

Patient Certificates and Notices: Admission date 1875

Contributors

Ticehurst House Hospital

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BOOK POST.

To

BOOK POST.

To the Resident Physician of
Bethlem Hospital,
Southwark,
London. S.E.

N.B. Under all circumstances the "ORDER" and "STATEMENT" below to be filled up by the Patient's Relatives or Friends.

Lunatics 1.
(16 & 17 Vict. c. 96.)
PRIVATE PATIENT.

HAYDEN AND DAVIES,
Printers Clapham, S.W.

"ORDER" FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

(A) Within one month previous to the date of the order.
(B) "Lunatic," or "an idiot," or "a person of unsound mind."

(C) "Order" must be signed, if possible, by nearest relative.

I, the undersigned, hereby request you to receive Mr Ruth Gabriel
whom I last saw at Waverley House, Newham, Surrey
on the (A) twenty third day of June 1875
a (B) person of unsound mind as a Patient into your Hospital.

Subjoined is a Statement respecting the said Ruth Gabriel
Signed, Name, (C) W Gabriel
Occupation (if any) Trades Merchant
Place of Abode Weyham P Road, Shepperton
Degree of Relationship (if any),
or other circumstances of
connexion with the Patient } Elderly Son

Dated this 25th Day of June
One Thousand Eight Hundred and seventy five

To the S. Newington Asylum
Superintendent of Seckhurst Asylum
Bethlem Hospital, St. George's Road, Lambeth, S.

"STATEMENT"

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, with Christian Name } Ruth Gabriel
at length }
Sex and age } female Twenty four
Married, single, or widowed . . . } widowed
Condition of Life, and previous occu- } Lady no occupation
pation (if any) }
Religious Persuasion, as far as known - Wesleyan
Previous Place of Abode } Waverley House, Newham
Whether First Attack } No
Age (if known) on First Attack . . . } about fifty
When and where previously under Care } S. Newington Seckhurst 1874
and Treatment }
Duration of existing Attack } about 14 days
Supposed cause } unknown
Whether subject to Epilepsy } No
Whether suicidal } No
Whether dangerous to others } No
Whether found lunatic by Inquisition, } No
and Date of Commission or Order }
for Inquisition }
Special Circumstances (if any) prevent- } None
ing the Patient being examined, }
before Admission, separately by Two }
Medical Practitioners }
Name and Address of relative to whom } W Gabriel, Lambeth S.E.
Notice of Death to be sent }

How many previous attacks? many
Have any relatives of the family been similarly affected? No
State in what degree of relationship. Son
Has the patient been of sober habits? Yes
Number of children? seven
Age of youngest? Twenty two
Degree of education? Good

(E) The "Statement" need be signed, but "where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added."

Signed, Name, (C) Thomas Gabriel
Occupation (if any) Trades Merchant
Place of Abode, Lambeth London S.E.
Degree of Relationship (if any) }
or other circumstances of }
connexion with the Patient } Elderly Son

[This Paper must be kept clean and untorn.]

* The Petitioner must be as near a Relation of the Lunatic as possible, but in default of such Relation, then some Friend of the Patient, or Officer of the Parish in which such Patient resides will suffice.

If the parties do not happen to know any Governor, this signature may be omitted.

It is necessary that persons signing the Bond should write names and addresses in full, and quite legibly.

1. All poor lunatics, presumed to be curable, are eligible for admission into this Hospital, for maintenance and medical treatment, except—

1. Those who have sufficient means for their suitable maintenance in a Private Asylum.
2. Those who have been Insane more than twelve months, and are considered by the Resident Physician to be Incurable.
3. Those who are in a state of Idiocy, or are subject to Epileptic Fits, or whose condition threatens the speedy dissolution of life, or require the permanent and exclusive attendance of a Nurse.

N.B.—A preference will be given to Patients of the Educated Classes—to secure accommodation for whom, no Patient will be received who is a proper object for admission into a County Lunatic Asylum."

Certificate to be signed by the Minister and Parish Officers, and also by some Relation or Friend of the Lunatic.

We whose Names are hereunder subscribed, being the Minister and the Churchwarden, or the Overseer of the Parish of _____ in the County of _____ and _____ of the Parish of _____ in the County of _____ the _____ of _____

in whose behalf the present petition is presented, having carefully read over the foregoing Three Regulations, and the annexed Certificates signed by Medical Practitioners, do hereby Certify to the best of our knowledge and belief, that _____ who has resided in this Parish for _____ or upwards now last past, is a Lunatic, and has _____ received Alms from such Parish—is not in any of the states or conditions above named—but is in every respect a proper object for Bethlem Hospital. And _____ humbly prays that the said Lunatic, who is _____ Years of Age, and who has been disordered in _____ Senses _____ Months and no longer, may be admitted into the said Hospital for Medical treatment.

Witness our hands, this _____ day of _____ 18 _____

} Minister.

} Churchwarden
or

} Overseer.

} Relation or Friend

† Here insert the degree of relationship (if any).

‡ Here insert whether the Lunatic has or has not received parochial support.

I, the undersigned, a Governor of Bethlem Hospital, desire that the above-named Lunatic may be admitted, if a proper object.

Bond.

Whereas petition hath been made to the Governors of Bethlem Hospital, for the admission of _____ as a Patient therein: And we do hereby jointly and severally undertake, promise, and agree, that in case the Lunatic above-named shall be received as a Patient in the said Hospital, that we, or one of us, will, within seven days next after we shall be thereto required, by Notice in Writing, to be signed by the Steward for the time being of the said Hospital, remove and take away the said Lunatic from the said Hospital, at our, or one of our Costs and Charges; and at the like Costs and Charges bury such Lunatic, in the event of Death; and also that we, or one of us, will pay to the said Steward the Costs and Charges of clothing the said Lunatic, during the term of such Lunatic's continuance in the said Hospital.— And in case of any default in the Premises, we do hereby jointly and severally undertake, promise and agree to pay to the Treasurer of the said Hospital for the time being, the Sum of **One Hundred Pounds**, on Demand, together with all Costs of Suit to be incurred in respect thereof. As witness our hands this _____ day of _____ 18 _____

§ Here insert Patient's name in full.

Signatures of the two Securities. _____ Residence _____ Occupation _____

I, the undersigned, the officiating Minister of the Parish of _____ do hereby certify that the above Signatures were made in my presence; and that the Parties so signing are respectable Housekeepers residing in this Parish.

THE following is a List of the several Articles of Clothing required to be brought for the use of the Patient; and the Friends of the Patient will take notice, that, during the abode of the Patient in the Hospital, they are not to furnish any further Articles of Clothing unless by the written request or permission of the Steward or Matron. The Friends of the Patient are also strictly prohibited from giving Money to the Servants, to purchase any Articles of Clothing for the Patient; and they are not to offer or give any Fee, Gratuity, or Present to any of the Servants under any pretence whatever. The infringement of these Regulations will involve not only the dismissal of the Servant, but the discharge of the Patient from the Hospital.

Articles required.	FOR MALE PATIENT.	Articles required.	FOR FEMALE PATIENT.
1	Coat	2	Night Gowns
1	Waistcoat	2	Night Caps
1	Pair of Trowsers.	2	Day Caps
1	Coat	4	Shirts
1	Waistcoat	2	Flannel Petticoats
2	Pairs of Trowsers	2	Upper Petticoats
4	Shirts	1	Pair of Stays
2	Pocket Handkerchiefs (cotton)	3	Pairs of Stockings
2	Neckerchiefs or Stocks	3	Handkerchiefs
3	Pairs of Stockings	2	Neckerchiefs
2	Pairs of Shoes or Boots	2	Aprons
2	Nightgown	2	Gowns
3	Flannel Waistcoats	1	Shawl
3	Pairs of Flannel Drawers	1	Bonnet
3	Night Shirts	2	Flannel Waistcoats
1	Hat	2	Pairs of Drawers
1	Garden Cap or Hat	2	Pairs of Shoes or Boots
1	Pair of thin Shoes or Slippers		

N.B.—When the Petition, Bond, and Certificates shall have been filled up, and answers written to the following inquiries in the "Statement," this Paper must be forwarded to the Resident Physician of Bethlem Hospital, and notice will be returned when the Patient may be brought up for examination, at which time the Patient must be accompanied by some relative or friend able to give information as to the circumstances and previous history of the case.

M^{rs} Ruth Gabriel

Admitted June 25th 1875

No 351.

MEDICAL CERTIFICATE.—Sched. (A) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13

(a) Set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

(e) Lunatic, or an idiot, or a person of unsound mind.

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, Arnyth John James Chetty being a (a) Member of the Royal College of Surgeons of England and Licentiate of the Apothecaries' Society and being in actual practice as a (b) general practitioner hereby certify, that I, on the 10th day of July at (c) East Bergholt, at the residence of the Rev. John Cox Drusham, which profession, no significance, in the County of Suffolk separately from any other Medical Practitioner, personally examined John Cox Drusham of (d) East Bergholt, Clergyman and that the said John Cox Drusham is a (e) Lunatic and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (f)

Delusions with respect to estates & property of large amount. Possession of premeditated, & dangerous, violent conduct. His wife doth, capricious affection, hatred, irregular habits, & violence, & ferocity. Totally differing from his behavior previous to a fit of insanity with the East Bergholt.

2. Other facts (if any) indicating Insanity communicated to me by others (g)

His extremely excited, & irritable & uncontrollable temper & rough usage towards his wife & incidents in the house & the state of alarm his conduct produces amongst them; his careless, talkative & property, which are dealt his treatment & punishment without provocation. His wife's & children's fear from his wife's & sister, his brother in law & his mother's death & his excited & irritable behavior & calling - his wife's & brother's & mother's & brother's

Signed, Name, Arnyth J. Chetty

Place of Abode, Drusham Spax

Dated this 10th day of July One Thousand Eight Hundred and Sixty Seven

MEDICAL CERTIFICATE.—Sched. (A) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) Set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

(e) Lunatic, or an idiot, or a person of unsound mind.

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, Barrington Chvalleri being a (a) Member of the Royal College of Physicians in London and being in actual practice as a (b) Physician hereby certify, that I on the 10th day of July 1875 at (c) East Bergholt, at the house of the Rev. John Cox Drusham, in the County of Suffolk separately from any other Medical Practitioner, personally examined John Cox Drusham of (d) East Bergholt, Clergyman and that the said John Cox Drusham is a (e) Person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (f) He falsely believes himself to be heir & entitled to four large & distinct properties, and proposes to establish & personally conduct a Joint-Stock Company with a capital of two or three Millions Sterling, to combine the trades of miller, maltster, brewer, baker & merchant, and to employ a large fleet of iron clad ships. In conversation he shows great excitement &

2. Other facts (if any) indicating Insanity communicated to me by others (g) rapidly passes from subject to subject.

Signed, Name, Barrington Chvalleri M.D. Oxon.

Place of Abode, The Cedar, Ipswich

Dated this 10th day of July One Thousand Eight Hundred and Sixty Seven

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day
from the Patient's reception.

I hereby give you Notice, That

(a) House or hospital. was admitted into this (a) _____ as a Private Patient, on the
Day of _____ 186 _____, and I
hereby transmit a Copy of the Order and Medical Certificates on which he

(b) If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed, _____

(c) Superintendent or proprietor of _____.

(*) _____

Dated this _____

Day of _____

One Thousand Eight Hundred and Sixty _____

To the Commissioners in Lunacy.

Lunatics I.
(16 & 17 Vict. c. 96, sched. C.
s. 84.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive John Cox Densham

whom I last saw at Eastburgh
on the Eight day of July 1875 (1)

(a) Within one month previous to the date of the order.

(b) Lunatic, or an idiot, or person of unsound mind.

a (1) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said John Cox Densham

Signed, Name, J. Woolley
Occupation (if any), Clerk in Holy Orders
Place of Abode Eastburgh Rectory, Suffolk
Degree of Relationship (if any), } Rector of the Parish in which
or other circumstances of } Rev. J. C. Densham resides
connexion with the Patient }

Dated this Eight day of July 1875
One Thousand Eight Hundred and ~~Seventy~~ Seventy five

To H. Kensington
(1) Proprietor of (1) Tierhurst Asylum

(c) Proprietor or superintendent of.

(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, with Christian Name at length } John Cox Densham
Sex and Age } Male. Age 50
Married, Single, or Widowed } Married
Condition of Life, and previous Occupation (if any) } Clergyman of the Church of England
Religious Persuasion, as far as known }
Previous Place of Abode } Ringhall Rectory
Whether First Attack } Yes
Age (if known) on First Attack } 50
When and where previously under Care and Treatment } Nowhere
Duration of existing Attack } Five weeks
Supposed Cause } apoplectic fit
Whether subject to Epilepsy } No
Whether Suicidal } No
Whether Dangerous to others } No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition } No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners }
Name and Address of Relative to whom Notice of Death to be sent } Mrs. Densham, Eastburgh, Colchester

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (1) Leticia Densham
Occupation (if any), None
Place of Abode, Eastburgh
Degree of Relationship (if any), } Wife
or other circumstances of }
connexion with the Patient }

Rev^d John Cose
Dunsham
Admitted July 9th 1875

No. 352.

ORDER FOR THE RECEIPT OF A PRIVATE PATIENT.

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day from the Patient's reception.

I hereby give you Notice, That

(a) House or Hospital, was admitted into this (a) _____ as a Private Patient, on the _____ Day of _____ 187 _____, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed, _____

(c) Superintendent or proprietor of _____

(c) _____

Dated this _____ Day of _____
One Thousand Eight Hundred and Seventy _____

To the Commissioners in Lunacy.

Lunatics 1.
(15 & 17 Vict. c. 96, sched. C.
s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

Elizabeth

I, the undersigned, hereby request you to receive *Francis & Turpin*

whom I last saw at *Middleton Hall, Sudbury*

(a) Within one month previous to the date of the order.

(b) Lunatic, or an idiot, or a person of unsound mind.

on the *Fifteenth* day of *July* (*)

a (*) *person of unsound mind* as a Patient into your House.

Subjoined is a Statement respecting the said *Francis Elizabeth Turpin*

Signed, Name, *Edward Turpin*

Occupation (if any), *Farmer*

Place of Abode, *Middleton Hall Essex*

Degree of Relationship (if any),
or other circumstances of connexion with the Patient } *Brother*

Dated this *15th* Day of *July*

One Thousand Eight Hundred and Seventy *five*

To *Sand Herington Esq*

(c) Proprietor or superintendent of.

(d) Describing the house or hospital by situation and name, if any.

(*) *Proprietor of* (*) *Ticehurst Asylum Essex*

STATEMENT.

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, with Christian Name at length	} <i>Francis Elizabeth Turpin</i>
Sex and Age	- - - - <i>Female 24</i>
Married, Single, or Widowed	- - - - <i>Single</i>
Condition of Life, and previous Occupation (if any)	} <i>Lady - House duties</i>
Religious Persuasion, as far as known	- - - - <i>Episcopalian</i>
Previous Place of Abode	- - - - <i>Middleton Hall Sudbury</i>
Whether First Attack	- - - - <i>Yes</i>
Age (if known) on First Attack	- - - - <i>24</i>
When and where previously under Care and Treatment	} <i>none</i>
Duration of existing Attack	- - - - <i>3 mos</i>
Supposed Cause	- - - - <i>Dysmenorrhoea</i>
Whether subject to Epilepsy	- - - - <i>no</i>
Whether Suicidal	- - - - <i>no</i>
Whether Dangerous to others	- - - - <i>no</i>
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	} <i>no</i>
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	} <i>no</i>
Name and Address of Relative to whom Notice of Death to be sent	} <i>no</i>

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (*) *Edward Turpin*

Occupation (if any), *Farmer*

Place of Abode, *Middleton Hall*

Degree of Relationship (if any),
or other circumstances of connexion with the Patient } *Sudbury*
Brother

I, the undersigned, *John Sinclair Holden*

(*) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, &c., &c.—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

being a (*) *Doctor of Medicine of Queen's University Ireland*
Licentiate of Royal College of Surgeons Edinburgh
and being in actual practice as a (*) *Physician*

(*) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the *fourteenth* Day of *July* 1875

(*) Here insert the street and number of the house (if any), or other like particulars.

at (*) *Middleton Hall, Sudbury*

in the County of *Essex* separately from any other Medical Practitioner

personally examined *Francis Elizabeth Turpin*

(*) Insert residence and profession, or occupation (if any), of the patient.

of (*) *Middleton Hall, Sudbury*

and that

(*) Lunatic, or an idiot, or a person of unsound mind.

the said *Francis Elizabeth Turpin*

is a (*)

person of unsound mind and a proper Person to be taken charge of and detained

under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

(*) Here state the facts.

1. Facts indicating Insanity observed by myself (*)

Melancholy - Humming Society, mind always occupied with his hopeless state - always in talking returning to subject of fancied sins & errors - Taking no interest in his usual pursuits duties or pleasures -

(*) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (*)

*Tearing her handkerchiefs
removing her name out of books
Difficult to get her to leave bed in the mornings
would rather remain there all day if allowed*

*Information derived from sister & brother
Mrs Edward Turpin - Miss Priscilla Turpin*

Signed, Name, *John Sinclair Holden*

Place of abode, *Sudbury Suffolk*

Dated this *14th* Day of *July* One Thousand Eight

Hundred and Seventy *five*

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, *John Cox Lynch*

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

being a (*) *Member of Royal College of Surgeons (England) and Licentiate of the Apothecaries Company* and being in actual practice as a (*) *Surgeon Apothecary*

(*) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the *fifteenth* Day of *July 1875*

(c) Here insert the street and number of the house (if any), or other like particulars.

at (*) *Middleton Hall, Sudbury*

in the County of *Essex* separately from any other Medical Practitioner personally examined *Frances Elizabeth Turpin*

(*) Insert residence and profession, or occupation (if any), of the patient.

of (*) *Middleton Hall, Sudbury Essex, spinster* and that

(*) Lunatic, or an idiot, or a person of unsound mind.

the said *Frances Elizabeth Turpin* is a (*)

person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

(r) Here state the facts.

1. Facts indicating Insanity observed by myself (*) *Self accusations of villainy & continual repetition of this one idea and inability to talk of any other subjects:—*

(*) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (*)

Fixed idea that she has been guilty of some disgraceful act—loss of interest in all domestic concerns. Distrust of all relations. Inability to fix her mind on reading. Tendency to delirium—wonder in the matter of books, handkerchiefs &c. &c. True information derived from visits and letters Miss Priscilla Turpin and Mr. Edward Turpin.

Signed, Name, *John Cox Lynch*

Place of Abode *14 Sepulchre St. Sudbury Suffolk*

Dated this *fifteenth* Day of *July* One Thousand Eight Hundred and Seventy *five*.

Miss F. E. Turpin

Admitted July 17th 1875

No. 353

NOTICE OF ADMISSION.

*To be forwarded to the Commissioners in Lunacy within one clear day from
the Patient's reception.*

I hereby give you Notice, That

(a) House or hospital. was admitted into this (a) as a Private Patient, on the
Day of 187 , and I hereby
transmit a Copy of the Order and Medical Certificates on which he was
received (b)

(b) If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed _____

(c) Superintendent or proprietor of _____

(c) _____

Dated this Day of
One Thousand Eight Hundred and Seventy

To the Commissioners in Lunacy.

(16 & 17 Vic. c. 96, sched. C., s. 20)
(20 & 21 Vic. c. 111.)

Private Patient.

LONDON:
W. A. CHARDIN,
Printer, Clapton, E.

I certify that this is a true copy of the Certificate with Mr. James was admitted
 J. O. Adams

ORDER FOR THE RECEIPT OF A PRIVATE PATIENT.

Sched. (A) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Mr Charles William James whom I last saw at Dingle Head, Liverpool on the 1st day of May 1875

(a) Within one month previous to the date of the order.
 (b) Lunatic or an idiot, or a person of unsound mind

Subjoined is a Statement respecting the said Charles Wm. James

M.

Signed, Name, Thomas James
 Occupation (if any), Proprietor of Dingle Hospital
 Place of Abode, Measurers House, Dingle Hospital
 Degree of Relationship (if any,) or other circumstance of connexion with the Patient, Mother of the Patient
 Dated this 1st day of May
 One Thousand Eight Hundred and Seventy five

To Dr. MONRO,
 (c) Proprietor of (*) Brooke House, Clapton.

STATEMENT

If any Particulars in this Statement be not known, the fact to be so stated.

Name of Patient, with Christian name at length	<u>Charles William James</u>
Sex and Age	<u>Male - aged 41</u>
Married, Single, or Widowed	<u>Single</u>
Condition of Life, and previous occupation (if any)	<u>Barista at Law</u>
Religious Persuasion, as far as known	<u>Church of England</u>
Previous Place of Abode	<u>Dingle Head, Liverpool</u>
Whether First Attack	<u>First attack</u>
Age (if known) on first Attack	<u>30</u>
When and where previously under Care and Treatment	<u>Home</u>
Duration of existing Attack	<u>Two months</u>
Supposed Cause	<u>Metastasis</u>
Whether subject to Epilepsy	<u>No</u>
Whether Suicidal	<u>No</u>
Whether Dangerous to others	<u>No</u>
Whether found Lunatic by Inquisition and Date of Commission or Order for Inquisition	<u>No</u>
Special Circumstances (if any) preventing the Patient being examined, before Admission separately by Two Medical Practitioners.	<u>None</u>
Name and Address of Relative to whom Notice of Death to be sent.	<u>Charles James Esq. M.P. Dingle Head Liverpool</u>

(c) Where the person signing the statement is not the person who signs the order the following particulars concerning the person signing the statement are to be added.

Signed, Name, (*) Thomas James
 Occupation, (if any),
 Place of Abode,
 Degree of Relationship (if any,) or other circumstance of connexion with the Patient.

MEDICAL CERTIFICATE.—Sched. (A) No. 2. Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edward Robert Bickersteth being a (a) Fellow of the Royal College of Surgeons of Edinburgh and being in actual practice as a (b) Surgeon hereby certify, that I, on the Second day of June 1875 at (c) Dingle Head, Forthwith Park, Liverpool in the County of Lancaster separately from any other Medical Practitioner, personally examined Charles William James and that the said Charles William James is a (c) Lunatic and a proper person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.—

1. Facts indicating Insanity observed by myself (f) Irregular Association, various delusions regarding himself and others, without foundation - personal violence - frequent expressions of desire to be dead -

2. Other facts (if any) indicating Insanity communicated to me by others (g) His wife's remarks - violent conduct, refusal to take food - His sister, Mrs. James, Mother of Mr. James

Signed Name Edward Robert Bickersteth
 Place of Abode 2 Rodney St. Liverpool
 Dated this Second day of June One Thousand Eight Hundred and Seventy five

MEDICAL CERTIFICATE.—Sched. (A) No. 2. Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Samuel Hodgson being a (a) Member of the Royal College of Surgeons London and being in actual practice as a (b) Surgeon hereby certify, that I, on the Second day of June 1875 at (c) Dingle Head, Forthwith Park, Liverpool in the County of Lancaster separately from any other Medical Practitioner, personally examined Charles William James and that the said Charles William James is a (c) Lunatic and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.—

1. Facts indicating Insanity observed by myself (f) Personal violence to myself and others - Occasional night wandering - Incoherence of mind - Suicidal desires and attempts - alternate depression & excitement of mind -

2. Other facts (if any) indicating Insanity communicated to me by others (g) All the above are corroborated by the depositions of his mind always more or less existing - His mother & Sister, no male attempts

Signed Name Samuel Hodgson
 Place of Abode 8 Dingle Hill, Liverpool
 Dated this Second day of June One Thousand Eight Hundred and Seventy five

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the Undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 13th day of August 1875, of Charles William Turner a Private Patient in Brooke House, Clapton to The Asylum, Icehurst

Given under our hands this 28th day of July in the year of Our Lord One Thousand Eight Hundred and Seventy-five

Wm Forster
Griffith Howard
Commissioners in Lunacy.

ORDER.

I, Thomas Turner the undersigned having Authority to discharge Charles William Turner a Private Patient in Brooke House, Clapton

hereby order and direct that the said Charles William Turner be removed therefrom to The Asylum, Icehurst

Given under my hand this 28th day of July in the year of Our Lord One Thousand Eight Hundred and Seventy-five

(Signed) Thomas Turner
Place of Abode Measuri House, Guy's Hospital London S.E

* NOTE. This order must be signed and dated subsequently to the consent of the Commissioners; and it must be signed by 1. The person who signed the order for the Patient's admission: 2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the patient. Generally 3. If there be no Husband or Wife, then by the Patient's Father: 4. If there be no Father then by the Patient's Mother: 5. If there be no Father or Mother, then by any one of the Patient's nearest of kin: Or by the person who made the last payment on the Patient's account. In cases of Chantry Patients-The Committee of the Person.

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 10th day of September 1878, of Charles William Turner a Private Patient in Ticehurst Asylum, Sussex, to Brislington House, near Bristol.

Given under our hands this 19th day of August in the year of Our Lord One Thousand Eight Hundred and Seventy-eight.

Robert Narne Commissioners in Lunacy.
John Stinton

ORDER.

I, Thomas Turner the undersigned, having Authority to discharge Charles William Turner a Private Patient in Ticehurst Asylum, Sussex, hereby order and direct that the said Charles William Turner be removed therefrom to Brislington House, near Bristol.

Given under my hand this 21st day of August in the year of Our Lord One Thousand Eight Hundred and Seventy-eight.

(Signed) Thomas Turner
Place of Abode 36 Harley Street, London

* Note. This order must be signed and dated separately to the consent of the Commissioners; and it must be signed by 1. The person who signed the order for the Patient's admission; 2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the patient; 3. If there be no Husband or Wife, then by the Patient's Father; 4. If there be no Father, then by the Patient's Mother; 5. If there be no Father or Mother, then by any one of the Patient's next of kin: Or by the person who made the last payment on the Patient's account. In cases of Chancery Patients--The Committee of the Person.

Chas Wm Turner
Admitted
July 31st 1875

No 354.

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day from the Patient's reception.

I hereby give you Notice, That

(a) House or Hospital. was admitted into this (a) as a Private Patient, on the
Day of 187 , and I hereby
transmit a Copy of the Order and Medical Certificates on which he was
received (b).

(b) If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed, _____

(c) Superintendent or proprietor of _____

(c) _____

Dated this Day of
One Thousand Eight Hundred and Seventy

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 90, sched. C.
s. 94.)
(25 & 26 Vict. c. 111.)
Private Patient.
LONDON:
SHAW AND SONS,
Fetter Lane.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.
 Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Edmund Philip Greening whom I last saw at 129, Marina St. Leamouth

(a) Within one month on the previous to the date of the order.
 (b) Lunatic, or an idiot, or a person of unsound mind.

Subjoined is a Statement respecting the said Edmund Philip Greening

Signed, Name, Henry Greening
 Occupation (if any), Special Pleader

Place of Abode, South Green Highgate

Degree of Relationship (if any), or other circumstances of connexion with the Patient } Father

Dated this 9th Day of August
 One Thousand Eight Hundred and Seventy five

To Dr. Bagshawe
 (c) Titchfield, E. Establishment Super

STATEMENT.

If any Particulars in this Statement be not known, the Fact to be so stated.

Name of Patient, with Christian Name at length Edmund Philip Greening
 Sex and Age Male aged 31
 Married, Single, or Widowed Single
 Condition of Life, and previous Occupation (if any) Barister
 Religious Persuasion, as far as known Protestant
 Previous Place of Abode South Green Highgate
 Whether First Attack Second attack
 Age (if known) on First Attack 29
 When and where previously under Care and Treatment } Dr. Nursing ton Titchfield from 13 Jan 1875
 Duration of existing Attack 14 1/2
 Supposed Cause late death in 1873 of mother
 Whether subject to Epilepsy No
 Whether Suicidal No
 Whether Dangerous to others No - but dangerous to himself
 Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition No - certainly knows his own mind
 Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners unusual signals
 Name and Address of Relative to whom Notice of Death to be sent Henry Greening South Green Highgate

Signed, Name, (c) Henry Greening
 Occupation (if any), Special Pleader
 Place of Abode, South Green Highgate
 Degree of Relationship (if any), or other circumstances of connexion with the Patient } Father

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Frederic Bagshawe being a (c) Member of the College of Physicians & M.D. Cantab and being in actual practice as a (c) Physician hereby certify, that I, on the 10th Day of August 1875 at (c) 129 Marina St. Leamouth on sea in the County of Sussex separately from any other Medical Practitioner personally examined Edmund Philip Greening of (c) South Green Highgate, Barnett and that the said Edmund Philip Greening is a (c) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (c) very strange, and
peculiar in manner, on the subject of travel in Norway
being mentioned, he seemed having been there, then became excited
and showed his knowledge of that country, suddenly he seized a loaf
of bread and threw it at his sister with a vulgar laugh - afterwards
relapsed into a taciturn manner, & repeated, & tapped the table in his hand
the father tells me his son informs him frequently that he hears voices
He runs away when they speak to him. He knocked his agent or
lump breaker's teeth. Says his father is not his father
and that he is the son of God.

Signed, Name, Frederic Bagshawe
 Place of Abode, 5 Warren Square, Hastings
 Dated this Eight Day of August One Thousand Eight Hundred and Seventy five

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Augustus Portland Titchmarsh being a (c) Member of the Royal College of Surgeons of England and being in actual practice as a (c) Surgeon hereby certify, that I, on the 10th Day of August 1875 at (c) 129 Marina St. Leamouth on sea in the County of Sussex separately from any other Medical Practitioner personally examined Edmund Philip Greening of (c) South Green Highgate, Barnett and that the said Edmund Philip Greening is a (c) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (c) Taciturn in manner -
strange in behaviour - Dreams his father
walks about his bedroom in the daytime in his night
gown & morning
 2. Other facts (if any) indicating Insanity communicated to me by others (c)
The father informs me that he hears his son inform
him that he hears voices, that his father is not his father
that he is the son of God.

Signed, Name, Augustus Portland Titchmarsh
 Place of Abode Sichemite Home, Chertsey on Sea
 Dated this ten Day of August One Thousand Eight Hundred and Seventy five

(c) Here state the information, and from whom.

6328/5 2/2
Highgate

Jan 16. 79.

Mr. Huntington.

Dear Sir

in answer to

your letter I beg to state

that I now believe Mr.

L. Greening to be mentally

sound having ^{been} nothing to

the contrary for a long time.

Believe me yours very truly

Henry Clither

M^r Edmund Philip

Greening

August 10th 1875

No 355.