6328/145 1/4

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 _____ 188 , 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 Eighty

To the Commissioners in Lunacy.

I hereby certify that this is a true and correct copy of the order statement and med. certificates upon which John Riordan was admitted as a Patient into the Priory Roehampton S.W. on the 6th day of June 1883.

signed J. Bigland
Med. Superintendent
The Priory Roehampton

Dated this 18th day of June 1883.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. A. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(2—8.82.)

(copy)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive John Riordon whom I last saw at Dover station on the fifth day of May 1883 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said John Riordon

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

Signed, *Name,* Henrietta Matilda Hill

Occupation (if any), none

Place of Abode, Clinton, Ontario, Canada

Degree of Relationship (if any) or other circumstances of connection with the Patient. Friend of the wife & brother

Dated this fifth day of May One Thousand Eight Hundred and Eighty three

To Dr. Wood

(c) Proprietor (d) The Priory, Rockompton

(c) Superintendent *or* proprietor of——
(d) *Describing the house or hospital by situation and name, if any.*

STATEMENT.

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

Name of Patient, with Christian Name at length	John Riordon
Sex and Age	male forty nine
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	man of business paper manufacturer
Religious Persuasion, as far as known	Episcopal Church
Previous Place of Abode	Woodlawn Ontario Canada
Whether First Attack	yes
Age (if known) on First Attack	uncertain
When and where previously under Care and Treatment	none
Duration of existing Attack	Progressive for about five or six years
Supposed Cause	Business excitement
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Charles Riordon Merritton Ontario

(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) Henrietta Matilda Hill

Occupation (if any),

Place of Abode,

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

(copy)

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

I, the undersigned, William Sanderson Coyman

being a (a) Doctor of Medicine of St Andrews

a Fellow of the Royal College of Surgeons

and being in actual practice as a (b) General Practitioner

hereby certify, that I, on the 5th day of May

at (c) The Priory, Roehampton -

in the County of Surrey separately from any other Medical Practitioner

personally examined John Riordon

of (d) Wood Lawn St Catherine, Ontario, Canada Poker manufacturer and that

the said John Riordon

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) a generally mild way of talking an excitable manner, he declares that he has been made a Senator & that he has sold a mine for a million of dollars - both of which statements I find to be untrue

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

(g) Mrs Hill tells me that he was arrested in Paris yesterday in consequence of having threatened her life & that of the courier & that he also seized his son by the throat in Venice & that Mrs Hill was obliged to call assistance to release the son

Signed, Name, W. S. Coyman

Place of Abode, Putney Surrey

Dated this fifth day of May One Thousand Eight Hundred and Eighty three

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

(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.

(copy)

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

I, the undersigned, Frederick Stephen Palmer

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

being a (a) Doctor of Medicine of the University of Brussels Licentiate of the Royal College of Physicians of London

and being in actual practice as a (b) General Medical Practitioner

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

hereby certify, that I, on the 5th day of May

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

at (c) The Priory, Roehampton

in the County of Surrey separately from any other Medical Practitioner

personally examined John Riordon

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

of (d) Wood Town St Catherine's Ontario Canada, Paper manufacturer and that

the said John Riordon

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

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) Here state the facts.

(f) A General wild excited manner with incoherence. Tells me that he was arrested in Paris without any reason & kept in irons for which latter I am told there is no foundation. Declares that he has been made a Senator, & sold a large mine in America for a large sum of money. Written of which latter statements are, I am told correct

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

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

(g) Threatened to kill Miss Hill & man in charge during the journey to Paris from Venice. That he was very violent after his return in Paris & struck several of the officials. Eight telegrams were shown me by Miss Hill which he despatched while the train was waiting, most of them incoherent & some incoherent. Facts communicated to me by Miss Henrietta Hill

Signed, Name, Frederick Stephen Palmer

Place of Abode, Compton Lodge East Sheen Stn.

Dated this 5th day of May One Thousand Eight Hundred and Eighty three.

6328/145 2/4

Office of Commissioners in Lunacy,
19, *Whitehall Place, S.W.,*
16th June 1883.

~~Sir~~ Madam,

By direction of the Commissioners in Lunacy, I herewith enclose the requisite consents and form of order (in duplicate) for the transfer of Mr. John Riordon *from* The Priory, Roehampton, *to* Ticehurst Asylum. *One copy is to be left with* ~~Mr.~~ Wood, *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* Ticehurst.

I also send a blank form for ~~Mr.~~ Newington *to make the necessary return to this Office after the Patient's admission.*

I am, ~~Sir,~~ Madam,
Your obedient Servant,

A. Wild

For the Chief Clerk.

Miss Hill

R & S (5149) 1000 2—83

6328/145 3/4

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 30th day of June 1883, of John Riordon a Private Patient in The Priory ~~House~~, Roehampton, to Ticehurst ~~House~~, Asylum, Ticehurst.

Given under our hands this 16th day of June in the year of Our Lord One Thousand Eight Hundred and eighty-three.

James Wilkes
John Yeatox
Commissioners in Lunacy.

ORDER.

I,* Henrietta Matilda Hill the undersigned, having Authority to discharge John Riordon a Private Patient in The Priory ~~House~~, Roehampton, hereby order and direct that the said John Riordon be removed therefrom to Ticehurst Asylum ~~House~~, Ticehurst.

Given under my hand this* 18th day of June in the year of Our Lord One Thousand Eight Hundred and eighty-three.

(Signed) Henrietta Matilda Hill
Place of Abode 17 Suffolk St. Pall Mall.

* 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.

McC. & Co. Ltd. 2,000 7/8
16.94

6328/145 4/4

PRIVATE PATIENT.

(25 & 26 Vict. c. 111, s. 28.)

STATEMENT.

(a) *After two clear days, and before the expiration of seven clear days, from the admission of the patient.*

I have this Day (a) seen and examined Mr John Riordan a Private Patient, received on the 18th day of June 1883 pursuant to an Order of transfer dated the 18th day of June 1883 and hereby Certify, that with respect to Mental State he ~~suffers~~ presents nearly all the symptoms of General Paralysis of the Insane. He is jovial, quick tempered, fulle of plans & projects. decorates himself with flowers. is dirty in his habits. but is easily coaxed and guided, readily forgetting and easily led away from any particular line of thought.

and that with respect to Bodily Health and Condition ~~he~~ the ~~bodily~~ former bears out the probability of the existence of General Paralysis. His right pupil is contracted while the left is about the normal size. His tongue shows fibrillar tremulousness. The muscles about the lips are unsteady. The speech is not so indicative of the disease as usual. His movements are uncertain.
He evidently has had syphilitic blotches as his ~~face~~ skin are covered with ~~[illegible]~~ spots copper coloured spots.
Otherwise his health ~~[illegible]~~ is apparently good.
His condition is also good - with the exception that he has some bruises, of little moment and of old standing about his arms.

H. Rh.

(b) Medical proprietor or superintendent or attendant.

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. 25 & 26 Vict. c. 111.)
Private Patient.

Dated this 24th Day of June One Thousand Eight Hundred and Eighty three.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2—5—81.)

F. Merrifield for Clerk of the Peace Lewes.

Copy of Medical Returns

to

Mr John Riordan

June 24th 1883

564

John Riordon

admitted -
June 18th.

No.
495.

6328/146 1/3

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 _____ 188 , 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, Alex^r Newington.

(c) Superintendent or proprietor of——

(*c*) _____

_____

Dated this 22nd day of June

One Thousand Eight Hundred and Eighty ~~one~~ three.

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.
(2915 D.S.—10-81.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive George Woods

whom I last saw at Crowborough

on the 21st day of June 1883 (a)

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

Subjoined is a Statement respecting the said George Woods

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

Signed, Name, Elizabeth S Woods

Occupation (if any),

Place of Abode Crowborough

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

Dated this twenty first day of June

One Thousand Eight Hundred and Eighty ~~and~~ three

To the DRS. NEWINGTON,
Proprietors of The Ticehurst Establishment.

STATEMENT.

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

Name of Patient, with Christian Name at length	George Woods
Sex and Age	Male - 37 years
Married, Single, or Widowed	Married.
Condition of Life, and previous Occupation (if any)	Wholesale Provision Merchant
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	York
Whether First Attack	No
Age (if known) on First Attack	Extreme depression of mind 3 years since
When and where previously under Care and Treatment	Last attack two years ago & was living at Crowborough in own house
Duration of existing Attack	two weeks
Supposed Cause	No particular cause
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	Not been previously ~~found~~ in any Asylum
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	W. Woods, Crowborough, Sussex

(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) Elizabeth S. Woods.

Occupation (if any),

Place of Abode, Crowborough Sussex

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

* Identify the particular house where patient was examined by giving names of the occupier or otherwise —

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

* Insert occupation of Patient

I, the undersigned, Chas Leeson Prince

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty first day of June 1883

at (c) Crowborough *

in the County of Sussex separately from any other Medical Practitioner

personally examined George Woods, of Aln House

of (d) Crowborough Lately wholesale provision Merchant and that

the said George Woods

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.:—

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

(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.

1. Facts indicating Insanity observed by myself (f)

That he has had Syphilis for a long time and requires catheterisation &c. and at other times he states that the operation has been done —

2. That the Queen comes to see him and that the husband another had accident — and he must go and attend upon her —

3. That his house is frequently in danger of being crossed by the sea

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

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

Great excitability and violence of manner without any provocation — that thousands of bicycles are running over him — and that I have endeavoured to strangle him with a piece of string — Cut his throat &c

Sine ordines of Informant

My Informant being John Foy his attendant, at Aln House Crowborough

Signed, Name, Chas Leeson Prince

Place of Abode, The Observatory, Crowborough

Dated this twenty first day of June One Thousand Eight Hundred and Eighty ~~and~~ three

See note on other certificate

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

I, the undersigned, George Lucas

being a (a) Member of the College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 21st day of June 1885

at (c) ~~Cowborough~~ Abbey House, Cowborough,

in the County of Surrey separately from any other Medical Practitioner

personally examined George Woods

of (d) Late Merchant Cowborough and that

the said George Woods

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

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

(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

1. Facts indicating Insanity observed by myself (f)

He is rambling and confused in conversation. Rattles. States he is King and has been prevented going to the Inquiry which he thinks has been thrown out of his charge. States he has bottles in his insides which some one has broken

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

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

Attendant John Fox says, he thinks himself bewitched by an old woman under the bed clothes also thinks his bowels have been stolen

Give names of Informant

Signed, Name, George Lucas

Place of abode, Uckfield

Dated this twenty first day of June One Thousand Eight Hundred and Eighty ~~one~~ Five

6328/146 2/3

PRIVATE PATIENT.

(25 & 26 Vict. c. 111, s. 28.)

STATEMENT.

(a) *After two clear days, and before the expiration of seven clear days, from the admission of the patient.*

I have this Day (a) seen and examined George Woods a Private Patient, received on the 21st day of June 1883 pursuant to an Order dated the 21st day of June 1883 and hereby Certify, that with respect to Mental State he is probably suffering from General Paralysis - Has hallucinations of sight & hearing, delusions of exaltation, restless nights -

and that with respect to Bodily Health and Condition he is fairly well nourished, delicate in appearance Right pupil contracted, tremulous of upper lip, & tongue on protrusion. Unsteady in his gait - Thick in speech

(b) Medical proprietor, or superintendent, or attendant of——.

Signed, (b) Alex. L. A. Newington
Jnt. prop: Richmond Asylum.

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. 25 & 26 Vict. c. 111.)
Private Patient.

Dated this 26th Day of June One Thousand Eight Hundred and Eighty Three.

LONDON:
SHAW AND SONS,
Fetter Lane.
(2—3—81.)

6328/146 3/3

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 14th day of August 1883, of George Woods a Private Patient in Ticehurst ~~House~~ Asylum, Sussex, to The Friends' ~~House~~ Retreat, York.

Given under our hands this 30th day of July in the year of Our Lord One Thousand Eight Hundred and eighty-three.

James Wilkes
C. S. Hyde
Commissioners in Lunacy.

ORDER.

I,* Elizabeth S. Woods the undersigned, having Authority to discharge George Woods a Private Patient in Ticehurst ~~House~~ Asylum, Sussex, hereby order and direct that the said George Woods be removed therefrom to The Friends' ~~House~~ Retreat, York.

Given under my hand this* 31st day of July in the year of Our Lord One Thousand Eight Hundred and eighty-three.

(Signed) Elizabeth S. Woods

Place of Abode Crowborough Sussex.

* 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.

McC. & Co. Ltd. 2,000 7/8.

George Woods -

Admitted June 21st
1883

No - 496 -

6328/147 1/4

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

I, the undersigned,

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

being a (a)

and being in actual practice as a (b)

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

hereby certify, that I, on the day of

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

at (c)

in the County of separately from any other Medical Practitioner

personally examined

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

of (d) and that

the said

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

is a (e) 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)

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

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 Eighty

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

I, the undersigned,

being a (*a*)

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

hereby certify, that I, on the day of

at (*c*)

in the County of separately from any other Medical Practitioner

personally examined

of (*d*) and that

the said

is a (*e*) 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*)

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 Eighty

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

(*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.*

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 _____ 188 , 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 Eighty

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.

(2605 D.B.—10-81.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive William Bellingham Carter

whom I last saw at St. Leonards-on-Sea

on the eighteenth day of July 1883 (a)

a (b) Insane 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 William Bellingham Carter

Signed, Name, Rebecca C. Carter

Occupation (if any),

Place of Abode St. Catherines Villa, St. Leonards on-Sea

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

Dated this eighteenth day of July

One Thousand Eight Hundred and Eighty three

To the DRS. NEWINGTON,
Proprietors of The Ticehurst Establishment.

STATEMENT.

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

Name of Patient, with Christian Name at length	William Bellingham Carter
Sex and Age	Male, 51 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Gentleman. Civil Engineer India P.W.
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	India
Whether First Attack	~~Second~~ First
Age (if known) on First Attack	50 years
When and where previously under Care and Treatment	From Sept. 1882 to July 1883 at Ticehurst.
Duration of existing Attack	Nine Months
Supposed Cause	Domestic Affliction
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	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Mrs W. B. Carter. St. Catherines Villa St. Leonards

(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) R. C. Carter

Occupation (if any),

Place of Abode, St. Catherines Villa St. Leonards-on-Sea

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

6328/147 2/4

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

I, the undersigned, Charles Augustus Adey, Doctor of Medicine

being a (a) Fellow of the Royal College of Physicians, England.

and being in actual practice as a (b) physician

hereby certify, that I, on the eighteenth Day of July 1883

at (c) Catherine Villa, Villa Road, St Leonards on-sea

in the County of Sussex separately from any other Medical Practitioner

personally examined William Bellingham Carter

of (d) Catherine House, St Leonards, Civil Engineer, and that

the said William Bellingham Carter is a person of unsound mind

~~is a (e)~~ 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.:—

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

(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.

1. Facts indicating Insanity observed by myself (f) He obstinately refuses to take food, continually clamors for morphia and asks for a knife with which to destroy himself

(f) Here state the facts.

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

Patient's wife informs me that he has already been two months in Freehurst Asylum, from which he was recently removed by her with the intention of keeping him under her own care; but that she finds that she is quite unable to manage him

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

Signed, Name, Charles A. Adey, M.D. F.R.C.P.

Place of abode, 1, West Ascent, St Leonards on-sea

Dated this eighteenth Day of July One Thousand Eight Hundred and eighty three

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

I, the undersigned, Thomas Tollope Doctor of Medicine

being a (a) Member of the Royal College of Physicians London

and being in actual practice as a (b) Physician

hereby certify, that I, on the Eighteenth Day of July 1883

at (c) Catharine Villa. St Leonards on Sea

in the County of Sussex separately from any other Medical Practitioner

personally examined William Bellingham Carter

of (d) Catharine Villa St Leonards on Sea and that

the said William Bellingham Carter. Civil Engineer

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.:—

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

(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.*

1. Facts indicating Insanity observed by myself (f)

He is constantly walking about half-dressed. frequently threatening his wife & children and throwing. He refuses to take nourishment.

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

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

His attendant: Sibbald Hewett. informs me that he obstinately refuses to take food & threatens to murder —

Signed Name, Thomas Tollope.

Place of Abode, St Leonards on Sea

Dated this Eighteenth Day of July One Thousand Eight Hundred and Eighty three

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 _____ 18 , 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, Alex. Rennington.

(c) Superintendent or proprietor of——.

(c) _____

_____

Dated this _____ Day of _____

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Schd. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON
SHAW AND SONS,
Fetter Lane.

(D.B. 677—3-79.)

One of Hafer Immediate cases

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive William Bellingham Carter whom I last saw at St. Leonards-on-Sea on the eighteenth day of July 1883 (a) as (b) 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 William Bellingham Carter

Signed, Name, Rebecca C. Carter

Occupation (if any),

Place of Abode St. Catherines Villa St. Leonards on Sea

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

Dated this eighteenth day of July

One Thousand Eight Hundred and Eighty three

To the Drs. NEWINGTON,

Proprietors of The Ticehurst Establishment.

STATEMENT.

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

Name of Patient, with Christian Name at length	William Bellingham Carter
Sex and Age	Male, ~~married~~ 51 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Gentleman Civil Engineer East India D.P.W.
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	India
Whether First Attack	First
Age (if known) on First Attack	50 years
When and where previously under Care and Treatment	From Sept. 1882 to July 1883 at Ticehurst
Duration of existing Attack	Ten months
Supposed Cause	Domestic affliction
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	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Mrs W. B. Carter St. Catherines Villa St. Leonards

(d) 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, (d) R. C. Carter

Occupation (if any),

Place of Abode, St. Catherines Villa St. Leonards on Sea

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

6328/147 3/4

PRIVATE PATIENT.

(25 & 26 Vict. c. 111, s. 28.)

STATEMENT.

(a) *After two clear days, and before the expiration of seven clear days, from the admission of the patient.*

I have this Day (a) seen and examined William Bellingham Carter a Private Patient, received on the 18th day of July 1883 pursuant to an Order dated the 18th day of July 1883 and hereby Certify, that with respect to Mental State he is suffering from Melancholia with religious delusions. Is suicidal and gives up all hope of recovery

and that with respect to Bodily Health and Condition he is macilent, vomits his foods, but still retains a good deal of muscular power

(b) Medical proprietor, or superintendent, or attendant of——.

Signed, (b) Alex. Newington
Joint Medical Proprietor
of Fieldmount Asylum

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. 25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.
(2—3—81.)

Dated this 23rd Day of July One Thousand Eight Hundred and Eighty three

6328/147 4/4

I hereby request & authorize you to discharge my husband William Bellingham Carter a patient now under your charge, on 11th Sept 1884

M. C. Carter

To Dr Newington
Tiechurst Asylum

1884

W. H. B. Carter

Sept 11th

William Bellingham.

Carter.

Admitted

July 18th 1883

L97.

6328/148 1/4

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 Mrs Sarah Turley

(a) House or hospital.

was admitted into this (a) house as a Private Patient, on the 2nd day of August 1883, 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) Joint Proprietor of Tichhurst Asylum

Dated this _____ day of _____.

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

I certify that this is a correct copy of the order statement & medical certificates upon which Mrs Sarah Turley was received into this house, & that the said Mrs Sarah Turley is in a fit state of bodily health to be removed to another asylum —

Lunacy
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

The Priory, Southampton.

W. Wigland
Med. Supt.

SHAW AND SONS,
Fetter Lane, E.C.

(2—8—82.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Sarah Furley of 21 Castle Hill Avenue Folkestone Kent whom I last saw at 21. Castle Hill Avenue Folkestone Kent on the Eighth day of September (a) 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 Sarah Furley

Signed, *Name,* Geo. Furley

Occupation (if any), Gentleman

Place of Abode, 12, Wellesley Villas Ashford Kent

Degree of Relationship (if any) or other circumstances of connection with the Patient. Son of Sarah Furley

Dated this Eighth day of September One Thousand Eight Hundred and Eighty two

To Mr. Wood

(c) Proprietor (d) The Priory Roehampton W. Barnes

(c) Superintendent *or* proprietor 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	Sarah Furley
Sex and Age	Female - 56
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Canterbury
Whether First Attack	Fourth attack
Age (if known) on First Attack	51
When and where previously under Care and Treatment	The Drs. Kensington Tickhurst 4/11/76 to 22/6/77 - 1/1/79 to 12/6/79 80 to 81 Exact date not known
Duration of existing Attack	The latter end of July 1882
Supposed Cause	Return of old attacks
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	Frederick W. Furley The Bank Canterbury Kent

(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) Geo. Furley

Occupation (if any), Gentleman

Place of Abode, 12 Wellesley Villas Ashford Kent

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

(Copy)

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

I, the undersigned, Robert Leamon Bowles

being a (a) Doctor of Medicine of the University of St Andrews and Fellow of the Royal College of Phys^ns London

and being in actual practice as a (b) Physician

hereby certify, that I, on the Eighth day of September 1882

at (c) 21 Castle Hill Avenue Folkestone

in the County of Kent separately from any other Medical Practitioner

personally examined Mrs Sarah Furley

of (d) 21 Castle Hill Avenue, Folkestone and that

the said Mrs Sarah Furley

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: She has a restless uncertain manner, constantly rising up from her chair and enquiring if any one is enquiring for her, and is always, even at meals, dressed with bonnet on because she says she does not know when she ought to start. She has no definite object in view for 10 minutes together & is constantly changing her views about the destination of her journey. She has delusions, one being that her food was poisoned & her medicine also. Says her sons are under sentence but cannot explain the nature nor the cause thereof.

2. Other facts (if any) indicating Insanity communicated to me by others: That she is never at rest, going out 30 or 40 times a day to look after a relative in the town, although each time it is clearly shown that that relative was at a distance. She has written letters of a most indecent character to her own brother in law. She is constantly trying to start off by train without any object. Except the hunt after this brother-law, she scarcely ever sleeps but is dressed at night & hunting the house for timid purposes. She is getting rapidly worse.

From Mrs Hon of Ealing who is staying with her as a friend and companion.

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

(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.

Signed, Name, Robert Leamon Bowles M.D.

Place of Abode, 8, West Terrace, Folkestone

Dated this eighth day of September One Thousand Eight Hundred and Eighty two.

(Copy)

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

I, the undersigned, Henry Lewis

being a (a) Member of the Royal College of Surgeons, London and a Licentiate of the Apothecaries Company

and being in actual practice as a (b) General Medical Practitioner

hereby certify, that I, on the Seventh day of September 1882

at (c) 21, Castle Hill Avenue, Folkestone

in the County of Kent separately from any other Medical Practitioner

personally examined Mrs Sarah Furley

of (d) 21 Castle Hill Avenue Folkestone and that

the said Mrs Sarah Furley

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.:—

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

(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.

1. Facts indicating Insanity observed by myself: She is inconsequential in (f) conversation and although she admits that her mental troubles may be without foundation, she refuses to accept an explicit denial of them repeatedly over and over again from Mr. R. Furley of Ashford, whom she admits must know whether her delusions have any foundation in fact or not. She has often delusions such as that people are conspiring against her to my

(f) Here state the facts.

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

(g) She mistook the Postman for her son the morning and imagined the Chemist was a relative. She has often said she has seen her Brother-in-law Mr. R. Furley in Folkestone when he was known to be in Ashford. She is eccentric in all her movements pursuing in a purposeless manner from place to place and seems incapable of making any definite plans. My son Mr. George Furley

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

Signed, Name, Henry Lewis M.R.C.S. Brunsch

Place of Abode, Folkestone

Dated this Seventh day of September One Thousand Eight Hundred and Eighty two

6328/148 2/4

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 3rd day of August 1883, of Sarah Furley a Private Patient in The Priory, Roehampton, Surrey, to Ticehurst Asylum, Sussex.

Given under our hands this 20th day of July in the year of Our Lord One Thousand Eight Hundred and eighty-three.

Reginald Cox Ray
Daniel Wilkes
Commissioners in Lunacy.

ORDER.

I,* George Furley the undersigned, having Authority to discharge Sarah Furley a Private Patient in The Priory, Roehampton, Surrey hereby order and direct that the said Sarah Furley be removed therefrom to Ticehurst Asylum, Sussex.

Given under my hand this* 22nd day of July in the year of Our Lord One Thousand Eight Hundred and eighty-three.

(Signed) George Furley junr.

Place of Abode 12 Wellesley Villas Ashford. 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 makes the last payment* on the Patient's account.

In cases of Chancery Patients—The Committee of the Person.

McC. & Co. L.d. 2,000 7/83
49,94

Copy.

6328/148 3/4

Copy to Clerk of Peace

TICEHURST HOUSE.

NOTICE OF DEATH.

(transfer order dated July 20 1883)

Date of Reception Order, the 8th day of September 1882

I hereby give you Notice, That Mrs Sarah Finley

a (a) private Patient, received into this (b) House on the

second day of August 1883 ~~1886~~, died therein on the

twelfth day of July 1896.

Signed H. H. R.
(c)

Dated the twentieth day of ~~[illegible]~~ July One Thousand Eight Hundred and Ninety-six

To the (d) Commissioners in Lunacy.

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT.

Name	Sarah Finley
Sex and age	Female - 69
Married, single, or widowed	Widow
Profession or occupation	None
Place of abode immediately before being placed under care and treatment (if known)	Canterbury and other places — received from the Priory, Roehampton.
Apparent cause of death	Softening of the brain, following cerebral haemorrhage (23 months ago)
Whether or not ascertained by post mortem examination	Not to ascertained.
Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased	6.45 p.m. No unusual circumstances
Duration of disease of which patient died	23 months
Names and description of persons present at the death	Harriet Payne, nurse, Hannah Olive Nurse, Jessie Haswell, lady superintendent
Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied	No.

Regular

and I hereby certify that the particulars contained in the above statement are true.

Signed H. Hayes Newington
(e)

(a) Private or pauper.
(b) Asylum, or hospital, or house.
(c) Clerk of asylum, or medical officer of hospital, or house, or medical attendant of the patient.
(d) Or as the case may be.
(e) Medical officer of asylum, or hospital, or house, or medical attendant of patient.

Lunacy R. 21. (181 C.B.—8-95.) London: Shaw & Sons, Fetter Lane and Crane Court, E.C.

Copy.

6328/148 4/4

Tierhurst House
Tierhurst

July 27th 1896.

Sir, The date of Mrs Sarah Finley's admission is correct as given in the Notice of Death, herewith returned. I have amended however the date of the Transfer Order. The consent of the two Commissioners signing having inadvertently been given as the date of the Order. I should add, that the consent gives the 3rd of August 1893 as the last day for removal under such consent.

I am, Your Obedt Servant
(Sgd.) H. Hayes Newington.

The Secretary,
The Office of the Commissioners in Lunacy.

498.

Mrs Sarah Furley.

Admitted

2 Aug. 1883.

498.

6328/149 1/5

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 _____ 188 , 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, Alex. S. L. Newington

(*c*) _____

(c) Superintendent or proprietor of———

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

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.
(2603 D.B.—10-81.)

To be filled in by Mrs Butler

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Capt. Edward Walsh R.A.

whom I last saw at Fort Wedley

on the 7th day of Augst (a)

a (b) 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 Edward Walsh

Signed, Name, Augusta Butler

Occupation (if any),

Place of Abode Wilton Co Kilkenny

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

Dated this 8th day of August

One Thousand Eight Hundred and Eighty 3

To the DRS. NEWINGTON,
Proprietors of The Ticehurst Establishment.

STATEMENT.

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

Name of Patient, with Christian Name at length	Edward Walsh
Sex and Age	38. Male
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Captain R.A.
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	Ireland Wilton Co Kilkenny
Whether First Attack	yes
Age (if known) on First Attack	38
When and where previously under Care and Treatment	In the Royal Portsmouth Hospital for the injuries received in November last, from under Special treatment for mental disease
Duration of existing Attack	Two months
Supposed Cause	Over anxiety
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 and Address of Relative to whom Notice of Death to be sent	Augusta Butler Wilton Co. Kilkenny

(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) Augusta Butler

Occupation (if any),

Place of Abode, Wilton Co Kilkenny

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

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

I, the undersigned, Michael Cogan

being a (a) Licentiate of the Royal College of Surgeons Ireland, and Licentiate of the King and Queens College of Physicians Ireland

and being in actual practice as a (b) Surgeon Major in Her Majesty's Service

hereby certify, that I, on the Seventh day of August 1883

at (c) ~~The Station Hospital Hilsea~~ Fort Widley near Cosham Hants England

in the County of Hampshire separately from any other Medical Practitioner

personally examined Capt Edward Walsh 1st R.A. Quarted

of (d) at Fort Widley near Cosham and that

the said Officer Capt Edward Walsh

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.:—

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

(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.

1. Facts indicating Insanity observed by myself (f) That while a passenger by train from Portsmouth to Cosham, last month he attempted to commit suicide by jumping out of the carriage, the train being then in motion. That he attempted to commit suicide by cutting his throat on the 7th June last. The above attempts to destroy life were made, without any assignable cause at the time. That when conversing with Capt. Edward Walsh for any length of time, he quite lost the thread of his conversation on the 7th inst.

(f) Here state the facts.

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

The Commanding Officer of his Battery informs me, that he fancied the authorities thought he was a Fenian, and also his mind became much depressed fancying that he was deficient in his government accounts, when such was not the case.

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

Signed, Name, Michael Cogan Surgeon Major

Place of Abode, In Medical Charge Station Hospital Hilsea. Cosham. Hants

Dated this Seventh day of August One Thousand Eight Hundred and Eighty three.

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

I, the undersigned, Henry Arthur Martin

being a (a) Member of the College of Physicians St Andrews
Member of the Royal College of Surgeons England
Licentiate of Society of Apothecaries London

and being in actual practice as a (b) General Practitioner Physician

hereby certify, that I, on the Seventh day of August 1883

at (c) Fort Widley near Cosham

in the County of Hampshire separately from any other Medical Practitioner

personally examined Captain Edward Walsh Royal Artillery Gunner

of (d) at Fort Widley near Cosham Hants and that

the said Capt. Edward Walsh

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.:—

(a) Here 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

1. Facts indicating Insanity observed by myself (f) That he has made two attempts to Commit Suicide first by jumping out of a train between Portsmouth & Cosham in November 1882 & secondly by cutting his throat with a razor on the 7th June last at Fort Widley. both attempts being preceded by great depression of Spirits & peculiarity of Manner generally. was very Suspicious & thought his despatch box had been opened & his papers tampered with & was labouring under the delusion that there was a large deficiency in his Battery Accounts & that he had behaved very badly to his Commanding Officer Major Hardy RA. On visiting him this day (7th August) he wandered away from his Subject in talking & when the Battery Accounts were mentioned the Patient assumed a wild & maniacal appearance

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

2. Other facts (if any) indicating Insanity communicated to me by others (g)
The Officer Commanding his Battery informed me that he told him that he was suspected of being the Head Centre of a Fenian Band who intended blowing up Fort Widley with Dynamite — & that it was impossible to continue him that his Accounts were correct though it was quite evident to any examiner his mind may be. Communicated by Major Henry Hardy R.A.

Signed, Name, Henry Arthur Martin

Place of abode, The Lodge, Cosham Hants.

Dated this Seventh day of August One Thousand Eight Hundred and Eighty three.

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 _____ 188 , 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 Eighty

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.

(2932 D.B.—10-81.)

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 _____ (a)

a (b) _____ 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 _____

_____

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 Eighty _____

To the DRS. NEWINGTON,
Proprietors of The Ticehurst Establishment.

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 ..... _____

(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) _____

Occupation (if any), _____

Place of Abode, _____

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

_____

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

I, the undersigned, Michael Cogan

being a (a) Licentiate of the Royal College of Surgeons Ireland and a Licentiate of the King and Queens College of Physicians Ireland

and being in actual practice as a (b) Surgeon Major in the Queen's Service

hereby certify, that I, on the Seventh day of August 1883

at (c) Fort Widley Cosham Hants. England

in the County of Hampshire separately from any other Medical Practitioner

personally examined Capt. E. Walsh 1-1-R.G. quartered

of (d) at Fort Widley near Cosham and that

the said Capt E Walsh

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.:—

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

(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.

1. Facts indicating Insanity observed by myself (f) That while a Passenger by train from Portsmouth to Cosham Last Winter he attempted to commit suicide, by jumping out of the carriage the train being then in motion. That he attempted to commit suicide by cutting his throat on the 7th June last. The above attempts to destroy life were made without any assignable cause at the time — That when conversing with Capt Walsh for any length he quite lost the thread of his conversation on the 7th inst.

(f) Here state the facts.

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

Major Neally, his Commanding Officer informs me, that he labored under the impression that the Authorities thought he was a Fenian, and also that his mind became much depressed fancying that he was deficient in his government accounts. — When such was not the case.

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

Signed, Name, Michael Cogan Surgeon Major A. M. D.

Place of Abode, In Med Charge Station Hosp. Hilsea

Dated this Seventh day of August One Thousand Eight Hundred and Eighty three.

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

I, the undersigned, Henry Arthur Martin

being a (a) Member of the College of Physicians, St Andrews
Member of the College of Surgeons England
Licentiate of the Society of Apothecaries, London

and being in actual practice as a (b) General Practitioner Physician

hereby certify, that I, on the Seventh day of August 1883

at (c) at Fort Widley near Cosham Hants.

in the County of Hampshire separately from any other Medical Practitioner

personally examined Captain Edward Walsh, Royal Artillery Quartered

of (d) at Fort Widley near Cosham Hants. and that

the said Captain Edward Walsh

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.:—

(a) Here set forth the qualification entitling the person certifying to practise as 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.

1. Facts indicating Insanity observed by myself (f) That he has made two attempts to commit Suicide last, by jumping out of a train between Portsmouth & Cosham in November 1882 & recently by cutting his throat with a razor on the 27th of June last at Fort Widley both attempts being prompted by Great depression of Spirits and peculiarity of manner generally, delusions, suspicions and thoughts he dared not speak of, and he spoke to me with tears bemoaning another to deliverance that more was a large deficiency in his Battery accounts and that he had taken leave of his Commanding Officer Major Rowley.
He wandered away from the subject in talking & when the Battery accounts this morning at his pension accounts & dead remained oppressive & then with him on the 7th inst.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g)
The Officer Commanding his Battery informed me that he told him that he was in fear of being the dead bodies of a foreign band who intended blowing up Fort Widley with dynamite & that it was impossible to convince him that his accounts were correct though it was quite evident to any reasonable mind that they were, Communicated to me by Major Rowley R.A.

Signed, Name Henry Arthur Martin

Place of abode The Lodge Cosham Hants.

Dated this Seventh day of August One Thousand Eight Hundred and Eighty three.

6328/149 3/5

PRIVATE PATIENT.

(25 & 26 Vict. c. 111, s. 28.)

STATEMENT.

(a) *After two clear days, and before the expiration of seven clear days, from the admission of the patient.*

I have this Day (a) seen and examined Capt Edward Walsh.

a Private Patient, received

on the 8th day of August 1883

pursuant to an Order dated the 8th day of

August 1883 and hereby Certify, that with

respect to Mental State he is very depressed, easily agitated, expresses himself with difficulty & in a jerky manner. Restless at night. Says he is very low.

and that with respect to Bodily Health and Condition he is in fairly good health. Has a scar on either side of his neck, cicatrices about the head and evidence of left leg having been fractured. all these are the results of attempted suicide

(b) Medical proprietor, or superintendent, or attendant of——.

Signed, (b) Alex S. L. Newington.
Joint Medical proprietor
Tickhill asylum

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. 25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2—3—81.)

Dated this 13th Day of August One Thousand Eight Hundred and Eighty three

12

Walton
Ballingford
Co Wicklow
Ireland Oct 9. 1883.

I hereby request & authorize you to discharge Captain Edward Walsh from your Asylum

Signed Augusta Butler

To the Drs Newington

6328/149 4/5

Copy

8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Hereby Give you Notice, That Edward Walsh Capt. R.A

a Private Patient received into this House on the 8th day of August

1883, was discharged therefrom Recovered by the authority of

Mrs Augusta Butler

on the ~~8th~~ 11th day of October 1883.

Signed H. H. Newington

for Medical Proprietor of The Ticehurst Asylum.

Dated this 11th day of October One

Thousand Eight Hundred and Eighty three

To

B/

D

October 11th 1883

We, the undersigned being two of the Visitors of the Ticehurst Asylum, hereby consent to Captain Edward Walsh residing herein as a Boarder for the space of two months from this date, under the provision of 25 & 26 Vict: Cap. III - sect XVIII

Signed { George C. Courthope
N Wetherell

Capt Edward Walsh —

admitted — August 8th 1883

No. 499

6328/150 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 (*a*)_____ as a Private Patient, on the _____ day of _____ 188 , 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 Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 97, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON
SHAW AND SONS,
Fetter Lane.

(M03 D.B.—10-81.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Alexander Parnell Langley.

whom I last saw at Clerkenwell House of Detention

on the fourth day of August (a)

a (b) 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 Alexander Parnell Langley

Signed, *Name,* Katherine Langley

Occupation (if any), Sister of Mercy

Place of Abode Home of Mercy, Clewer, Windsor

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

Dated this ~~Aug~~ 10th day of August

One Thousand Eight Hundred and Eighty 3

To the DRS. NEWINGTON,
Proprietors of The Ticehurst Establishment.

STATEMENT.

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

Name of Patient, with Christian Name at length	Alexander Parnell Langley
Sex and Age	Male twenty five
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Medical Student
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	8. Carolina Place. W.C
Whether First Attack	Yes
Age (if known) on First Attack	26
When and where previously under Care and Treatment	
Duration of existing Attack	Change noticed some months back worse during last week.
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Katherine Langley House of Mercy Clewer.

(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) Katherine Langley

Occupation (if any), as above

Place of Abode,

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

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

I, the undersigned, Charles Henry Keep

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Tenth day of August

at (c) Clerkenwell House of Detention

in the County of Middlesex separately from any other Medical Practitioner

personally examined Alexander Parmeter Lungley

of (d) 8. Caroline Place. London. W. and the said Alexander Parmeter Lungley

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.:—

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

(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.

1. Facts indicating Insanity observed by myself (f) Patient does not know whether he is a qualified medical man or not. Says he gets a feeling of giddiness & fulness of head & then for a time, sometimes three or four hours, does not know what he is doing. After the attack passes off is excited & fearful of having "done something". In telling me of a friend of his he said his name was Gordon - then contradicted himself & later called him Tyler - & being asked which was the name said he did not know - but thought he must have changed it. He tells me he is not responsible for his actions.

(f) *Here state the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) His Solicitor A. S. Faulkner tells me that for some months he has been suspicious, prone to outbursts of temper & has been spending his money - at random & much more than he can afford -

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

Signed, Name, Charles H. Keep. M.R.C.S.E.

Place of Abode, Wyke House Isleworth.

Dated this tenth day of August One Thousand Eight Hundred and Eighty three.

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

I, the undersigned, Jas. Robinson.

being a (a) Licentiate of the Royal College of Physicians of London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the eighth day of August

at (c) Clerkenwell House of Detention

in the County of Middlesex separately from any other Medical Practitioner

personally examined Alexander Pamelta Langley

of (d) 9 Caroline Place. London. W.C. Medical Student and that

the said Alexander Pamelta Langley

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 ground ; viz.:—

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

(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*

1. Facts indicating Insanity observed by myself (f)

His erratic manner, and wild appearance.

He told me that a friend of his was being watched by the police, and he felt it was his duty to guard and warn his friend of this being watched (This being entirely a delusion)

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

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

Katherine Langley (his sister) says "She has noticed his want of coherence in speech and in his letters for a long time. She has also noticed his excited manner

Signed, *Name,* J. Robinson

Place of abode, 19. Sheffield Street. London W.C

Dated this 10 day of August One Thousand Eight Hundred and Eighty Three

6328/150 2/2

Copy

TICEHURST,

HAWKHURST,

5th March 1888

I Hereby Give you Notice, That Alexander Parmeter Langley a Private Patient received into this House on the 10th day of August 1883, died therein on the 4th day of March 1888, and I further Certify that James Morris (Attendant) was present at the death of the said Alexander Parmeter Langley and that the apparent cause of death of the said Alexander Parmeter Langley (~~ascertained by post mortem examination~~) was General paralysis of the Insane

Signed A. S. Newington

Joint Medical Proprietor

of The Ticehurst Asylum.

Alexander Parmeter.

Langley.

Admitted August 10th 1883

No 500 —