

Patient Certificates and Notices: Admission date 1870

Contributors

Ticehurst House Hospital

Publication/Creation

mid 19th century - late 19th century

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183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
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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 Alexander Greenhill being a (a) M.D. of Oxford, and being in actual practice as a (b) Physician hereby certify, that I, on the 18th day of April 1870 at (c) 50 Cornhill place St Leonard in the County of Essex separately from any other Medical Practitioner, personally examined M^{rs} Mary Anne Woolham of (d) No. 50 Worsfield Place, Hastings & Leonard and that the said M^{rs} Mary Anne Woolham 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.

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

1. Facts indicating Insanity observed by myself (f) Incoherent talking; — un-dressing herself in the day-time without reason; — lying on the floor without cause in the day-time, & refusing to rise.

2. Other facts (if any) indicating Insanity communicated to me by others (g) great violence for upwards of two hours this morning, with attempts to get possession of a pair of scissors; catching her son by the beard; entirely throwing off all covering. — her son Charles

Signed, W.A. Greenhill, Name, W.A. Greenhill, M.D. Oxon —
Place of Abode, 2 Fairisle Parade, Hastings —
Dated this 18th day of April One Thousand Eight Hundred and seventy.

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, Frederic Teuchies being a (a) Member of the Royal College of Surgeons of England and a Licentiate of the Society of Apothecaries and being in actual practice as a (b) Surgeon hereby certify, that I, on the Eighteenth day of April 1870 at (c) 50 Cornhill place St Leonard in the County of Essex separately from any other Medical Practitioner, personally examined Mary Anne Woolham of (d) 50 Worsfield place St Leonard and that the said Mary Anne Woolham, Widow 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.

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

1. Facts indicating Insanity observed by myself (f) Had delusions upon subjects she has read in the Bible these days since & now appears to speak — or answer any questions put to her —

2. Other facts (if any) indicating Insanity communicated to me by others (g) Has been for a fortnight in a very incoherent state — with loss of memory — This morning she became very violent, threw off her clothes, throwing them about — seized her son by the head & injured her daughter. — information received from her son Charles

Signed, Fred^c Teuchies, Name, Fred^c Teuchies —
Place of Abode, 11 Fairisle Parade Hastings —
Dated this Eighteenth day of April One Thousand Eight Hundred and seventy —

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

I, the undersigned, hereby request you to receive Mary Anne Worllan
 whom I last saw at 30 Eversfield Place, S. Leonard's
 on the 10th day of April 1870 (c)
 a (d) Woman of unsound mind as a Patient into your House.

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

Subjoined is a Statement respecting the said Mary Anne Worllan

Signed, Name, Charles Worllan
 Occupation (if any), Silk - Threadster
 Place of Abode S. Albans
 Degree of Relationship (if any), } Son
 or other circumstances of }
 connection with the Patient }

(e) Proprietor or superintendent of.

Dated this 10th day of April
 One Thousand Eight Hundred and Eighty
 To S. Newington
 (e) Proprietor of (e) Hickist 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.....	} <u>Mary Anne Worllan</u>
Sex and Age.....	} <u>Female - about sixty five</u>
Married, Single, or Widowed.....	} <u>Widowed</u>
Condition of Life, and previous Occupation (if any).....	} <u>Independent</u>
Religious Persuasion, as far as known.....	} <u>Church of England</u>
Previous Place of Abode.....	} <u>S. Albans</u>
Whether First Attack.....	} <u>Not first attack</u>
Age (if known) on First Attack.....	} <u>Twenty eight</u>
When and where previously under Care and Treatment.....	} <u>Nowhere</u>
Duration of existing Attack.....	} <u>About a fortnight</u>
Supposed Cause.....	} <u>Unknown</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 Worllan S. Albans</u>

(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, (e) Charles Worllan
 Occupation (if any), _____
 Place of Abode, _____
 Degree of Relationship (if any), } _____
 or other circumstances of } _____
 connexion with the 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 (*) as a Private Patient, on the Day of 18, and I hereby transmit a Copy of the Order and Medical Certificates on which he was

(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. received (b).

Signed, _____

(c) Superintendent or proprietor of _____

(*) _____

Dated this Day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. s. 94.)
(95 & 96 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

276

18 Ap: 1870

Mrs Woolman

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 9th day of May, 1870, of Henry William Sullivan a Private Patient in — D. Skilwell's House, Moorcroft House, Uxbridge } to — D. Newington's House, Ticehurst, Sussex.

Given under our hands this 28th day of April in the year of Our Lord One Thousand Eight Hundred and ~~Sixty~~ Seventy

Robert Vairac
James Gilmer
Commissioners
in
Lunacy.

ORDER.

I,* ————— the undersigned having Authority to discharge — Henry William Sullivan — a Private Patient in — D. Skilwell's House, Moorcroft House, Uxbridge } hereby order and direct that the said — Henry William Sullivan — be removed therefrom to — D. Newington's House, Ticehurst, Sussex.

X Given under my hand this* 29th day of April in the year of Our Lord One Thousand Eight Hundred and ~~Sixty~~ Seventy

X To be filled up
and signed
by W. Baker

(Signed) Wm. Baker
Place of Abode Uxbridge, Middlesex

* 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.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive *the Rev^d Henry William Sullivan* H.P.R.

whom I last saw at *Broom House Fulham* on the *Twenty eighth* day of *October 1865*^(a)

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

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

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

Subjoined is a Statement respecting the said *Henry William Sullivan*

Signed, Name, *Lawrence Sullivan*

Occupation (if any), *Gentleman*

Place of Abode *Broom House Fulham*

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

Dated this *28th* day of *October*

One Thousand Eight Hundred and Sixty *five*

To *Dr Stilwell*
(c) Moorcroft (d) Hillingdon Uxbridge

(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 } *Henry William Sullivan*
 Sex and Age *Male 49*
 Married, Single, or Widowed *Single*
 Condition of Life, and previous Occupation (if any) } *Clerk*
 Religious Persuasion, as far as known *Protestant*
 Previous Place of Abode *Yoxall Rectory, Staffordshire*
 Whether First Attack *No*
 Age (if known) on First Attack *nineteen*
 When and where previously under Care and Treatment } *at Moore Crofts*
 Duration of existing Attack *a few days*
 Supposed Cause *Grief & over exertion*
 Whether subject to Epilepsy *No*
 Whether Suicidal *No*
 Whether Dangerous to others *During the previous attacks*
 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 *Rev. Hon. Mr L Sullivan Broom House Fulham*

(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) *Lawrence Sullivan*

Occupation (if any), *Gentleman*

Place of Abode, *Broom House, Fulham*

Degree of Relationship (if any), } *Father*
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 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.

(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.

From my own personal knowledge he has been several times under restraint & certified as of unsound mind

I, the undersigned, Henry Pawle Ree being a (a) Licentiate of the Royal College of Physicians of Edinburgh & Fellow of the Royal College of Surgeons of England and being in actual practice as a (b) Physician & Surgeon hereby certify, that I, on the Twenty Eighth day of October at (c) Broom House Fulham in the County of Middlesex separately from any other Medical Practitioner, personally examined Henry William Sulivan (Clerk in Orders) of (d) Yoxall Rectory Staffordshire and that the said Henry William Sulivan is a (e) 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) Restless incoherent manners—disposed to be violent & on asking if he had pain, said yes a very heavy pain between the Charter House & Ferries

2. Other facts (if any) indicating Insanity communicated to me by others (g) That he has been twice under treatment for the same condition in a private Asylum when he was on each occasion very violent & unmanageable—Received this information from different sources

Signed, Name, Henry Pawle Ree

Place of Abode, St John's Fulham

Dated this 28th day of October One Thousand Eight Hundred and Sixty five

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

(a) 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.

(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, Protheroe Smith being a (a) Physician—Doctor of Medicine—Member of the Royal College of Physicians London and being in actual practice as a (b) Physician hereby certify, that I, on the Twenty eighth day of October 1865 at (c) Broom House in the County of Middlesex separately from any other Medical Practitioner, personally examined The Rev^d H. W. Sulivan of (d) Yoxall Rectory, Staffordshire and that the said H. W. Sulivan 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) Incoherence & delusions such as that his pain exists between Broom House & Brockley Hall &c

Signed, Name, Protheroe Smith

Place of Abode, 25 Park St Grosvenor Sq

Dated this 28th day of October One Thousand Eight Hundred and Sixty five

NOTICE OF ADMISSION,

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

I certify this to be a true copy
G. Stowell

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 (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, George Stowell
(c)

(c) Superintendent or proprietor of _____

Dated this Oct 30 Day of
One Thousand Eight Hundred and Sixty 5-

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.

277

Mr. Lubbock.

Apr. 29th 1870.

J. Newington

Ticehurst

Hawkhurst

Sussex



ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Rosa Hebbick

whom I last saw at 26 Newington, Brighton
on the twenty third day of May 1870 (*)
a Person of unsound mind as a Patient into your House.

(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 Rosa Hebbick

Signed, Name, Henry Hebbick

Occupation (if any), _____

Place of Abode 4 Clarendon Terrace, Brighton

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

Dated this twenty third day of May
One Thousand Eight Hundred and Sixty seven

To Dr. Newington
(*) Proprietor of (*) Fitchwick 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.....	<u>Rosa Hebbick</u>
Sex and Age.....	<u>Female. April 48.</u>
Married, Single, or Widowed.....	<u>Single</u>
Condition of Life, and previous Occupation (if any).....	<u>By independent means</u>
Religious Persuasion, as far as known.....	<u>Protestant</u>
Previous Place of Abode.....	<u>Fitchwick.</u>
Whether First Attack.....	<u>No.</u>
Age (if known) on First Attack.....	<u>Forty-two</u>
When and where previously under Care and Treatment.....	<u>Care of Dr. Newington, Fitchwick</u>
Duration of existing Attack.....	<u>Three or four days.</u>
Supposed Cause.....	<u>Unknown.</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.....	
Name and Address of Relative to whom Notice of Death to be sent.....	<u>W. G. Hebbick - Limerick Road Lewes</u>

(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, (*) H. Hebbick

Occupation (if any), _____

Place of Abode, 4 Clarendon Terrace, Brighton

Degree of Relationship (if any), } a brother.
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 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.

(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, *Hewey Conling* Member of Royal College of Surgeons being a (a) *Surgeon*

and being in actual practice as a (b) *Surgeon*

hereby certify, that I, on the *23rd* day of *May*

at (c) *26 Newington, Brighton* separately from any other Medical Practitioner,

personally examined *Rosa Herbert* and that

of (d) *26 Newington, Brighton* the said *Rosa Herbert* 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) *During the short time I was in the patient's presence she exhibited a state of excitement which showed itself by running into the corner of the room and making sudden hysterical declamations she would not see me having things before her and me*
2. Other facts (if any) indicating Insanity communicated to me by others (g) *Her brother Mr Herbert informs me that she has just pulled him into her room, and afterwards turned him out of the house*

Signed, Name, *H Conling*

Place of Abode, *42 Norfolk Street Brighton*

Dated this *twenty third* day of *May* One Thousand Eight Hundred and ~~Sixty~~ *seventy*

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

(a) 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.

(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, being a (a)

and being in actual practice as a (b)

hereby certify, that I on the _____ day of _____

at (c) _____ separately from any other Medical Practitioner,

personally examined _____ and that

of (d) _____ the said _____ and a proper Person to be taken charge of and detained

is a (e) _____ under Care and Treatment, and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating Insanity observed by myself (f)
2. Other facts (if any) indicating Insanity communicated to me by others (g)

Signed, Name, _____

Place of Abode, _____

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

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 (c) 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 (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 _____.

() _____

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.

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, being a (a) M.R.C.S. & L.R.C.P. Ed. and being in actual practice as a (b) Surgeon hereby certify, that I, on the 25th day of May 1870 at (c) Turnpike road from Ticehurst to Wadhurst in the County of Sussex separately from any other Medical Practitioner, personally examined (d) Miss Rosa Hebbert of (d) The Vineyard - Ticehurst and that the said Rosa Hebbert 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) great incoherence in her conversation in the course of which she said that it was not safe to remain in the vineyard at night as men come in at the back door, she also said that she had been obliged to consult a doctor & was unable to pay him but intended sending him a cheque, he then appears to be in a state of the greatest confusion
2. Other facts (if any) indicating Insanity communicated to me by others (g) Dr. Estlin informs me that when

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

Signed, Edward Young Name, Edward Young
Place of Abode, Hastings
Dated this 25th day of May One Thousand Eight
Hundred and 70

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, being a (a) M.R.C.S. Eng. & L.R.C.P. Lond. and being in actual practice as a (b) Surgeon hereby certify, that I, on the 25th day of May 1870 at (c) The Turnpike Road leading from Ticehurst to Wadhurst in the County of Sussex separately from any other Medical Practitioner, personally examined (d) Miss Rosa Hebbert of (d) The Vineyard - Ticehurst and that the said Rosa Hebbert 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) Rambling & incoherence during conversation, in which she stated that she was engaged in some way or other, and that an over-ruling Providence would make known the time.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) He also stated that she did not get enough to eat, but on being questioned replied that she had beef-steaks, three glasses of wine & stout.
Her ideas seem to be quite confused.
Dr. Estlin informs me that she told him this afternoon, the best thing they could do was to be married at once
Signed, Charles Edward Hoar Name, Charles Edward Hoar
Place of Abode, Maidstone
Dated this 25th day of May One Thousand Eight
Hundred and Seventy.

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

I, the undersigned, hereby request you to receive
 whom I last saw at

on the _____ day of _____ (c)
 as a Patient into your House. (c)
(c) Within one month previous to the date of the order.
 (d) Lunatic, or an idiot, or a person of unsound mind.

Subjoined is a Statement respecting the said

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

Dated this _____ day of _____
 One Thousand Eight Hundred and _____
 To _____

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

(c) _____ (d) _____

STATEMENT.

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

Name of Patient, with Christian Name at length. }
 Sex and Age }
 Married, Single, or Widowed. }
 Condition of Life, and previous Occupation (if any) }
 Religious Persuasion, as far as known }
 Previous Place of Abode }
 Whether First Attack }
 Age (if known) on First Attack }
 When and where previously under Care and Treatment }
 Duration of existing Attack }
 Supposed Cause }
 Whether subject to Epilepsy }
 Whether Suicidal }
 Whether Dangerous to others. }
 Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition }
 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 }

(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) _____
 Occupation (if any), _____
 Place of Abode, _____
 Degree of Relationship (if any), } _____
 or other circumstances of } _____
 connexion with the 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 (*) as a Private Patient, on the Day of 18, and I hereby transmit a Copy of the Order and Medical Certificates on which he was

(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

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 90, sched. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient.

LONDON: SHAW AND SONS, Fetter Lane.

Miss Fosa Hebert

6327/75 3/4

Admitted

Discharged

24th July 1864

21st Oct 1864. R

(Came as boarder)
19th Nov 1864

Certified Oct 1867

18th Oct 1867

14th Dec 1867. R

30 Dec 1868

6th March 1869. R.

9th Oct 1869

20 Dec 1869

23rd May 1870

Plt here

TICEHURST HOUSE

Copied~~The Ticehurst Asylum.~~22nd February
1895

I Hereby Give you Notice, That

Miss Rosa Hebbert

a Private Patient received into this House on the

23rd day of May

1870, died therein on the

22nd day of February 1895, and I

Certify that

Miss J. Haswell (Lady Superintendent)

was present at the death of the said

Rosa Hebbert

and that the apparent cause of her death

~~(ascertained by post-mortem examination)~~ wasold age & debility.

Signed

A. S. Newington

Joint-Medical Proprietor

of the Ticehurst ~~Asylum~~

House

Rules made by the Commissioners in
January - 84 - (1.)

- A. Rosa Hebert, Female, age 73.
- B Single
- C No occupation
- D Dunbridge Wells, Kent
- E Died 2.40 pm Feb 22. 1890 - Had been
getting ^{weak} wry for some months without any
apparent disease and quietly passed
~~away~~ away, old age & debility being
the cause of death.
- F Many months.
- G Miss Huswell - (Lucky before the death.)

278.

Chancery Patient.

Miss Rosa Hebbert.

Admitted

23 May 1870.

278.

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, John Richard Wardell, M. D.
being a (a) Fellow of the Royal College of Physicians
and being in actual practice as a (b) Physician
hereby certify, that I, on the Sixth day of June 1870
at (c) Woodbury Park Lodge, Queen's Road, Tunbridge Wells
in the County of Kent separately from any other Medical Practitioner,
personally examined Ellen Jane Witt
of (d) Woodbury Park Lodge, Queen's Road, Tunbridge Wells and that
the said Ellen Jane Witt
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) Said it is his bed for her to marry the Prince of Wales—that her mother & family have conspired to murder her & that Miss is put in her food, ~~which she~~ that her brother will be hanged or transported. I discovered her to be

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

2. Other facts (if any) indicating Insanity communicated to me by others (g).
Extremely violent—beat her hands on the wall and has deputed herself with much violence manner

Signed, Name, John Richard Wardell, M. D.

Place of Abode, Tunbridge Wells

Dated this Sixth day of June One Thousand Eight Hundred and Sixty Seventy.

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, John Milner Barry, M. D.
being a (a) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (b) Physician
hereby certify, that I on the sixth day of June 1870
at (c) Woodbury Park Lodge, Queen's Road, Tunbridge Wells
in the County of Kent separately from any other Medical Practitioner,
personally examined Ellen Jane Witt
of (d) Woodbury Park Lodge, Queen's Road, Tunbridge Wells and that
the said Ellen Jane Witt
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)
Says that she is Jesus Christ and the Virgin Mary, and that her head has pounded into powder like a piece of Ice. Very violent in demeanour & incoherent in language.

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

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

Signed, Name, John Milner Barry, M. D.

Place of Abode, Tunbridge Wells

Dated this Sixth day of June One Thousand Eight Hundred and Sixty Seventy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Ellen Jane Witt
 whom I last saw at Woodbury Park Lodge, Cambridge Wells
 on the 6th June day of June 1870 (c)

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

a (c) A person of unsound mind as a Patient into your House.
 Subjoined is a Statement respecting the said Ellen Jane Witt

Signed, Name, Ellen Jane Witt
 Occupation (if any), _____
 Place of Abode Woodbury Park Lodge
 Degree of Relationship (if any), } Cambridge Wells
 or other circumstances of } Widow
 connection with the Patient }

Dated this 6th day of June
 One Thousand Eight Hundred and Sixty-70

To Dr. Hewitson
 (c) Proprietor of Richard Aylmer

(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. } Ellen Jane Witt
 Sex and Age. } Female
 Married, Single, or Widowed. } Single
 Condition of Life, and previous Occupation (if any) } gentlewoman
 Religious Persuasion, as far as known } Established Church
 Previous Place of Abode } Woodbury Park Lodge
 Whether First Attack } Yes
 Age (if known) on First Attack } 29
 When and where previously under Care and Treatment } Nowhere
 Duration of existing Attack } About a week
 Supposed Cause } Anxiety about her affairs
 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 } Not any
 Name and Address of Relative to whom Notice of Death to be sent } Woodbury Park, Cambridge Wells

(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, (c) Ellen Jane Witt
 Occupation (if any), _____
 Place of Abode, _____
 Degree of Relationship (if any), } _____
 or other circumstances of } _____
 connexion with the 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 (*) 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 (*)

Signed, _____

(c) Superintendent or proprietor of _____.

() _____

Dated this

Day of

One Thousand Eight Hundred and Sixty

To the Commissioners in Lunacy.

Lunatics I.
(10 & 17 Vict. c. 26, subd. C.
s. 24.)
(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

279
6 June 1870

Miss E. J. Smith

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive *Alfred Hailston*

whom I last saw at *Anglesea Abbey* on the *seventeenth* day of *July (last past)*

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

person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said *Alfred Hailston*

Signed, Name, *John Hailston. M.A. Rural Dean.*

Occupation (if any), *Clergyman*

Place of Abode *Anglesea Abbey, W. Cambridge*

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

Dated this *nineteenth* day of *July*
One Thousand Eight Hundred and ~~Sixty~~ *seventy*.

To *J. Newmyer*
(*) *Proprietor* (*) *Titchmarsh Establishment*

(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.....	} <i>Alfred Hailston</i>
Sex and Age.....	<i>male - age 28</i>
Married, Single, or Widowed.....	<i>single</i>
Condition of Life, and previous Occupation (if any).....	} <i>gentleman - Partner in a Bank (formerly.)</i>
Religious Persuasion, as far as known....	<i>Church of England</i>
Previous Place of Abode.....	<i>Cambridge</i>
Whether First Attack.....	<i>first attack</i>
Age (if known) on First Attack.....	<i>-</i>
When and where previously under Care and Treatment.....	} <i>no where</i>
Duration of existing Attack.....	<i>coming on gradually</i>
Supposed Cause.....	<i>not known</i>
Whether subject to Epilepsy.....	<i>no</i>
Whether Suicidal.....	<i>not to our knowledge</i>
Whether Dangerous to others.....	<i>not</i>
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition.....	} <i>-</i>
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners.....	} <i>-</i>
Name and Address of Relative to whom Notice of Death to be sent.....	} <i>John Hailston, Anglesea Abbey, Cambridge.</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, (*) *John Hailston*

Occupation (if any), *Clergyman*

Place of Abode, *Anglesea Abbey, Cambridge*

Degree of Relationship (if any), } *Father.*
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, *Georg Murray Humphrey* being a (a) *Doctor of Medicine of Cambridge*

and being in actual practice as a (b) *Physician*

hereby certify, that I, on the *18th* day of *July* *1870*

at (c) *Mr Peck's in Trumpington St Cambridge*

in the County of *Cambridge* separately from any other Medical Practitioner,

personally examined *Alfred Hailstone* of (d) *Angleson Alby Cambridge* and that

the said *Alfred Hailstone* *late Banker* 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) *He is quite under the impression that he is possessed by spirits which occupy various parts of his body & that he is haunted by the presence of relatives & that he is bewitched by a female dressmaker.*

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) *His long indulgence & irregular habits & uncertain mode of feeding himself sometimes going sometimes the contrary. He believed his father had a scheme for marrying him to one of the Princesses. This information from his father, Mr Peck tells me that he wanders about at night looking for the spirits, that he thinks the members of this family are in the house though they are some miles off & that he does not know what he is talking about.*

Signed, Name, *G. M. Humphrey*
Place of Abode, *Cambridge*
Dated this *19th* day of *July*, One Thousand Eight Hundred and ~~seventy~~ *seventy*

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, *Edmund Jarver* being a (a) *Bachelor of Medicine of Cambridge University* & *Fellow of the College of Surgeons*

and being in actual practice as a (b) *Surgeon*

hereby certify, that I, on the *Fifteenth* day of *July* *1870*,

at (c) *Mr Peck's House in Trumpington Street Cambridge*

in the County of *Cambridge* separately from any other Medical Practitioner,

personally examined *Alfred Hailstone* of (d) *Angleson Alby near Cambridge* and that

the said *Alfred Hailstone* 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) *At his visit he told me that he was surrounded by spirits which were continually breathing upon him and that they had caused an eruption about his groin & filled various parts of his body.*

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) *His mother told me that on several occasions he has suddenly left home without saying to any one when he was going, and that he was quite under the influence of witchcraft and spirits & that his father's spirit was inside him.*

Signed, Name, *Edmund Jarver*
Place of Abode, *58 Trumpington Street Cambridge*
Dated this *19th* day of *July*, One Thousand Eight Hundred and ~~seventy~~ *seventy*

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 (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 Sixty

To the Commissioners in Lunacy.

Lunatics I.
(16 & 17 Vict. c. 96, subd. C.
& 24.)
(25 & 26 Vict. c. 111.)
Private Patient.
LONDON:
SHAW AND SONS,
Fetter Lane.

Copy.

In Lunacy.

IN THE MATTER OF

W^{al}fred Hailstone

a person of

unsound mind so found by Inquisition.

The name in full,
address and qualifi-
cation to be insertedHerbert Francis Hayes Newington of Ticehurst, in the
County of Surrey, Member of the Royal College of Physicians and Surgeons the Medical
Attendant of the above-namedW^{al}fred Hailstone.

do in pursuance of Section 115 of The Lunacy Act, 1890, Report and certify to

the Masters in Lunacy as follows:— That W^{al}fred HailstoneState particulars of
mental condition.is the subject of Dementia to a
marked degree. He sits still for hours
together without saying a word or
originating a remark. He answers
questions either "Yes" or "No". His powers
of looking after himself are limited.State bodily condi-
tion.

Bodily condition is very good.

And that he is still of unsound
mind and a proper person to be
detained under care and treatment.To be signed and
dated.

(Sgd.) H. Hayes Newington

Dated this 15th day of May

1896.

Copy

In Lunacy.IN THE MATTER OF *Alfred**Hailstone*

a person of

unsound mind so found by Inquisition.

To the Masters in LunacyThe name in full,
address and qualifi-
cation to be inserted.I *H. F. Hayes* *Resident* of *The Gables*
Ticehurst in the County of Sussex *M. R. C. S. Eng.*
and F. R. C. P. Ed. the MedicalAttendant of the above-named *Alfred Hailstone* now
residing at *Ticehurst House Ticehurst*
aforsaid hereby certify that I have this day
examined him and
~~do in~~ pursuant to Section 115 of The Lunacy Act, 1890. Report and certify to
the ~~Masters in Lunacy~~ as follows:—State particulars of
mental condition.As to his mental condition
He is almost entirely deranged. He
remembers only in money matters. He often sits
muttering to himself & smiling.State bodily condi-
tion.As to his bodily condition it and
his general health are excellent.To be signed and
dated.And I certify that he is still of unsound
mind, and a proper person to be detained
under care and treatmentDated this 10th day of April 1901 1896.*H. F. Hayes*Copy sent to state
9/3

10th April 1901

W^a Hailstone

Copy

Sp. Rept + Certs

Under 53 Vic. 5 & 115 sec

In Lunacy.

IN THE MATTER OF *Alfred*
Hailstone _____ a person of
unsound mind so found by Inquisition.

The name in full,
address and qualifi-
cation to be inserted.

I *Herbert Hayes Newington* of *The Gables*
Ticehurst in the county of Sussex F.R.C.P. & the Medical
Attendant of the above-named *Alfred Hailstone* now residing
at *West Cliff Leonardo on Sea* hereby certify
that I have this day examined him and
do in pursuance of Section 115 of The Lunacy Act, 1890, Report and certify to
~~the Masters in Lunacy~~ as follows:—

State particulars of
mental condition.

He is the subject of advanced dementia - answers
yes and no to questions but does not go further
or initiate conversation. All his movements -
getting up, going out, taking meals have to be
regulated for him.

State bodily condi-
tion.

Good condition and fair health. He has
had ~~an~~ ~~examined~~ a few epileptic
fzures but under treatment - there have
not recurred recently.

And I do hereby certify that the said
Alfred Hailstone is still of unsound mind
and a proper person to be detained under
care and treatment.

To be signed and
dated.

H. H. N.

Dated this

5th

day of

April 1906

1896.

The Masters in Lunacy

6th April 1906

M^r A. Hailstone

Copy
Special Rept^s o Berke

6327/77 5/6

Walton Lodge,
Broughton Park,
Manchester.

I hereby request and order you to
discharge Alfred Hailstone from your care.

To the Medical Superintendent,
Ticehurst House,
Ticehurst, Sussex.

Samuel Hailstone

*Committee for Alfred
Hailstone*

18 April 1921

Name of Asylum,
Hospital or House.

TICEHURST HOUSE

copy

NOTICE OF REMOVAL.

Date of Reception Order, the 19th day of July 1870. ~~19~~

I hereby give you Notice, That Mr Alfred Hailstone

a (a) Private Patient, received into this (b) House

on the 20th day of July 1870 ~~19~~, was, on the

26th day of April 19 ~~21~~ removed to (c) the care

of Mr James Moore No 241 Bexhill Road, St(d) Leonards on Sea, Sussex,
Not improved
by the Authority of Samuel Hailstone the Committee of the person of
the said Alfred Hailstone.

Signed, *C. M. Moore*

(e) Medical Superintendent

Ticehurst House, Ticehurst.

Dated the 26th day of April 19 21

To the (f) Board of Control
The Lord Chancellor's Visitors,
and Clerk of the Peace for East Sussex.

- (a) Private, or pauper, or criminal.
- (b) Asylum, or hospital, or licensed house, or house.
- (c) Mentioning the Asylum, &c.
- (d) Relieved or not improved.
- (e) Clerk, or Superintendent, or Resident Licensee, or the person having charge of the said lunatic as a single patient.
- (f) Board of Control, or as the case may be.

Sent on date 27/4

26th April 1921.

Mr. A. Hailstone.
Copy
Notice of Removal.

NOTICE OF REMOVAL.

280.

Chancery Patient.

Mr Alfred Hailstone.

Admitted

20 July 1870

280.