 Wt. 118#; Apr. 30 Trans. to B2. Aug 1 Wt 117#

1903 Jan 31. In fairly good health; works in centre. Habits quite neat; talkative & sensible; except about the one delusion — namely - "poisoned food." Very persistent in this. At times becomes noisy & abusive.

Personal and Medical History of

Personal and Medical History of

Whole No.

Residence,

Date Admission,

Admitted by hour,

How Sent,

Sex, Age,

Civil Condition,

Children,

Age Youngest Child,

Occupation,

Degree Education,

Profession, Religion,

Habits,

Nativity,

Physicians Committing,

Correspondents,

No. of Year,

Insane Relatives,

Cause Exciting,

Cause Predisposing,

Form,

Accompanying Bodily Disorder,

Suicidal or not,

Date of this Attack,

Duration,

No. of Attack,

No. of Admission,

Age First Attack,

Time of Leaving,

Time in Hospital,

Result,

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

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).