Patient Certificates and Notices: Admission dates 1834-1836

Contributors

Ticehurst House Hospital

Publication/Creation

mid 19th century - late 19th century

Persistent URL

https://wellcomecollection.org/works/j7kmks38

License and attribution

Works in this archive created by or for Ticehurst House Hospital are available under a CC-BY-NC licence. Please be aware that works in this archive created by other organisations and individuals are not covered under this licence, and you should obtain any necessary permissions before copying or adapting any such works.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

6326/16

1/2

Mrs Sarah Thelwall a private patient received into the Richmond Asylum on the 1st day of April 1834 died therein at 20 minutes to 5 o'clock P.M. on the 9th day of April 1855 — The apparent cause of her death was Asthenic Apoplexy —

signed C H N. M.D.

I hereby certify that the above is a correct copy of the statement entered in the "Case Book" kept at the Richmond Asylum

Charles Hope Newington
one of the Medical proprietors
of the Richmond Asylum

Mrs Shelwall

Sth

Statement of Death for
entry in "Case Book"

Copy sent to A. Kell Esq
Coroner 10th April 1865

6326/16

1/2

Mrs Sarah Thelwall a private patient received into the Hickmott Asylum on the 1st day of April 1854 died therein at 20 minutes to 5 o'clock P.M. on the 9th day of April 1855 – The apparent cause of her death was Asthenic Apoplexy –

signed C H N. M.D.

I hereby certify that the above is a correct Copy of the statement entered in the "Case Book" kept at the Hickmott Asylum

Charles Hope Newington
one of the Medical proprietors
of the Hickmott Asylum

6326/16
2/2

TICEHURST,

Hurst-Green,
10 April 1855

Sir, Sent

I Hereby Give you Notice, That Mrs Sarah Thelwall

a Private Patient received into this House on the 1st day of April

1834, died therein on the 9th day of April 1855,

and I further Certify that Anne Wickens

was present at the death of the said Sarah Thelwall

and that the apparent cause of death of the said Sarah Thelwall

~~(ascertained by post mortem examination)~~ was

Asthenic Apoplexy

Signed, ~~Charles Hayes Newington~~

One of the Medical Proprietor

of The Ticehurst Asylum.

To the Clk of the Visitors of
the Ticehurst Asylum

Registrar of Deaths
Ticehurst

The Commrs in Lunacy
19 Whitehall Pl & c
London

10th April 1855

Wm Thelwall

Notices of Death

6326/17

1/4

John Brand a private patient received into the Fairhurst Asylum on the 17th day of Dec. 1834 died therein at 4 o'clock P.M. on the 20th day of April 1836 The apparent cause of his death was Tubercular Phthisis resulting from from Asthma.

I hereby certify that the above is a correct Copy of the Statement entered in the "Case Book" kept at the Fairhurst Asylum Dated this 21st day of April 1836.

C H B

Joint Medical Proprietor of
the Fairhurst Asylum.

20th April 1856 31

Jno Brand Esqr

Sir-
Statement of Cause
of death--

6326/17
2/4

I, Charles Stages Kensington of Fieldmoor in the County of Sussex Doctor of Medicine hereby certify that John Brand Esqre was a patient in the Fieldmoor Asylum and that he died therein on the Twentieth day of April one thousand eight hundred & fifty six also that the apparent cause of death was "Intercurrent Pleurisy resulting from Asthma" Charles Stages Kensington

Joint Medical Superintendent
of the Fieldmoor Asylum

April 28th 1856

31

Jno: Brand Esqre

In Chancery 31

Rt. Hon. Sir Cresswell Cresswell Knt. Judge of Probate

Respectfully Jackson
41 Bedford Row

A

Burials in the parish of Hemingstone in the County of Suffolk in the year 1856

John Brand No. 236	Ticehurst Sussex	April 29th	66	Thos. Brown Rector

I Thomas Brown Rector of Hemingstone in the County of Suffolk do hereby certify that the above is a correct extract from the Register Book of Burials in the said Parish of Hemingstone extracted this 2nd day of August 1856 by me

Thos Brown, Rector.

6326/17
3/4

~~In Chancery~~
In Lunacy

In the matter of John Brand Esqre
a Lunatic deceased

I Charles Edmund Hayes Newington of Tichhurst in the County of Sussex Doctor of Medicine make oath and say as follows

~~[illegible] the day of~~

1 The above named John Brand was on the 17 day of Sept 1834 admitted an ~~admitted~~ Inmate of the asylum for the Care and management of Lunatics kept by my father at Tichhurst aforesd and resided therein under the care and management of my sd father and after ~~the~~ his death of myself and my brother Samuel Newington until the death of the sd John Brand hereinafter mentioned and by reason of such residence I knew and for 15 years & upwards was well acquainted with the said John Brand

2 The sd John Brand died in my presence about the hour of five o'Clock in the Morning of the 20th day of April last and his body was as I verily believe interred on the 30th day of the same month in the parish Church of Flexwort in the County of Suffolk

3 ~~I look upon~~ The paper writing or Exhibit marked A now produced and shewn borne ~~and I am sure that the same relates to~~ is (as I verily believe) is a certificate of the Burial of the sd Jno Brand

Sworn at Tichhurst aforesd in the sd County of Sussex this 14th day of August one thousand eight hundred and fifty six

Geo: Grant Esqr
Accon —

Ans. T. Kennington Esqr

6326/17

4/4

84. 12. 7

7/30

6326/18
1/2

2 & 3 WILLIAM IV. Cap. 107, Sec. 27, 28, & 30.

SIR,

I AM to acquaint you, That

was received into my House on the Day of

and I herewith transmit a Copy of the Order and Medical Certificates

(Signed) _____

To

BAXTER, Printer, High Street, Lewes.

Medical Certificates.

I, the undersigned, hereby certify, That I separately visited and personally examined Henry Francis Wraughton the Person named in the annexed Statement and Order, on the 23rd Day of September One thousand eight hundred and thirty five and that the said Henry Francis Wraughton is of unsound Mind, and a proper Person to be confined.

(Signed) Name .... James Johnstone

Physician, Surgeon, or Apothecary .. } Physician

Place of Abode ..... Birmingham

I, the undersigned, hereby certify, That I separately visited and personally examined Henry Francis Wroughton the Person named in the annexed Statement and Order, on the 23 Day of September One thousand eight hundred and Thirty five and that the said Henry Francis Wroughton is of unsound Mind, and a proper Person to be confined.

(Signed) Name ..... Richd Norton

Physician, Surgeon, or Apothecary .. } Surgeon Apothecary

Place of Abode ..... Sutton Coldfield

Capt. A. Throughton's
Certificate
Date Feb 23rd
Sent to the Commissioners
Feb. 28th
Admitted into the
Glottenhmore
Feb 25th 1835

Charles Hunter Esq
Secretary
Chatterhouse

6326/18
2/2

TICEHURST,

Hurst-Green, 30 March 1864.

Sir,

I Hereby Give you Notice, That Francis Henry Wroughton

a Private Patient received into this House on the 25th day of September

1835, died therein on the 30th day of March, 1864,

~~and I further Certify that~~ this patient ~~had~~ was 71 years of age he had been suffering from dyspepsia during the last fortnight ~~with~~ accompanied with great debility but he had debility during the last 3 days, he was visited by Mr Gibbs, the resident Medical man, at 12 o'clock on ~~Wednesday~~ Tuesday night when he appeared to be ~~completely~~ ~~close~~ moribund ~~to~~ the attendant who attended him during the night ~~was present at the death of the said~~ saw him at half past four on the morning the 30th when he was ~~deeply~~ naturally ~~completely~~ ~~on~~ visiting him again ~~to~~ in half an hour he found ~~that~~ ~~him~~ in the same sitting position but just expired

and that the apparent cause of death of the said Francis Henry Wroughton

was decay of nature with congestion and Hæmorrhage of the Lungs (~~ascertained by post mortem examination~~) was

Signed, ~~Samuel Newington~~

Medical Proprietor

of The Ticehurst Asylum.

Coroner
Clk of Peace
Registrar

30 March 1864

Capt. Wroughton

Mr. Notice of Death

6326/19
1/3

CERTIFICATE

To be signed by *two* Medical Practitioners, each being a Physician, Surgeon, or Apothecary, who shall have *separately* visited, and *personally* examined the Patient: to contain the separate dates on which he, or she, shall have been examined: also, the following particulars.

Patient's Name and Age. Revd Charles North. — I don't know his age

Place of Residence.

Former Occupation.

The Asylum (if any) in which such Patient shall have been confined.

Whether found Lunatic, or of Unsound Mind, under a Commission issued by the Lord Chancellor, or Lord Keeper or Commissioner of the Great Seal.

Christian and Surname of Person on whose Authority the Patient was examined.

Place of Abode of ditto.

Degree of Relationship, or other Circumstance of Connexion.

Special Circumstance (if any) which shall have prevented the Patient being separately examined by two Medical Practitioners.

Special Circumstance (if any) which exists to prevent the Insertion of any of the above Particulars.

I, the undersigned, hereby Certify, that I separately visited, and personally examined, with reference to the above Particulars, the above named Revd Charles North. on 20 day of April 18 31, and that the said Revd Charles North is of Unsound Mind, and a proper Person to be confined in a House licenced for the Reception of Insane Persons.

* Signed W. Bailey M.D.

I, the undersigned, hereby certify, that I separately visited, and personally examined, with reference to the above Particulars, the above named
on day of 18 , and that the said
is of Unsound Mind, and a proper Person to be confined in a House licenced for the Reception of Insane Persons.

* Signed

* Add Physician, Surgeon, or Apothecary, as the Case may be.

ORDER TO THE PROPRIETOR TO RECEIVE A PATIENT.

SIR,

Upon the Authority of the annexed Certificate, I request you will receive into your House, the said declared by such Certificate to be a proper Person to be confined.

I am, Sir,

Christian and Surname.
Occupation.
Place of Residence.

R Birkett, Printer, 27, Norton Folgate, London.

6326/19
2/3

CERTIFICATE

To be signed by *two* Medical Practitioners, each being a Physician, Surgeon, or Apothecary, who shall have *separately* visited, and *personally* examined the Patient: to contain the separate dates on which he, or she, shall have been examined: also, the following particulars.

Patient's Name and Age.	Charles William North Single
Place of Residence.	Hastings Sussex — late of Bombay
Former Occupation.	Minister of the Church of England
The Asylum (if any) in which such Patient shall have been confined.	nil
Whether found Lunatic, or of Unsound Mind, under a Commission issued by the Lord Chancellor, or Lord Keeper or Commissioner of the Great Seal.	under no Commission
Christian and Surname of Person on whose Authority the Patient was examined.	Frederick North
Place of Abode of ditto.	Hastings
Degree of Relationship, or other Circumstance of Connexion.	Brother of the Invalid
Special Circumstance (if any) which shall have prevented the Patient being separately examined by two Medical Practitioners.	
Special Circumstance (if any) which exists to prevent the Insertion of any of the above Particulars.	

I, the undersigned, hereby Certify, that I separately visited, and personally examined, with reference to the above Particulars, the above named Charles William North on 9th day of May 1831, and that the said Charles William North is of Unsound Mind, and a proper Person to be confined in a House licenced for the Reception of Insane Persons.

* Signed Robert Ranking Surgeon

I, the undersigned, hereby certify, that I separately visited, and personally examined, with reference to the above Particulars, the above named Charles William North on 2nd day of May 1831, and that the said Charles William North is of Unsound Mind, and a proper Person to be confined in a House licenced for the Reception of Insane Persons.

* Signed R. Batty M.D.

* Add Physician, Surgeon, or Apothecary, as the Case may be.

To Chas Newington Esq

ORDER TO THE PROPRIETOR TO RECEIVE A PATIENT.

SIR,

Upon the Authority of the annexed Certificate, I request you will receive into your House, the said Charles W North declared by such Certificate to be a proper Person to be confined.

I am, Sir,

Christian and Surname.	Frederick North
Occupation.	M P Son
Place of Residence.	Hastings

R Birkett, Printer, 27, Norton Folgate, London.

The Rev C. D. Scott,
Certificate
Admitting him to
the Establishment
May 13th 1835

STATEMENT and ORDER to be annexed to the Medical Certificate authorising the Reception of an Insane Person.

The Patient's true Christian and Surname at full Length	Charles William North
The Patient's Age	Thirty three
Married or Single	Single
The Patient's previous Occupation (if any	Clerk
The Patient's previous Place of Abode	Hastings
The licensed House or other Place (if any) in which the Patient was before confined	
Whether found lunatic by Inquisition, and Date of Commission	
Special Circumstance which shall prevent the Patient being separately examined by Two Medical Practitioners	
Special Circumstance which exists to prevent the Insertion of any of the above Particulars	

SIR,

UPON the Authority of the above Statement, and the annexed Medical Certificates, I request you will receive the said Charles William North as a Patient into your House.

I am, Sir,

Your obedient Servant,

Name .... Elizabeth Wilson

Occupation (if any) ..... _____

Place of Abode..... Hastings

Degree of Relationship (if any) to the Insane Person ..... Mother

To MR. CHARLES NEWINGTON, Surgeon,
Proprietor of the Establishment
at Ticehurst,
Sussex.

Medical Certificates.

I, the undersigned, hereby certify, That I separately visited and personally examined Charles William North the Person named in the annexed Statement and Order, on the fifth Day of January One thousand eight hundred and thirty six and that the said Charles William North is of unsound Mind, and a proper Person to be confined.

(Signed) Name .... Wm. Baker

Physician, Surgeon, or Apothecary .. } Surgeon

Place of Abode ..... Hastings

I, the undersigned, hereby certify, That I separately visited and personally examined Charles William North the Person named in the annexed Statement and Order, on the First Day of January One thousand eight hundred and thirty six and that the said Charles William North is of unsound Mind, and a proper Person to be confined.

(Signed) Name ..... Robert Rankin

Physician, Surgeon, or Apothecary .. } Surgeon

Place of Abode ..... Hastings

We the undersigned, hereby certify, that we separately visited & personally examined, Charles William North, the person named in the annexed statement and order, on the twenty third day of December eighteen hundred & thirty five & that the said Charles William North is of unsound mind & a proper person to be confined

Ed: Sieveright
Surgeon

Hastings

The Mental Health Foundation
Collection
33

6326/20
1/5

2 & 3 WILLIAM IV. Cap. 107, Sec. 27, 28, & 30.

SIR,

I AM to acquaint you, That

was received into my House on the Day of

and I herewith transmit a Copy of the Order and Medical Certificates

(Signed) _____

To

BAXTER, Printer, High Street, Lewes.

STATEMENT and ORDER to be annexed to the Medical Certificate authorising the Reception of an Insane Person.

The Patient's true Christian and Surname at full Length	Elizabeth Love
The Patient's Age	Thirty Eight
Married or Single	Married
The Patient's previous Occupation (if any	Farmer's Wife
The Patient's previous Place of Abode	Shoreham Kent
The licensed House or other Place (if any) in which the Patient was before confined	" " "
Whether found lunatic by Inquisition, and Date of Commission	" " "
Special Circumstance which shall prevent the Patient being separately examined by Two Medical Practitioners	" " "
Special Circumstance which exists to prevent the Insertion of any of the above Particulars	" " "

SIR,

UPON the Authority of the above Statement, and the annexed Medical Certificates, ~~I~~ we request you will receive the said Elizabeth Love as a Patient into your House.

~~Dear Sir~~ Sir,

Your obedient Servant,

Samuel Love.

Name .... & Richard Evershed

Occupation (if any) ..... Farmers

Place of Abode..... Shoreham Kent & Pulborough Sussex

Degree of Relationship (if any) to the Insane Person ..... Husband & Father

To Mr. CHARLES NEWINGTON, Surgeon,
Proprietor of the Establishment
at Ticehurst,
Sussex.

MEDICAL CERTIFICATES.

I, the undersigned, hereby certify, That I separately visited and personally examined Mrs Elizabeth Love the Person named in the annexed Statement and Order, on the twenty sixth Day of August One thousand eight hundred and thirty six and that the said Elizabeth Love is of unsound Mind, and a proper Person to be confined.

(Signed) Name .... P. J. Martin

Physician, Surgeon, or Apothecary .. } Surgeon & Apothecary

Place of Abode ..... Pulborough Sussex

I, the undersigned, hereby certify, That I separately visited and personally examined Mrs Elizabeth Love the Person named in the annexed Statement and Order, on the fourth Day of September One thousand eight hundred and thirty six and that the said Elizabeth Love is of unsound Mind, and a proper Person to be confined.

(Signed) Name ..... Peter Campbell

Physician, Surgeon, or Apothecary .. } Surgeon &c

Place of Abode ..... Billinghurst.

To the Clerk

Of the Metropolitan Commissioners in Lunacy,

19, Margaret Street,

Cavendish Square,

London.

6326/20
2/5

Medical Certificates.

I, the undersigned, hereby certify, That I separately visited and personally examined Elizabeth Love the Person named in the annexed Statement and Order, on the tenth Day of September One thousand eight hundred and thirty six and that the said Elizabeth Love is of unsound Mind, and a proper Person to be confined.

(Signed) Name .... J. B. Wilmot.

Physician, Surgeon, or Apothecary .. } Physician

Place of Abode ..... Tunbridge Wells.

I, the undersigned, hereby certify, That I separately visited and personally examined the Person named in the annexed Statement and Order, on the Day of One thousand eight hundred and and that the said is of unsound Mind, and a proper Person to be confined.

(Signed) Name ..... _____

Physician, Surgeon, or Apothecary .. } _____

Place of Abode ..... _____

To the Clerk
Of the Metropolitan Commissioners in Lunacy,
19, *Margaret Street,*
Cavendish Square,
London.

6326/20
3/5

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 15th day of November 1865, of Elizabeth Love — a Private Patient in Ticehurst ~~House~~ Asylum - Sussex - to the care of ~~Mrs~~ Elizabeth Wilson - Sniphurst - Ticehurst.

Given under our hands this 30th day of October in the year of Our Lord One Thousand Eight Hundred and Sixty five.

R W S Lutwidge
H Hampton
Commissioners in Lunacy.

ORDER.

I,* the undersigned having Authority to discharge Elizabeth Love — a Private Patient in Ticehurst ~~House~~ Asylum - Sussex - hereby order and direct that the said Elizabeth Love — be removed therefrom to the care of ~~Mrs~~ Elizabeth Wilson - Sniphurst Ticehurst.

Given under my hand this* Thirtieth day of October in the year of Our Lord One Thousand Eight Hundred and Sixty five.

(Signed) [illegible]

Place of Abode Thornham Kent

* Note. This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by

Generally
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 *nearest 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.

100 5 | 64—H & S
4839

6326/20
4/5

Office of Commissioners in Lunacy,
19, Whitehall Place, S.W.,

Oct 30th 1865.

Sir,

By direction of the Commissioners in Lunacy, I herewith enclose the requisite consents and form of order (in duplicate) for the transfer of Mrs Love from Tricehurst Asylum to the care of Mrs Wilson. One copy is to be left with Dr. Newington at Tricehurst, who is required by the Act to furnish, free of charge, a copy of the Order, and Medical Certificates upon which the Patient was received into his house, the other, together with the copy of the Order and Certificates, is to be sent with the Patient, and delivered at Mrs Wilson's

I also send a blank form for Mrs Wilson to make the necessary return to this Office after the Patient's admission. & a blank form of Statement for the Medical Attendant to fill up & return to this Office.

I am,
Sir,
Your obedient Servant,
Henry R Rawlins
for the Secretary
~~Chief Clerk~~.

To F. Love Esq

6326/20 5/5 34

Wm Lowes -

Certificate — }
Consent + Order }