

Patient Certificates and Notices: Admission date 1867

Contributors

Ticehurst House Hospital

Publication/Creation

mid 19th century - late 19th century

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S & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Hereby Give you Notice, That Miss Rosa Hebbert-
a Private Patient received into this House on the 18th day of October
1867, was discharged therefrom Recovered by the authority of

Colonel Hebbert, her Brother,
on the 14th day of December 1867.

~~This Patient has been subject to relapses. Her last attack~~
~~was after an interval of eleven months. She has now been well~~
~~three months and has returned to her own home.~~

Signed

Samuel Hammond

Medical Proprietor of The Ticehurst Asylum.

Dated this 14th day of December One
Thousand Eight Hundred and sixty seven.

To The Commissioners in Lunacy.
Wm J. Power

14 Dec 1867

Mrs Hebbel

Notice of Discharge

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 _____

(c)

Dated this

Day of

One Thousand Eight Hundred and Sixty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 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.

I, the undersigned, hereby request you to receive James Rolls Hoare

whom I last saw at the Pier Hotel Ryde Isle of Wight

(a) Within one month previous to the date of the order. on the 28th day of August 1897 (c)

(b) Lunatic, or an idiot, or person of unsound mind. a (d) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said James Rolls Hoare

Signed, Name, James Rolls Hoare

Occupation (if any), Clerk in the House of Commons

Place of Abode Marlow House Salisbury Surrey

Degree of Relationship (if any), } Son
or other circumstances of }
connection with the Patient }

Dated this 28th day of August

One Thousand Eight Hundred and Sixty seven

To S. Fortes Winton

(c) Proprietor

(d) Surgeon House Hammersmith

(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. } James Rolls Hoare

Sex and Age. } about 54. Male

Married, Single, or Widowed. } Married

Condition of Life, and previous Occupation (if any) } Marine Manufacturer

Religious Persuasion, as far as known } Church of England

Previous Place of Abode } Marlow House Salisbury Surrey

Whether First Attack } First Attack

Age (if known) on First Attack. } about 54

When and where previously under Care and Treatment } Nowhere

Duration of existing Attack } Gradually coming on for some years

Supposed Cause } Mental excitement

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. } None

Name and Address of Relative to whom Notice of Death to be sent } as before

(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, (c) James Rolls Hoare

Occupation (if any), Clerk in the House of Commons

Place of Abode, Marlow House Salisbury Surrey

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

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.

I, the undersigned, William Hayland Herdshaw being a (a) Fellow of the Royal College of Surgeons Lond.

and being in actual practice as a (b) Surgeon and Apothecary hereby certify, that I, on the 22nd day of August 1857

at (c) 65 High Street Portsmouth in the County of Hampshire separately from any other Medical Practitioner,

personally examined Thomas Rolfe Hoare of (d) Marlow House Salisbury Surrey and that

the said Thomas Rolfe Hoare 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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Insane mental calculations

indicated by various conversations & actions. He is under the following delusions, viz. that he is making large sums of money by betting, that James informed us for authority & being the case, that he is going to make the fortune of several persons, that the Queen visited at home in Church, that he had had some fortune, & that he would have taken a journey to himself.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) He also asserted that he had been at Church

lead the prayers from the Sunday prayer book during the time that his Majesty was engaged in civil service

Signed, W. H. Herdshaw Name, W. H. Herdshaw

Place of Abode, Kingston on Thames

Dated this twenty second day of August 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.

I, the undersigned, Richard Thorne Thorne being a (a) Bachelor of Medicine of London University and Member of Royal College of Physicians London

and being in actual practice as a (b) Physician hereby certify, that I on the 25th day of August 1857

at (c) on board the "Jonah" lying off Ryde in the County of Ryde & High Hamble separately from any other Medical Practitioner,

personally examined Thomas Rolfe Hoare of (d) Marlow House Salisbury Surrey and that

the said Thomas Rolfe Hoare 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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) When on his yacht I found him

in a state of great morbid mental excitement, looking up & down the deck in a weird & state, using the profane language to his sailors, his language being full of various allusions with his usual character. When we were at anchor & the head of the vessel turned in a different direction to that of another yacht, he was under the delusion that he was racing with it. He is also under the delusion that he is a great fortune teller.

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

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

of Sunderland informs me that he is going large sums of money away in a short & vulgar manner & that it had only been found him to take a cheque for £100, and promised him that he would make his fortune. Mr. John James Hoare tells me that a fortnight ago when at Chertsey, he arranged an imaginary marriage between a young widow & an old man of 70. proposed their hands as a table d'hôte, had the hotel administered in their honour and placed, & promised to announce it to the public.

Signed, R. Thorne Thorne Name, R. Thorne Thorne

Place of Abode, 22 Upper Wynton Street, Portsmouth G. I.

Dated this 24th day of August One Thousand Eight Hundred and Sixty Seven

The above is a correct copy J. Howell M.D.

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 ¹⁴30th day of November 1867, of Thomas Rolls Hoare — a Private Patient in — Sussex House, Hammersmith — to Ticehurst Asylum, Ticehurst.

Given under our hands this 9th day of November in the year of Our Lord One Thousand Eight Hundred and Sixty Seven

James Wilkes }
Wm Foster }
Commissioners
in
Lunacy.

ORDER.

I,* — James Rolls Hoare — the undersigned having Authority to discharge — Thomas Rolls Hoare — a Private Patient in — Sussex House, Hammersmith — hereby order and direct that the said — Thomas Rolls Hoare — be removed therefrom to Ticehurst Asylum, Ticehurst.

To be signed
as above

Given under my hand this* 12th day of November in the year of Our Lord One Thousand Eight Hundred and Sixty seven

(Signed) — Jas R. Hoare —

Place of Abode — Marlou House
Kington on Thames

* 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.

IN CHANCERY.

1873. 17. No. 135.

6327/29 3/5

Between

Charles Henry Crompton Roberts

Plaintiff

and

John Noble, and
Thomas Rolles Hoare

Defendants



* Examiner's Name.

You are required to attend* James Anderson - Esq.
at the Examiners' Office, No. 3, Rolls Yard, Chancery Lane, London,
on Wednesday the 22nd day of April 1874. at Three
of the Clock in the After noon, to give evidence on the part and behalf
of the above-named Plaintiff

Dated this 20th day of April 1874.

To Samuel Newington

6. $\frac{1}{2}$ in. 1 $\frac{1}{2}$ in. L. h. 0.2
1 $\frac{1}{2}$ in. 1 $\frac{1}{2}$ in. 1 $\frac{1}{2}$ in.

1843. 17. No. 135

6327/29 4/5

Victoria, by the Grace of God, of the United Kingdom of Great Britain and Ireland, Queen, Defender of the Faith:—

To Samuel Newington & of Tuckersham the County of Sussex. etc. etc.
Greeting: We command you _____ that laying all other matters aside
and notwithstanding any excuse you personally be and appear before James Anderson Esquire,
one of the Examiners of Witnesses in our High Court of Chancery, at his Office in ROLLS YARD, CHANCERY LANE, LONDON, at such
time as the Bearer hereof shall by Notice in writing appoint to testify the truth according to your knowledge in a certain Suit now depending in our
High Court of Chancery, wherein Charles Henry Compton Roberts vs _____

Plaintiff and John Noble and Thomas Rolles House, are
Defendants on the part of the Plaintiffs _____ and that you then and there bring with you and produce
your Case Book and all other Reports, papers and
Documents in your possession relating to the
Summary of the said Defendant Thomas Rolles
House _____

and hereof fail not at your peril.

Witness, Ourselves at Westminster, the
year of our Reign.

Twentieth day of April in the Thirty Seventh

JESSEL, M.R.

CH. STY. AD TEST. DUCES TECUM, EXAM.

This ^{Engraving} ~~Letter~~ was issued by

Samuel Profforth

35th Great George Street

Westminster

Plaintiffs Solicitors

Bring the "Case Book"
you named in your
letter of the 6th
March and all
documents which
may enable you
to refresh your
memory on the
case. I shall
of course meet
you at the Examiner.

Yours truly

L. J. Hofford

Law. & Kingston Place N.D.

35th Street George St. Bk.
20. April 1874.

Dear Sir,

Robert v. Hoace

6327/29
5/5

The Breckenridge
Clerk will serve
you with Subpoena
warrant before
Mr. Anderson the
Examiner in the
Koth Court next
Wednesday (22nd Inst)
at 3. P.M. - This
will enable you to
leave Fidelity
Road at 11.2 P.M.

and be at the
Office in Chancery
Lane in ample
time giving you
an hour previous.
I put my book
a blank page
that you may
fill in your
Should you think
proper to do so
before seeing me.
You will be
Examined &c

parts in the presence
of the Sherride, but
they cannot Coop
Examine you now.
This they can do so
at a future period
on Justice given.
The Examination
will not be more
than an hour &
you can get back
by 5.55. P.M. Again -
You will be served
with Dices &c
also, and you must

229.

Thomas Rolls Hoare.

Nov. 14, 1867.

Lincoln

Q^r

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.

was received ^(b)

Signed, _____

(c) Superintendent or proprietor of _____.

(c) _____

Dated this

Day of

One Thousand Eight Hundred and Sixty

To the Commissioners in Lunacy.

Lunatics 1.

(10 & 17 Vict. c. 96, sched. C.
s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:

SHAW AND SONS,
Fetter Lane.

23.

Adolphus Baker

Dec. 12, 1867.

J. L. Linn

6327/31 1/2

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 (*) as a Private Patient, on the
Day of 186 , and I
hereby transmit a Copy of the Order and Medical Certificates on which he
was received (!)

(!) 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, _____
(*) _____

(*) Superintendent or proprietor of _____

Dated this _____ Day of
One Thousand Eight Hundred and Sixty

To the Commissioners in Lunacy.

Lunatics 1.
(18 & 19 Vict. c. 96, sched. C.
s. 5.)
(20 & 21 Vict. c. 111.)
Private Patient.
LONDON:
SHAW AND SONS,
Fetter Lane.

Correct Copies of the "Order" for the
reception of Miss M. C. O'Neil, - and, of the
Medical Certificates.

Resident House.
Per 11 Nov 1867.

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

Subjoined is a Statement respecting the said *Metastase Cellulose Cord*

Occupation (if any),

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

To Wm. Pence
Proportions (1) London House, London

STATEMENT

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

(Q) Where the person signing the statement is not the person who signed the order, the following particulars must be given: the person signing the statement are to be added.

Signed, Name, (1) George Bond
 Occupation (if any) _____
 Place of Abode, _____
 Degree of Relationship (if any), _____
 or other circumstances of _____
 connection with the Patient _____

* Within the last month she has on two different occasions tied a handkerchief round her throat, and asked the attendant to hang her. About R. James, Medical Attendant 1887

[illegible][illegible]

I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,
 Yours, &c.
 J. B. [Signature]
 [Address]

Dated this _____ day of *July* _____ One Thousand Eight
Hundred and Sixty *Seven*.

I, the undersigned, *William Wetherill Esq.*
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 *15th* day of *July* 1867,
at (c) *55, Grogg's Road, Paddington*
in the County of *Middlesex*, separately from any other Medical Practitioner,
personally examined *Mrs. Matthew Catherine Orrell*
of (d) *Nottingham Park, Tottenham Road, N. 23, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17, 1/18, 1/19, 1/20, 1/21, 1/22, 1/23, 1/24, 1/25, 1/26, 1/27, 1/28, 1/29, 1/30, 1/31, 1/32, 1/33, 1/34, 1/35, 1/36, 1/37, 1/38, 1/39, 1/40, 1/41, 1/42, 1/43, 1/44, 1/45, 1/46, 1/47, 1/48, 1/49, 1/50, 1/51, 1/52, 1/53, 1/54, 1/55, 1/56, 1/57, 1/58, 1/59, 1/60, 1/61, 1/62, 1/63, 1/64, 1/65, 1/66, 1/67, 1/68, 1/69, 1/70, 1/71, 1/72, 1/73, 1/74, 1/75, 1/76, 1/77, 1/78, 1/79, 1/80, 1/81, 1/82, 1/83, 1/84, 1/85, 1/86, 1/87, 1/88, 1/89, 1/90, 1/91, 1/92, 1/93, 1/94, 1/95, 1/96, 1/97, 1/98, 1/99, 1/100, 1/101, 1/102, 1/103, 1/104, 1/105, 1/106, 1/107, 1/108, 1/109, 1/110, 1/111, 1/112, 1/113, 1/114, 1/115, 1/116, 1/117, 1/118, 1/119, 1/120, 1/121, 1/122, 1/123, 1/124, 1/125, 1/126, 1/127, 1/128, 1/129, 1/130, 1/131, 1/132, 1/133, 1/134, 1/135, 1/136, 1/137, 1/138, 1/139, 1/140, 1/141, 1/142, 1/143, 1/144, 1/145, 1/146, 1/147, 1/148, 1/149, 1/150, 1/151, 1/152, 1/153, 1/154, 1/155, 1/156, 1/157, 1/158, 1/159, 1/160, 1/161, 1/162, 1/163, 1/164, 1/165, 1/166, 1/167, 1/168, 1/169, 1/170, 1/171, 1/172, 1/173, 1/174, 1/175, 1/176, 1/177, 1/178, 1/179, 1/180, 1/181, 1/182, 1/183, 1/184, 1/185, 1/186, 1/187, 1/188, 1/189, 1/190, 1/191, 1/192, 1/193, 1/194, 1/195, 1/196, 1/197, 1/198, 1/199, 1/200, 1/201, 1/202, 1/203, 1/204, 1/205, 1/206, 1/207, 1/208, 1/209, 1/210, 1/211, 1/212, 1/213, 1/214, 1/215, 1/216, 1/217, 1/218, 1/219, 1/220, 1/221, 1/222, 1/223, 1/224, 1/225, 1/226, 1/227, 1/228, 1/229, 1/230, 1/231, 1/232, 1/233, 1/234, 1/235, 1/236, 1/237, 1/238, 1/239, 1/240, 1/241, 1/242, 1/243, 1/244, 1/245, 1/246, 1/247, 1/248, 1/249, 1/250, 1/251, 1/252, 1/253, 1/254, 1/255, 1/256, 1/257, 1/258, 1/259, 1/260, 1/261, 1/262, 1/263, 1/264, 1/265, 1/266, 1/267, 1/268, 1/269, 1/270, 1/271, 1/272, 1/273, 1/274, 1/275, 1/276, 1/277, 1/278, 1/279, 1/280, 1/281, 1/282, 1/283, 1/284, 1/285, 1/286, 1/287, 1/288, 1/289, 1/290, 1/291, 1/292, 1/293, 1/294, 1/295, 1/296, 1/297, 1/298, 1/299, 1/300, 1/301, 1/302, 1/303, 1/304, 1/305, 1/306, 1/307, 1/308, 1/309, 1/310, 1/311, 1/312, 1/313, 1/314, 1/315, 1/316, 1/317, 1/318, 1/319, 1/320, 1/321, 1/322, 1/323, 1/324, 1/325, 1/326, 1/327, 1/328, 1/329, 1/330, 1/331, 1/332, 1/333, 1/334, 1/335, 1/336, 1/337, 1/338, 1/339, 1/340, 1/341, 1/342, 1/343, 1/344, 1/345, 1/346, 1/347, 1/348, 1/349, 1/350, 1/351, 1/352, 1/353, 1/354, 1/355, 1/356, 1/357, 1/358, 1/359, 1/360, 1/361, 1/362, 1/363, 1/364, 1/365, 1/366, 1/367, 1/368, 1/369, 1/370, 1/371, 1/372, 1/373, 1/374, 1/375, 1/376, 1/377, 1/378, 1/379, 1/380, 1/381, 1/382, 1/383, 1/384, 1/385, 1/386, 1/387, 1/388, 1/389, 1/390, 1/391, 1/392, 1/393, 1/394, 1/395, 1/396, 1/397, 1/398, 1/399, 1/400, 1/401, 1/402, 1/403, 1/404, 1/405, 1/406, 1/407, 1/408, 1/409, 1/410, 1/411, 1/412, 1/413, 1/414, 1/415, 1/416, 1/417, 1/418, 1/419, 1/420, 1/421, 1/422, 1/423, 1/424, 1/425, 1/426, 1/427, 1/428, 1/429, 1/430, 1/431, 1/432, 1/433, 1/434, 1/435, 1/436, 1/437, 1/438, 1/439, 1/440, 1/441, 1/442, 1/443, 1/444, 1/445, 1/446, 1/447, 1/448, 1/449, 1/450, 1/451, 1/452, 1/453, 1/454, 1/455, 1/456, 1/457, 1/458, 1/459, 1/460, 1/461, 1/462, 1/463, 1/464, 1/465, 1/466, 1/467, 1/468, 1/469, 1/470, 1/471, 1/472, 1/473, 1/474, 1/475, 1/476, 1/477, 1/478, 1/479, 1/480, 1/481, 1/482, 1/483, 1/484, 1/485, 1/486, 1/487, 1/488, 1/489, 1/490, 1/491, 1/492, 1/493, 1/494, 1/495, 1/496, 1/497, 1/498, 1/499, 1/500, 1/501, 1/502, 1/503, 1/504, 1/505, 1/506, 1/507, 1/508, 1/509, 1/510, 1/511, 1/512, 1/513, 1/514, 1/515, 1/516, 1/517, 1/518, 1/519, 1/520, 1/521, 1/522, 1/523, 1/524, 1/525, 1/526, 1/527, 1/528, 1/529, 1/530, 1/531, 1/532, 1/533, 1/534, 1/535, 1/536, 1/537, 1/538, 1/539, 1/540, 1/541, 1/542, 1/543, 1/544, 1/545, 1/546, 1/547, 1/548, 1/549, 1/550, 1/551, 1/552, 1/553, 1/554, 1/555, 1/556, 1/557, 1/558, 1/559, 1/560, 1/561, 1/562, 1/563, 1/564, 1/565, 1/566, 1/567, 1/568, 1/569, 1/570, 1/571, 1/572, 1/573, 1/574, 1/575, 1/576, 1/*

1. Facts indicating Insanity observed by myself (f) *Written Impressions, incoherent expressions, - and General Behaviour.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) *The Juries, Mr Sayler & Mr Bone attended upon Mrs Bone & inform me that Mrs Bone is inattentive to her natural wants and to all personal propriety in her conduct. - is restless, incoherent.*

Signed, William H. Gull
Place of Abode, 26 Brook Street Grosvenor St
Dated this thirteenth day of July One Thousand Eight
Hundred and Sixty seven.

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 ^{5th} 31. day of December 1867, of *Matilda Catherine Oved* a Private Patient in *Uendon* House, *Uendon* to *D. Newington's* House, *Ticehurst*.

Given under our hands this ^{10th} 10. day of December in the year of Our Lord One Thousand Eight Hundred and Sixty Seven

Robert Cairnes
John Clifton

Commissioners
in
Lunacy.

ORDER.

I,* *George Oved* the undersigned, having Authority to discharge *Matilda Catherine Oved* a Private Patient in *Uendon* House, *Uendon* hereby order and direct that the said *Matilda Catherine Oved* be removed therefrom to *D. Newington's* House, *Ticehurst*.

Must be signed by
Mr. Oved

Given under my hand this* ^{14th} 14 day of December in the year of Our Lord One Thousand Eight Hundred and Sixty Seven

(Signed)

Place of Abode

George Oved
Brooks Park
Wareham. Dorset

* 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.

231.

Miss Matilda Catherine Ored.

Ored

Admitted

13 Dec. 1867.

231.

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

(*) Set forth the qualification, entitling the person certifying to practice 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.
(*) Physician, surgeon, or apothecary, as the case may be.
(*) Here insert the street and number of the house (if any), or other like particulars.
(*) Insert residence and profession, or occupation (if any) of the patient.
(*) Insane, or an idiot, or a person of unsound mind.
(*) Here state the facts.

I, the undersigned, being a (*) *Physician M.D. Edw. M.B. S.* and being in actual practice as a (*) *Physician* hereby certify, that I, on the *twentieth* day of *December* at (*) *St Thomas's Hospital, Dover* in the County of *Kent* separately from any other Medical Practitioner, personally examined *Benjamin Esdaile Esdaile Esdaile* of (*) *St Thomas's Hospital, Dover* and that the said *Benjamin Esdaile Esdaile Esdaile* 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.:

1. Facts indicating Insanity observed by myself (*) *Great mental depression, and the constant idea that he had made away with all his property, and that he is a patient mental shed is a delusion. S. T. L.*

2. Other facts (if any) indicating Insanity communicated to me by others (*) *By his maternal Uncle I learn he attempted self destruction by inflicting a wound in his arm with a pen-knife.*

Signed, Name, *G. T. Velley Esdaile*
Place of Abode, *St Thomas's Hospital, Dover*
Dated this *twentieth* Day of *December* One Thousand Eight Hundred and Sixty *seven*

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

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

(*) Set forth the qualification, entitling the person certifying to practice 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.
(*) Physician, surgeon, or apothecary, as the case may be.
(*) Here insert the street and number of the house (if any), or other like particulars.
(*) Insert residence and profession, or occupation (if any) of the patient.
(*) Insane, or an idiot, or a person of unsound mind.
(*) Here state the facts.

I, the undersigned, being a (*) *M. J. Esdaile, M.B. S. England* and being in actual practice as a (*) *General Practitioner* hereby certify, that I, on the *twentieth* day of *December* 1867 at (*) *St Thomas's Hospital, Dover* in the County of *Kent* separately from any other Medical Practitioner, personally examined *Benjamin Esdaile Esdaile Esdaile* of (*) *St Thomas's Hospital, Dover* and that the said *Benjamin Esdaile Esdaile Esdaile* 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.:

1. Facts indicating Insanity observed by myself (*) *Attempted self-destruction by inflicting a wound in the arm which was called to help. Delusion, nervous excitement alternating with extreme depression brought on & maintained by the delusion that all the love all his property was reduced to ruin, & left alone, miserable & probably better off.*

2. Other facts (if any) indicating Insanity communicated to me by others (*) *The probability that self-destruction will be attempted was communicated to me by his medical attendant a few days before the facts. Patient excitement instantly felt in part of head, & then his hands, placing his gun in his right hand. Then is killed, & then his hands are placed in his right hand. This was told in 1867 by his medical attendant.*

Signed, Name, *Charles Esdaile*
Place of Abode, *18, Liverpool St. Dover*
Dated this *20* Day of *December* One Thousand Eight Hundred and Sixty *seven*

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

NOTICE OF ADMISSION.
Sched. (C.) Sect. 24.

I hereby give you Notice, That
was admitted into this (*) _____ as a Private Patient, on the _____ Day of _____ 186 _____ and I hereby transmit a Copy of the Order and Medical Certificate on which he was received (*).

(*) House or hospital.

(*) If a private patient be received upon and certified 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.

Subjoined is a Statement with respect to the Mental and Bodily Condition of the above-named Patient.

Signed, _____ (*) _____

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

(*) Superintendent or Proprietor of _____

To the _____

STATEMENT.

I have this Day (*) seen and examined the Patient mentioned in the above Notice, and hereby Certify, that with respect to Mental State he _____

and that with respect to Bodily Health and Condition he _____

Signed, _____ (*) _____

(*) Medical Practitioner, or Superintendent, or Attendant of _____

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

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

I, the undersigned, hereby request you to receive Benjamin Evelyn Windthrop ^{18th day of Decr 1867}
a person of unsound mind as a Patient into your ⁽¹⁾ house
Subjoined is a Statement respecting the said Benjamin Evelyn Windthrop

Signed, Name, John Woodruff
Occupation (if any), Parson of Upchurch
Place of Abode, Upchurch Kent
Degree of Relationship (if any), Brother in Law
or other circumstances of connexion with the Patient John Woodruff

Dated this fourteenth Day of December
One Thousand Eight Hundred and Sixty seven
To Samuel Annington Esq. M.D.
(1) Superintendents of (2) Titchmarsh Asylum.

(1) Proprietor or superintendent of —
(2) 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 Benjamin Evelyn Windthrop
Sex and Age male - 55 years
Married, Single, or Widowed single
Condition of Life, and previous Occupation (if any) Minister at Law
Religious Persuasion, as far as known Church of England
Previous Place of Abode 8 Marine Parade - Dover
Whether First Attack yes
Age (if known) on First Attack —
When and where previously under Care and Treatment —
Duration of existing Attack a week
Supposed Cause intemperance
Whether subject to Epilepsy no
Whether Suicidal yes
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 None
Name, (1) John Woodruff Upchurch, Kent.
Occupation (if any), Parson of Upchurch
Place of Abode, Upchurch Kent
Degree of Relationship (if any) or other circumstances of connexion with the Patient Brother in Law

(1) Name, (2) Address, (3) Signature, (4) Date.

Lunatics 1.
(15 & 17 Vict. c. 96.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane,
Publishers of the "Journal of the
Fees," a Weekly Legal Directory,
price 6d. stamped.

6327/32

2/2

8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Hereby Give you Notice, That *Benjamin Evelyn*
Wuthrop
a Private Patient received into this House on the *21* day of *December*
1867, was discharged therefrom *referred* by the authority of
The Revd J. Woodruff
on the *21* day of *December* *1868*

Signed

Medical Proprietor of The Ticehurst Asylum.

Dated this *21* day of *December* One
Thousand Eight Hundred and *nineteen*

To

Cum
Clerk of Peace

21 Dec 1868

W. B. S. Winkler

p. L.
Notice Discharge

232.

Benjamin F. Feligh
Winthrop.

Dec. 21, 67.