

-Joseph Whissell-

NAME.....

CASE BOOK NO.....

-Feb. 1919-

Physical Examination.

A white male, rather poorly nourished. Age 51, apparent age 60. Hair of rather good growth, quite grey. Slight scar on the upper right quadrant of the abdomen. There are several eczematous patches on the arms and elbows. Pupils symmetrical and re-act to light and accommodation. Left ear somewhat mis-shapen. Right ear-normal. Hair- good.

Alimentary System.

Teeth in poor condition. Tongue-coated. Palate-quite broad and flat.

Rectal Examination.

Normal.

Respiratory System.

Infra-clavicular fossae-quite deep, particularly the right. Chest movements on respiration are unrestricted. Lungs expand well as shown by percussion. Lung resonance-good throughout. Vocal fremitus-normal. Breath sounds-clear, no rales.

Circulatory System.

Pulse-good, well sustained and regular. Precordial dulness-superficial and deep-is normal. Apex beat, fifth space, three and a half inches

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from the mid-line. Heart sounds-somewhat weak but not roughened. Slight degree of arteriosclerosis in the radial.

Abdomen-complains of pain in the upper quadrants of the abdomen. On palpation nothing abnormal to be distinguished. Liverdulness not marked. Splenic dulness-normal.

Genito Urinary System.

Apparently normal.

Nervous System.

Eye movements-normal.

Superficial Reflexes.

Normal.

Deep Reflexes.

Apparently slightly inhibited.

A twitch was noted in extensor muscles of left thigh.

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BROCKVILLE

CASE BOOK NO.....

1915

Family History ,

The father and mother of this patient are both dead, the causes of which are unknown. Three sisters are alive and well and one brother is alive and three dead. There is no history of alcoholism or insanity.

Personal History .

Patient is 49 years of age and was born at Vars. (?) . He is a farmer by occupation and works it himself. He says he lost \$3000.00 on a mortgage on his farm a year ago. He had no education.

He was married at the age of 28 and has 6 boys from 19 years to 1 year and 3 girls from 17-3.

He does not blame his friends for his troubles but said it is his own fault. He has always gotten along well with his wife, family and neighbors.

Present Illness

There is no history of serious illness or accident.

The onset of the present psychosis seems to date from last fall when he began to worry about financial matters. He worked well until three months ago when he became melancholic and attempted

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suicide. He threatened to drown himself, has beaten his children and attempted to strike them with a knife.

Mental Examination

Expression-Sad and worried.

Movements- Will stare vacantly ahead and then will shake his head, move his arms and speak of his troubles.

Hallucinations & Delusions

There is no evidence of hallucinations but he has delusions. He thinks he is going to die and when told he is not says that he can never be well again. Imagines his farm is now lost to his family and can never be recovered.

Memory

Hismemory is poor . It is hard to obtain answers from him as his whole mind is centered on his troubles.. He does not know when he came here.

Attention

Attention is somewhat difficult to obtain maintain or direct. Does not seem to notice much

CLINICAL RECORD

NAME.....

Joseph Whissell.

CASE BOOK NO.....

Form No. 127-25M-3-25

Feb. 26/26.

Transferred from*ward C. Put to bed in solar room. Taken to minor surgery and had a fracture of left arm set. Given general anesthetic. M. Ferguson/JH.

Mar. 1/26.

Spent a comfortable day. Bandage re-inforced. Appetite fair. M. Ferguson/JH.

May 28/28

GWK/DB Patient has been domiciled at this hospital for the past thirteen years. He is in very good health physically at the present time. He rests well and his appetite is good. He is fairly clean and tidy about his person, is very prone to ask questions and is fairly revelant in his answers. He is rather hard of hearing and it is difficult to carry on a conversation with him. He is also somewhat indifferent as to his environment. His memory is poor for past events and only fair for present events. He knows the date and also the place. He thinks that he himself is quite alright both physically and mentally. There is evidently considerable deterioration in his case.

May 11/29

GWK/DB Patient has continued to be domiciled on Cottage F. for the past year. He has enjoyed very good physical health, talks to himself and gesticulates, does no work, very indifferent about things on the ward.

Nov. 18/29

GWK/AM Patient is domiciled on Cottage F. His physical health is good and he will carry on a very rational conversation, but will not initiate work.

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going on about him.

Orientation

He hasno ~~idea~~ where he is or what this place is.

Insight

Feels that everything is hopeless, that he is not sick but his condition is due to what he calls "trouble" .

Sept. 23/15

This patient has been suffering from abscess formation for some few days. On Tuesday September 21st., M. J. Moher, M.D. devised elaborate plans for opening these according to Hiltons mthod. The patient upon being taken from the ward to the operating room was very obstreperous but Dr. M.F.D³ Graham and Dr. M.J.Moher through careful manipulation of words never before pronounced properly succeeded in quieting the patient. The patient's remarks while being given the anaesthetic and before losing consciousness were very moanful, (Fini mon Dieu) was all that he would say.

Once under the anaesthetic Dr.Moher proceeded to drain the abscess cavities. This he

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did in a remarkably fine manner and without pain to the patient.

The abscesses, one in the clavicle and one on the right border of the right rectus about mid high were packed with ioda form gauze, these packings the patient removed shortly after. He is however getting along all right.

June 24/18.

GCK. This patient's son came to the McL. hospital to-day and took him home on probation.

Feb. 5th/19.

The above named patient was returned from probation to-day.

July 14/20.

DRF. Very demented. Slightly depressed. All he would say was; "I do not know anything," and begin to cry. Always talking to himself.

April 26th.1924.

No improvement, sleeps well and appetite fair. Very untidy about person and habits. Goes around hall spitting on walls, floor etc. Conversation is very poor and he will only talk very little. Patient is very agreeable and quiet on ward.

J.E.Algie.

Nov. 10-25.

Patient is up and about the ward, in fair physical health. Indifferent, careless in his dress and habits. Rather stupid at times.

Form 17. Hospital for Insane Series.

CLINICAL RECORD

NAME Joseph Whissell

CASE BOOK No.....

Form No. 127 - 50M-Nov.-1928

March 21/30	GWK/DB Patient is domiciled on Cottage F at the present time. Physical condition is good. He is untidy and unclean about his habits and person, fairly cooperative, goes about the ward muttering and talking about persecution that he receives.
Sept. 18/30	TAM/GEW At present is domiciled in Cottage F. Physical condition is good. Unclean about person, habits and ward. He does not work but gives very little trouble on ward.
May 4, 1931.	KBS/GEW. This patient remains on cottage F. Physically his health remains in good condition, but there is little change to be noted mentally. He is actively hallucinated, frequently becomes disturbed. It is difficult to secure his cooperation on the ward.
July 21, 1931.	HCM/WT. Patient is domiciled on Cottage F and is neat and tidy about his person. Is very quiet, but does no work.
January 2/32.	FMG/WT. This patient is in good physical health, is unclean and untidy about himself and does no work about the ward, but can carry on a fairly intelligent conversation when not speaking about his persecutory delusions. At times he is irritable and abusive. There is no change in his condition.
April 18, 1932.	WT. This patient was inoculated with Typhoid Vaccine on April 4th, 11th and 18th.
August 17/32.	AKM/WT. This patient is clean in his habits but untidy in his appearance. He is not violent but is a little destructive. Blood Pressure: 160/90.

CLINICAL RECORD

NAME Joseph Whissell.

CASE BOOK No. _____

Form No. 127—50M—Nov. 1930

Feb. 24, 1933.

Abdomen is prominent. There are scars on the abdomen. CHG/EC. This patient has been engaged with a group picking up the hair used in mattress making. He does this work quite well, and is quiet and cooperative.

Sept. 1, 1933.

CFL/GEW. This patient is domiciled on cottage "F". At present he does not cooperate very readily, appears to be of a very lazy nature, shows considerable mental and physical deterioration during the year, is very moody and appears to remain by himself and very frequently expresses the fear of being killed. He is very unclean about personal habits. His appetite is very poor and he does not sleep well at night. He is a feeble old man in rather poor health.

Examination: Eyes - React sluggishly to light and accommodation. Throat - red and inflamed. Tongue coated.

Heart - Apparently normal. Chest - fairly well developed.

Pulse - 76, weak. Poor volume and tone, some sclerosis.

Blood Pressure - 135/90. Reflexes - are very feeble.

Feb. 2, 1934.

GWK/W. This patient has been domiciled on cottage "F", for the past twelve years. He is up each day, is clean and tidy, looks fairly well. His appetite is good and he sleeps well. He does not talk intelligently is disoriented as to place and time, but he knows the Town nearby is Brockville. He has an idea that he is much younger than his years. He responds to hallucinations and gives expression to fears and delusions. Every morning he thinks a Frenchman is killed on the premises and he sometimes asks when they are going to take him away.

CLINICAL RECORD

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CASE BOOK NO.

FORM NO. 127-100M-DEC, 1933

Jan. 26, 1935.

DAH/CS. A thin elderly man, very quiet, wanders ceaselessly about the cottage. He prefers to be left alone and is constantly worrying about children starving to death.

Sept. 23, 1936

GWK/DB Domiciled on Cottage "F". He is out and about each day, is quite retarded both physically and mentally, has to be encouraged to do any work. He is clean in his habits.

JAN 1939

At this time, patient X-rayed in chest X-ray Survey.

No definite evidence of active pulmonary parenchymatous disease found.

June 26, 1939

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GWK/LS. Domiciled on Cottage "F". He is up and about each day, moves about rather freely for an old man, is fairly clean and tidy and quite talkative.

FEB 1940

At this time, patient X-rayed in chest X-ray Survey.

No definite evidence of active pulmonary parenchymatous disease found.

May 21, 1940

MH/LS. Domiciled on Cottage "F". He is a bed patient in the large dormitory, is clean and tidy in his habits, seclusive, and very quiet. Last fall he had a stroke and is partially paralysed on the right side.

Dec. 1/40

Jan

GWK/LS. Patient is domiciled on Cottage "F". He occupies a bed in the large dormitory, is under-sized, unclean and untidy in his habits since he had his stroke some time ago. He seems confused and does not respond

to questions JAN 1941.

At this time, patient X-rayed in chest X-ray Survey.

No definite evidence of active pulmonary parenchymatous disease found.

CLINICAL RECORD

Name..... Joseph Whissell.....

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Form No. 127-50M-Jan. 1941-(R3241)

Aug. 5, 1941

McL/LS Domiciled on Cottage "F". Patient is senile, deteriorated and unclean in his habits. He is being cared for in bed, seldom speaks except ~~when~~ he occasionally becomes mildly disturbed and threatening. His answers to questions are irrelevant. He shows spastic paralysis of the right leg. McL.

TRANSFER:
October 19, 1941

GWK/PG. Transferred this date from Ward "F" to Ward "E" to create a vacancy. He is partially paralysed, quiet and a bed patient.

December 27, 1941

McL/PG. Recently patient has appeared much weaker and has been taking very little nourishment. His temperature remains normal. Pulse 90 to 110. Heart sounds are so distant as to be practically inaudible. Blood Pressure 90/70. Peripheral vessels sclerosed. Breath sounds well heard. Occasional fine rales at bases of lungs. Old spastic paralysis.

DEATH:
Jan. 13th/42.

McL/MH. Recently patient has continued to grow weaker. For the past few days he has taken very little nourishment and today it was noticed that he was developing a decubitus ulcer over the right hip. Respirator have been elevated to about 30 but temperature has remained normal throughout. Heart sounds are very distant, breath sounds distant, no adventitious sounds heard. He died this evening and was pronounced dead at 8 p.m. by Dr. Kells. The coroner, Dr. Throop, visited and gave the cause of death as Arteriosclerotic Disease.

Diagnosis: Melancholia.-Involutional.



ONTARIO

THE ONTARIO HOSPITAL
Brockville
January 13, 1942.

RECEIVED FROM THE ONTARIO HOSPITAL, BROCKVILLE

THE BODY AND CLOTHING OF THE LATE Joseph Whissell.

Hull
.....
Place of Burial

ad Beaumont
.....
Undertaker

Jan. 16.....*1942*
Date of Burial

171 St. Laurent
.....
Address

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

Every Item of information should be carefully supplied. (See reverse side for instructions)

FORM 6

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of Leeds Brockville Street: Ontario Hospital House No.
 (If in City, Town or Village) Leeds Ontario (Province or Country)

2. LENGTH OF STAY (in years, months and days) 26 Y. 8 m. 28 d (a) In City, Town or Township where death occurred Whissell, Joseph (b) In Province LifETIME (c) In Canada (if immigrant)
 3. PRINT FULL NAME OF DECEASED WHISSELL, Joseph (Family name)

RESIDENCE No. Street: City, Town, Village or Township Vars Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex M 5. Nationality Canadian 6. Racial Origin 7. Single, Married, Widowed or Divorced Widowed
 (Citizenship) (If the word)

8. BIRTHPLACE Ontario (Province or Country)

9. DATE OF BIRTH 1866 (Month) (Day) (Year)

10. AGE in 76 Years Months Days If less than one day old hrs. or min.

11. Trade, profession or kind of work as Labourer
 spliner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married give name of wife or husband of deceased

16. NAME Unknown

17. BIRTHPLACE Unknown (Province or Country)

18. MARDEN NAME Unknown

19. BIRTHPLACE Unknown (Province or Country)

20. Person giving information sign here Records
 Address Ontario Hospital, Brockville
 Relationship to deceased MI

21. Place of Burial, Cremation or Removal MI
 Date of burial or removal

22. Burial Permit was issued by
 Address

23. UNDERTAKER (Name and address)

24. DATE OF DEATH January 13 1943
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: 1943
 and last saw h. to 1943
 alive on

CAUSE OF DEATH
 I. Immediate cause Anterior cerebral thrombosis
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, apoplexy, asphyxia, etc.
 Morbid conditions, if any, giving rise to immediate cause (started in order proceeding backwards from immediate cause)
 II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

26. If a woman, was the death associated with pregnancy? no
 27. Was there a surgical operation? no Date of operation 1943
 State findings Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? (State which) Date of injury 1943
 Manner of injury (How sustained)
 Nature of injury
 Specify whether injury occurred in industry, in home, or in public place

Signed by W. E. Shaw M.D.
 Address Frankville Date Jan. 13 1943

29. Division Registrar's Record No.
 30. Filed 1943 (Division Registrar)