

Patient Certificates and Notices: Admission dates 1884-1885

Contributors

Ticehurst House Hospital

Publication/Creation

late 19th century - early 20th century

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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.

The Manual Chronic
Sec: 9th / 84

*I certify that this is a correct copy
of the order and medical certificates
upon which Mr. J. H. Allan was
admitted into this House*

C. Ingham Tully

Signed, _____

(c) Superintendent or pro-
prietor 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, E.C.

(2-9-84.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive

Snalley North Allan

whom I last saw at *The Grosvenor Hotel London*

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

on the *20th* day of *April* (a)

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

as a Patient into your House.

Subjoined is a Statement respecting the said

Snalley North Allan

Signed, Name, *Helen Susan Coope*

Occupation (if any),

Place of Abode, *104 Warwick Street Tinsico*

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

Mother

Dated this *20th* day of *April 1883*

One Thousand Eight Hundred and Eighty *Three*

(c) Superintendent or proprietor of—

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

To

(c) *57 Tulse* (c)

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>Snalley North Allan</i>
Sex and Age.....	<i>Mr. 45</i>
Married, Single, or Widowed.....	<i>Single</i>
Condition of Life, and previous Occupation (if any).....	<i>Lieutenant Royal Artillery</i>
Religious Persuasion, as far as known....	<i>Church of England</i>
Previous Place of Abode.....	<i>Travelling lately</i>
Whether First Attack.....	<i>No</i>
Age (if known) on First Attack.....	<i>about 30</i>
When and where previously under Care and Treatment.....	<i>Manor House Chiswick 1872</i>
Duration of existing Attack.....	<i>a fortnight</i>
Supposed Cause.....	<i>general ill health</i>
Whether subject to Epilepsy.....	<i>No</i>
Whether Suicidal.....	<i>No</i>
Whether Dangerous to others.....	<i>No</i>
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition.....	<i>No</i>
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners.....	<i>None</i>
Name and Address of Relative to whom Notice of Death to be sent.....	<i>Helen Susan Coope</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, (c) *Helen Susan Coope*

Occupation (if any),

Place of Abode, *as above*

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

Mother

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

I, the undersigned, John Charles Backnill

(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) Fellow of the Royal College of Physicians

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

and being in actual practice as a (b) Physician

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

hereby certify, that I, on the 19th day of April 1883

at (c) The Grosvenor Hotel

in the County of Essex separately from any other Medical Practitioner

personally examined Mr. Dudley North allan late Lieutenant R.A.

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

of (d) The same place

and that

the said Mr. Dudley North allan

(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) He shouted and swore and used foul language. He told me to go up his arse. He said that I had rushed upon his brother naked. He much excited and I consider he is suffering from an attack of mania

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

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

(g) _____

Signed, Name, J. C. Backnill

Place of Abode, The Albany E2 Piccadilly

Dated this 19 day of April One Thousand Eight

Hundred and Eighty Three

I, the undersigned, Henry Behrend

(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) Member of the Royal College of Physicians

and being in actual practice as a (b) Physician

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

hereby certify, that I, on the 19th day of April 1883

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

at (c) The Grosvenor Hotel London

in the County of Middlesex separately from any other Medical Practitioner

personally examined Mr. Dudley North Allan late Lieutenant R.A.

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

of (d) of the same place and that

the said Mr. Dudley North Allan

(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) He used very strong language and obscene expressions, was quite incoherent and agitated and is evidently in an acutely maniacal condition

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

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

(g) Am informed by his mother that he has been repeatedly in confinement with attacks of a similar character.

Signed, Name, Henry Behrend

Place of Abode, 26 Norfolk Square Crescent W

Dated this 19 day of April One Thousand Eight

Hundred and Eighty Three

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 19th day of December 1884, of Dudley North Allan a Private Patient in Mauor House, Chiswick to the Ricchurst Asylum, Surrey.

Given under our hands this 5th day of December in the year of Our Lord One Thousand Eight Hundred and Eighty-four

James Walker Commissioners
Dr. J. H. Williams in
Lunacy.

ORDER.

I, Helen Susan Cooper the undersigned, having Authority to discharge Dudley North Allan a Private Patient in Mauor House, Chiswick

hereby order and direct that the said Dudley North Allan be removed therefrom to the Ricchurst Asylum, Surrey.

X Given under my hand this 6th day of December in the year of Our Lord One Thousand Eight Hundred and Eighty-four.

X (Signed) Helen Susan Cooper
X Place of Abode Grosvenor Hotel, Piccadilly
N.W.

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

1. The person who signed the order for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient;
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.

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 ad-
mission of the patient.

I have this Day (a) seen and examined *Ludley North*

. Allan

a Private Patient, received

on the *9th* day of *Dec* 1884

pursuant to an Order dated the *6th* day of

. December 1884 and hereby Certify, that with

respect to Mental State he is suffering from Chronic
mania. He is very morose and uncertain
in his actions. He strikes people without the
least provocation

and that with respect to Bodily Health and Condition he is in fair
bodily health but suffers much from constipation
his condition is spare & delicate

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

Signed, (b) *Alex^r S. L. Newington.*
Joint Medical Proprietor of
The Seaburst Asylum

Lunatics 1.
(16 & 17 Vict. c. 95, sched. C.
25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2-2-83.)

Dated this

13th

Day of *December*

One Thousand Eight Hundred and Eighty *four.*

J. Merrifield Esq^r
Clerk of the Court
Leeds

526.

Mr Dudley North Allan.

Admitted

9 Dec. 1884.

526.

Died. Sept. 4th 1907.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive Frederick Evelyn Patteney
whom I last saw at Ticehurst

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

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

on the seventeenth day of December (c)
a person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Frederick Evelyn Patteney.

Signed, Name, Arthur W. Patteney
Occupation (if any), clerk in holy orders
Place of Abode Ashley Rectory - Market Harborough
Degree of Relationship (if any), or } brother
other circumstances of connection with the Patient.

Dated this seventeenth day of December
One Thousand Eight Hundred and Eighty four
To the Doctors Newington
(c) proprietors (d) Ticehurst 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..... } Frederick Evelyn Patteney
Sex and Age..... } Male 36
Married, Single, or Widowed..... } Single
Condition of Life, and previous Occupation (if any)..... } Gentleman coffee planter
Religious Persuasion, as far as known..... } Church of England
Previous Place of Abode..... } East Gowerakellie Ceylon
Whether First Attack..... } Yes
Age (if known) on First Attack..... } 36
When and where previously under Care and Treatment..... } never under treatment, before
Duration of existing Attack..... } Three months
Supposed Cause..... } not known
Whether subject to Epilepsy..... } not known
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..... } Rev A Patteney - Ashley Rectory, Market Harborough

(e) When 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) Arthur W. Patteney
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, John Tatham

(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) Physician member of Royal College of Phys^{ns} London

and being in actual practice as a (b) Physician

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

hereby certify, that I, on the 17th Day of December

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

at (c) 12 George St. Hanover Sq W

in the County of Westminster separately from any other Medical Practitioner

personally examined Frederick Evelyn Satterley

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

of (d) East Gorea Kella Ceylon (Coffee planter) and that

the said Frederick Evelyn Satterley

(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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) he informs me that when walking in the streets he is regarded with horror and disgust "by policemen & other people — He gives me no reason for this merely stating he wishes for solitude & to escape from observation,

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) his manner of answering is peculiar — His brother Rev A W. Satterley informs me that the patient considers that not only policemen but cabmen are looking out for him & know of his doings

Signed, Name, John Tatham M.D.

Place of abode, 12 George St. Hanover Sq W

Dated this 17th Day of December One Thousand Eight

Hundred and Eighty four

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) Registered Medical Practitioner

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

and being in actual practice as a (b) Physician

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

hereby certify, that I, on the 17th Day of December 1884

at (c) 9 Hanover Square, London

in the County of Middlesex separately from any other Medical Practitioner

personally examined Frederick Evelyn Tutterney

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

of (d) East Gowerakallie Ceylon (Coffee planter) and that

the said Frederick Evelyn Tutterney

(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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Believing that

he has committed a great crime; that he is watched wherever he goes, even the (labourers) wearing badges to point him out; that he will be incarcerated to be tortured or annihilated mentally, it being only a matter of time when - Of all this he has no manner of doubt, nor has argument

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

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

as to its improbability the least effect to shake his belief. His manner is very absent, it being some time before he answers a question, and his appearance depressed

Signed, Name, Henry Maudsley

Place of Abode, 9 Hanover Square, London

Dated this 17th

Day of December One Thousand Eight

Hundred and Eighty four

Examination of the patient

1. Name of patient

2. Address

3. Date of examination

4. Name of physician

5. Signature of physician

6. Name of patient

7. Address

8. Date of examination

9. Name of physician

10. Signature of physician

11. Name of patient

12. Address

13. Date of examination

14. Name of physician

15. Signature of physician

16. Name of patient

17. Address

18. Date of examination

19. Name of physician

20. Signature of physician

21. Name of patient

22. Address

23. Date of examination

24. Name of physician

25. Signature of physician

26. Name of patient

27. Address

28. Date of examination

29. Name of physician

30. Signature of physician

31. Name of patient

32. Address

33. Date of examination

34. Name of physician

35. Signature of physician

36. Name of patient

37. Address

38. Date of examination

39. Name of physician

40. Signature of physician

41. Name of patient

42. Address

43. Date of examination

44. Name of physician

45. Signature of physician

46. Name of patient

47. Address

48. Date of examination

49. Name of physician

50. Signature of physician

51. Name of patient

52. Address

53. Date of examination

54. Name of physician

55. Signature of physician

56. Name of patient

57. Address

58. Date of examination

59. Name of physician

60. Signature of physician

61. Name of patient

62. Address

63. Date of examination

64. Name of physician

65. Signature of physician

66. Name of patient

67. Address

68. Date of examination

69. Name of physician

70. Signature of physician

71. Name of patient

72. Address

73. Date of examination

74. Name of physician

75. Signature of physician

76. Name of patient

77. Address

78. Date of examination

79. Name of physician

80. Signature of physician

81. Name of patient

82. Address

83. Date of examination

84. Name of physician

85. Signature of physician

86. Name of patient

87. Address

88. Date of examination

89. Name of physician

90. Signature of physician

91. Name of patient

92. Address

93. Date of examination

94. Name of physician

95. Signature of physician

96. Name of patient

97. Address

98. Date of examination

99. Name of physician

100. Signature of physician

Copy

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 ad-
mission of the patient.

I have this Day (a) seen and examined *Mr. Frederick*
Pollock Pulteney a Private Patient, received
on the *14th* day of *December* 188*4*
pursuant to an Order dated the *Nineteenth* day of

December 188*4* and hereby Certify, that with

respect to Mental State he

is very unwell - He is
troubled with various melancholic delusions - e.g.
that he has disgraced his family (which is not the case)
and that he has to be punished for it - He believes that the
exact form of punishment is that he shall be torn by
dogs, but and that with respect to Bodily Health and Condition *he* *and he believes*
that if those unknown persons who have the ordering
of this punishment, know that he is aware of the
exact nature of his ordeal, they will change it
for something worse. I have reason to believe that
he suffers from aural hallucinations.

Bodily health apparently good - Bodily condition Good

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

Signed, (b)

W. H. R.

The Secretary
Office of the Commissioners in Lunacy
19 Whitehall Place London

The Clerk of the Peace, Lewes

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

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2-2-83.)

Dated this

23rd

Day of

December

One Thousand Eight Hundred and Eighty

4 -

6329/27 3/4

I hereby request you
to discharge from
under your care my
brother Mr. Edmund
Evelyn Pulteney.

Arthur Pulteney.

Ticehurst.

May. 4th 1884.

To the Rev. Newington.

6329/27 4/4

Copy
8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Herby Give you Notice, That *Frederick, Dollyn.*
Pulteney
a Private Patient received into this House on the *17th* day of *December*
18 *84*, was discharged therefrom by the authority of
His Brother, Rev Arthur Pulteney
on the *Fourth* day of *May* 18 *87*.

Signed _____

Joint

Medical Proprietor of The Ticehurst Asylum.

Dated this

Fourth day of *May*

One

Thousand Eight Hundred and

Eighty Seven

To

Frederick Coe

Fulkeney

Admitted Dec. ^{6th} 17th 1884.

No 527

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 I.

(15 & 17 Vict. c. 93, Sched. C. s. 24.)

(35 & 36 Vict. c. 111.)

Private Patient.

LONDON

SHAW AND SONS,
Fetter Lane.

(2653 D.B.—19-81.)

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

I, the undersigned, hereby request you to receive George Cooke Austin
whom I last saw at 16 Ventnor Villas, Horse "Brighton"
on the Twentieth day of December 1884
as a person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said George Cooke Austin

Signed, Name, Louisa Austin
Occupation (if any), no
Place of Abode 16 Ventnor Villas, Brighton
Degree of Relationship (if any), or other circumstances of connection with the Patient, Mother

Dated this Twentieth day of December
One Thousand Eight Hundred and Eighty four
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 Cooke Austin
Sex and Age, Male - 40 yrs
Married, Single, or Widowed, Single
Condition of Life, and previous Occupation (if any), Clerk in War Office
Religious Persuasion, as far as known, Church of England
Previous Place of Abode, Wentford St., Mary, Jan., London
Whether First Attack, Yes
Age (if known) on First Attack, 18
When and where previously under Care and Treatment, None
Duration of existing Attack, About a fortnight
Supposed Cause, not known
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, examined by two Medical men
Name and Address of Relative to whom Notice of Death to be sent, Mrs Louisa Austin 16 Ventnor Villas, Brighton

Signed, Name, (i) Louisa Austin
Occupation (if any), no
Place of Abode, 16 Ventnor Villas, Brighton
Degree of Relationship (if any), or other circumstances of connection with the Patient, Mother

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

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

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

I, the undersigned, Herbert Christopher Epton
being a (a) Fellow of the Royal College of Physicians of London
and Member of the Royal College of Surgeons London
and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the seventeenth day of December 1884
at (c) 16 Ventnor Villas, Horse
in the County of Sussex separately from any other Medical Practitioner
personally examined George Cooke Austin
of (d) 16 Ventnor Villas, Horse, Sussex and that
the said George Cooke Austin
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 state the street and number of the house (if any), or other like particulars.

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

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) States that he is suspected of murdering his Mother by his illness, that he will not get better & that the impulse which he has at times to destroy himself is a right & justifiable proceeding; says that he proposed himself with a knife in the purpose of destroying himself which he would do so if he was not prevented.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) Thomas Lefevre Austin & Brother state that he attempted suicide with a knife & William J. Piper states that he has on one or two occasions made for the window in the top of the House in the purpose of jumping out.

Signed, Name, Herbert Christopher Epton
Place of Abode, 28 Medina Villas, Horse Sussex
Dated this Eighteenth day of December One Thousand Eight
Hundred and Eighty four

I, the undersigned, George Frederick Hodgson
being a (a) Member of the Royal College of Surgeons of England & a Licentiate of the Apothecaries' Society of London
and being in actual practice as a (b) General Practitioner
hereby certify, that I, on the eighteenth day of December
at (c) No. 16, Ventnor Villas, Hove, Brighton,
in the County of Sussex separately from any other Medical Practitioner
personally examined M. George Coode Austin, aged 40,
of (d) the above address (the residence of his mother) and that
the said George Coode Austin
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:—

(f) Here state the facts

1. Facts indicating Insanity observed by myself (f)

Nothing beyond
a wild expression of Countenance = (Since
I left his room, his mother went into him for a
few minutes, & on her return, she stated that he
said he believed I was another medical man, & that
we are plotting against him. I mention this to show
that he was 'on his guard' with me, & would not com-

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

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

These are all proofs of attempts & a determination to com-
mit Suicide:—thus, his mother, Mrs. Austin (of the above address)
tells me that, a week ago this evening, he seized a dinner-knife &
tried to cut his own throat, but was frustrated by an older brother
who was present. One of his Sisters (Mrs Berkeley) also at present
living at the above address, tells me that the patient, also a week ago
to-day, ran for the Sea to drown himself, but was intercepted by
herself. Thirdly, William Samuel Piper, a male attendant, tells me
that Mr. George C. Austin openly declares to him that he is still determined
to destroy himself; & that two nights ago he made a desperate attempt to throw
himself from an
upstairs window
& was foiled by his
elder brother & Piper.

Signed,

Name,

George Frederick Hodgson

Place of abode,

52, Montpelier Road, Brighton

Dated this

eighteenth day of December One Thousand Eight

Hundred and Eighty four.

6329/28 2/5

I, the undersigned, Charles Marshall Kemp

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

being a (a) Member of the Royal College of Surgeons
and a Licentiate of the Apothecaries' Society (L.S.)

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

and being in actual practice as a (b) Surgeon

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

hereby certify, that I, on the 20th day of December

at (c) 16 Ventnor Villas West Brighton

in the County of Sussex separately from any other Medical Practitioner

personally examined George Corde Austin

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

of (d) 16 Ventnor Villas W. Brighton ^{Clark in War Office} and that

the said George Corde Austin

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

is a ^{person Clark} (e) 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) States he intends to destroy himself
several delusions - very restless at
times - Fancies his brother is going
to bring a criminal charge against
him.

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

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

(g) Attempts to cut his throat with a
table knife (communicated by himself his
brother) - attempted to get out of the
window (communicated by his brother Mr
John Austin) - ran for the sea to drown
himself (communicated by his sister Mr. Bursley

Signed, Name, Charles Marshall Kemp

Place of Abode, New Shoreham Sussex

Dated this 20th day of December One Thousand Eight

Hundred and Eighty four.

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)

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

and being in actual practice as a (b)

(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.:—

1. Facts indicating Insanity observed by myself:

(f) Here state the facts.

(f)

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

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

(g)

Signed, Name,

Place of Abode,

Dated this day of One Thousand Eight

Hundred and Eighty

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 pro-
prietor of—

(c) _____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics I.

(14 & 17 Vict. c. 26, Sched. C.
s. 24.)

(35 & 36 Vict. c. 111.)

Private Patient.

LONDON:

SHAW AND SONS,
Fetter Lane, E.C.

(2502 D.R.—3-12.)

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 _____

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

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 Ad- }
mission, 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. }

Cape

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. George Carlos Austin*

a Private Patient, received

on the *20th* day of *December* 188*4*

pursuant to an Order dated the

20th day of

December 188*4* and hereby Certify, that with

respect to Mental State he is suffering from melancholia with strong suicidal tendencies and entertains vague fears of something dreadful being about to happen to him

and that with respect to Bodily Health and Condition he is in good Bodily health & Condition.

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

Signed, (b)

Alex^r L. L. Newington
Joint Proprietor of
The Westminster Dispensary

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

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2--2--83.)

Dated this *Twenty sixth* Day of *December*

One Thousand Eight Hundred and Eighty *four*

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 *4th* day of *September 1885*, of *George Coode Austin* a Private Patient in *Ticehurst Asylum, Ticehurst*, to *The Priory House, Roehampton*.

Given under our hands this *20th* day of *August* in the year of Our Lord One Thousand Eight Hundred and Eighty-five.

Rebecca B. Key

J. S. Bayly

Commissioners
in
Lunacy.

ORDER.

I, *Louisa Austin* the undersigned,
having Authority to discharge *George Coode Austin* a Private
Patient in *Ticehurst Asylum, Ticehurst*,
hereby order and direct that the said *George Coode Austin*
be removed therefrom to *The Priory House, Roehampton*.

X Given under my hand this* *22nd* day of *August*
in the year of Our Lord One Thousand Eight Hundred and Eighty-five.

X (Signed) *Louisa Austin*

Place of Abode *16 Kenton Villas,*

Gloucester

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

1. The person who signed the order for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient;
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.

6329/28 5/5

Copy
8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Hereby Give you Notice, That *George Cooke Austin*
a Private Patient received into this House on the *20th* day of *December*
18 *84*, was discharged therefrom *not improved* by the authority of
His Mother, Louisa Austin
on the *28th* day of *August* 18 *85*.

Signed *Alfred L. L. Newington*
Joint Medical Proprietor of The Ticehurst Asylum.

Dated this *28th* day of *August* One
Thousand Eight Hundred and *Eighty five*

To

George
~~Frederick~~ Coode

Austin.

Admitted.

Dec^{ber} - 20th - 1884

No. (528.)

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,

Dated this

day of

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Viet. c. 93, Sched. C,
s. 24.)

(15 & 26 Vict. c. 111.)

Private Patient.

LONDON

SHAW AND SONS,
Fetter Lane,

Fetter Lane.

(154 T.D.B.—7-81.)

[illegible]

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

I, the undersigned, hereby request you to receive *Miss Sophia Elizabeth Suft* whom I last saw at *12 St Lukes Road, Westbourne Park W.* on the *6th* day of *January, 1885*.

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

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

Subjoined is a Statement respecting the said *Sophia Elizabeth Suft*.

Signed, Name, *Herbert A. Suft*

Occupation (if any), *Gentleman*

Place of Abode, *Munster Lodge, Fulham, London*

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

Dated this *sixth* day of *January* One Thousand Eight Hundred and Eighty *five*

To *The Do. Westminster* Proprietor of *The Westminster Asylum*.

(c) Proprietor or superintendent of

STATEMENT.

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

Name of Patient, with Christian Name at length, *Sophia Elizabeth Suft*
Sex and Age, *female 50 years of age*
Married, Single, or Widowed, *single*
Condition of Life, and previous Occupation (if any), *gentlewoman*
Religious Persuasion, as far as known, *Church of England*
Previous Place of Abode, *12 St Lukes Road, Westbourne Park, W.*
Whether First Attack, *yes*
Age (if known) on First Attack, *50 years*
When and where previously under Care and Treatment, *Nil*

Duration of existing Attack, *About a week or ten days*
Supposed Cause, *fluctuating pain across the head*

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, *Herbert A. Suft, Munster Lodge, Fulham, S.W.*

(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, *Herbert A. Suft*
Occupation (if any), *Gentleman*
Place of Abode, *Munster Lodge, Fulham, S.W.*
Degree of Relationship (if any), or other circumstances of connection with the Patient, *Brother*

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

I, the undersigned, *Albert Alexander Jackson* being a *Registered Medical Practitioner*

(a) Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, or, grs.—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.

and being in actual practice as a *Physician & Surgeon* hereby certify, that I, on the *second* Day of *January*

(c) Here insert the street and number of the house (if any) of the patient.

at *12 St. Lukes Road, Westbourne Park W.* in the County of *Middlesex* separately from any other Medical Practitioner personally examined *Miss Sophia Elizabeth Suft*

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

of *12 St. Lukes Road, Westbourne Park W.* and that the said *Miss Sophia Elizabeth Suft*

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

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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)
Tells me unless she is put under restriction she will murder her relations or commit suicide. Says Eugene is poison. Also said Victoria killed myself

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

2. Other facts (if any) indicating Insanity communicated to me by others (g)
Miss Mary Suft tells me her sister the said Miss Sophia Elizabeth Suft, threatened to murder her relations and that she is mad and wants to be put into a home

Signed, Name, *Albert Alexander Jackson*

Place of Abode, *13 Ladbroke Grove W.*

Dated this *second* Day of *January* One Thousand Eight Hundred and Eighty *five*.

I, the undersigned, *George Fielding Blandford*
being a (a) *Registered Practitioner*

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

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

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

hereby certify, that I, on the *Third* Day of *January* 1885

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

at (c) *12 St. Lukes Road, Westbourne Park*
in the County of *Middlesex* separately from any other Medical Practitioner

personally examined *Miss Sophia Elizabeth Suft*

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

of (d) *12 St. Lukes Road, aforesaid* and that
the said *Sophia Elizabeth Suft*

(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:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) *The talked incessantly*

by and incoherently. Said she is mad & must be sent to a madhouse lest she should murder some one: Knows she is mad because she has a cold perspiration on her head & 30 or 40 polypi have come away from her brain (I am informed she has had a discharge from the nose) said she had tried to murder her nurse & had wrestled with her having extraordinary strength

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

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

Her nurse Mrs. Ballard tells me that she has attacked her & that she goes on night & day in the above manner

Signed, Name,

G. Fielding Blandford

Place of abode,

87 Grosvenor Street W

Dated this

Third

Day of

Jan 7

One Thousand Eight

Hundred and Eighty

five

PRIVATE PATIENT.

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

Copy

STATEMENT.

(a) After two clear days,
and before the expiration of
seven clear days from the ad-
mission of the patient.

I have this Day (a) seen and examined

Miss Sophia Elizabeth

a Private Patient, received

Sept
on the *sixth*

day of

January 188 5

pursuant to an Order dated the

sixth
~~January~~

day of

January

188 5

and hereby Certify, that with

respect to Mental State she

is *paralytic*, and *feeble* in
mind. This *is* condition appears to be the ending of
a sharp attack of mania. There is every reason to expect
that unless a relapse occurs, the patient will be
in a fit condition to leave within three or four weeks time.

and that with respect to Bodily Health and Condition she

is fair from strong. She has been an invalid most of her life.
She has had many attacks of bone disease in various
parts of her body, and the present mental attack is prob-
ably connected with disease of the nasal bones. She is
liable to winter bronchitis and asthma.

The bodily condition is good.

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

Signed, (b)

H. H. H.

*Joint Proprietor of
the Asylum*

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

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2-2-83.)

Dated this

12

Day of

January

One Thousand Eight Hundred and Eighty 5.

6329/29 3/3

8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Herby Give you Notice, That Miss Sophia Elizabeth Sutt
a Private Patient received into this House on the 6th day of January
1885, was discharged therefrom Recovered by the authority of
Mr. Herbert Sutt - the brother
on the 16th day of February 1886.

Signed

H. S.

Medical Proprietor of The Ticehurst Asylum.

Dated this 16th day of February. One
Thousand Eight Hundred and eighty five

To

Sophia Elisabeth

Sugt.

Admitted -

January 6th -

1882

No (529)

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 pro-
prietor 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, E.C.

(2-5-84.)

I certify that this is a correct copy of the order
statement, 1 medical certificate upon which
Mrs Mary Rebecca Willie Amy Whiffles was received
into this house

W. J. Land
M.D. 1885

Dated Feb. 23rd 1885

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

I, the undersigned, hereby request you to receive Mary Rebecca
Willie Ann Shipps
whom I last saw at 25 Lee Park

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

a person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Lucy Rebecca
Willie Ann Shippen

Occupation (if any), none

Place of Abode, 25 Lin Park Ave SE

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

Dated this 17th day of March

One Thousand Eight Hundred and Eighty four

To *Dr. Ward*

(c) Superintendent or proprietor of—

(6) *Constricta* of Privy Rock on p. 100

STATEMENT.

Name of Patient, with Christian Name at length..... } *Mary Rebecca Willis Army Plunk*

Sex and Age..... *Female, age 26.*

Married, Single, or Widowed Single

Condition of Life, and previous Occupation (if any).....

Religious Persuasion, as far as known *Church of England*

Previous Place of Abode..... 25 La Parola La, San Don S E

Whether First Attack 7 months

Age (if known) on First Attack.... 24

When and where previously under Care } Dr. W. H. Weyler House School from July 5 to Sept

and Treatment }
Duration of existing Attack } *From July to Dec. 92, at Priory Rock and before from June 1. 8*

Duration of existing Attack 4 Days
Supposed Cause 1st day of menstrual period

Supposed Cause *Suppression of monthly Period*

Whether subject to Epilepsy *is*
Whether Suicidal *is*

Whether Suicidal..... yes
Whether Dangerous to others..... yes

Whether Dangerous to others.....
Whether found Lunatic by Inquisition

Whether found Lunatic by Inquisition,
and Date of Commission or Order for

Special Circumstances (If any) present: _____

Special Circumstances (if any) preventing the Patient being examined, before Ad-

the Patient being examined, before Admission, separately by Two Medical Practitioners.

Name and Address of Relative to whom

Name and Address of Relative to whom
Notice of Death to be sent..... } *William Hugh Phipps*
1st 2nd St N York

(c) Where the person signs: *Cap. R.W. D.S. Lee Park, Lee SE.*

(c) Where the person signing the statement is not the person who signs the order the

Signed, Name, (°) Cynthia Phillips

Occupation (if any), *Software Engineer*

Place of Abode, 251 N. 1st St. St. Louis, Mo.

Place of Abode, 25. Len Park, Sec. 5, E.

Degree of Relationship (if any), or other circumstances of connection _____

other circumstances of connection with the Patient. } Wrothen

I, the undersigned, Herbert C. Burton

(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) Licentiate of the Royal College of Physicians of London

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

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

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

hereby certify, that I, on the 16th day of March

at (c) 25, Lee Park, Blackheath

in the County of Kent

separately from any other Medical Practitioner

personally examined Mary Rebecca Willis Army Phillips

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

of (d) 25, Lee Park, Lee

and that

the said Mary Rebecca Willis Army Phillips

(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)

Is violent to relations & attendant.
Thinks she is being poisoned
Is extremely excitable hecking out into
bad language if she is crossed in any way

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

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

(g)

Signed, Name, Herbert C. Burton

Place of Abode, 22, Lee Terrace, Blackheath

Dated this 16th day of March One Thousand Eight

Hundred and Eighty four

(207)

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

I, the undersigned, Reginald Clarke

(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) Member Royal College of Surgeons England
Licentiate of the Apothecaries Company
and being in actual practice as a (b) General Practitioner

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

hereby certify, that I, on the 16 day of March

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

at (c) 25 Lee Park, Lee SE

in the County of Kent separately from any other Medical Practitioner

personally examined Mary Rebecca Willin Amy Phipps

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

of (d) 25 Lee Park, Wester and that

the said Mary Rebecca Willin Amy Phipps

(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) Excitable under relations screaming out
often windows that she is going to be taken
away, that her relations are going to
make her with her & like to Parents,
would not take medicine saying it was
meant to poison her

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

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

(g) She was hanging out of a window
12 am. Sunday morning till 5 am screaming
would not be removed; running out
into street without hat or blouse
from Mr. Phipps Master Mr. Aspinall cousin

Signed,

Name,

Reginald Clarke

Place of Abode,

South Lodge Lee Park

Dated this

16

day of

March

One Thousand Eight

Hundred and Eighty

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 *9th* day of *March* 188*5*, of *Mary Rebecca Willie Amy Phipps* a Private Patient in *The Priory House, Rochester*, to *Licehurst Asylum, Lichehurst*.

Given under our hands this *2nd* day of *February* in the year of Our Lord One Thousand Eight Hundred and Eighty-*five*.

James Wilkes
W. E. Fere

Commissioners
in
Lunacy.

ORDER.

I, *Sophie Phipps* the undersigned, having Authority to discharge *Mary Rebecca Willie Amy Phipps* a Private Patient in *The Priory House, Rochester*, hereby order and direct that the said *Mary Rebecca Willie Amy Phipps* be removed therefrom to *Licehurst Asylum House, Lichehurst*.

Given under my hand this *22nd* day of *February* in the year of Our Lord One Thousand Eight Hundred and Eighty-*five*.

(Signed) *Sophie Phipps*
Place of Abode *25 Le Park*
Blackheath

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

1. The person who signed the order for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient;
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.

Capt

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 ad-
mission of the patient.

I have this Day (a) seen and examined *Mrs Mary Rebecca Willie*

Ann Phipps a Private Patient, received

on the *Twenty third* day of *February* 1885

pursuant to an Order dated the *Twenty second* day of

February 1885 and hereby Certify, that with

respect to Mental State *she*

she is somewhat flighty and uncertain. Frequently on being spoken to she remains silent for a time and needs a second address - she often turns suddenly her head suddenly over her shoulder, as if listening to something; at night she gets out of bed and goes to the door to listen - she seems to be very suspicious of people. Her condition probably is one of suspense. Though there is nothing very grave to report - yet she gives me the impression of being temporarily affected by her recent change of quarters. Should no further symptoms arise, she will probably be shortly discharged.

Bodily health & condition both good.

Signed, (b)

H. M.

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

*Joint Medical Proprietor
F. M. M. M.*

Learn

March

Dated this *Twenty eighth* Day of *February*

One Thousand Eight Hundred and Eighty *five* -

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

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

(2-2-83.)

6329/30 4/7

Ticehurst

March 11. 1885.

In ~~accordance~~ with the directions of the
Commissioners in lunacy. I beg to forward a
~~further report of the~~ Mental Condition of Miss
M. R. W. A. Phipps.

There is now no room for doubt that she is
so unimpaired in mind as to need detention. Now
that the pertness of her surroundings has worn off,
she has become discontented with everything - and
as a consequence she is irritable and depressed.
She is very lost and sometimes has to be spoken
to several times before her attention can be fixed.
This, together with her habit of suddenly turning
her head over her shoulder, as if in the act of
listening, raises the suspicion that she has some
hallucinations; but of this no positive evidence
can be obtained.

She does many foolish things e.g. - she will rush

up to people, when she is out walking, or leaving
the parish church, and claim their protection.
She has declared her love ^{to} for our Secretary
and has written to her mother to know what
money she will have, evidently with a view to
his marrying her. While out walking a few
days back, she stepped out in the road in front
of one of our carriages, and would have been
run over, but for the promptness with which the
coachman pulled up. This act, for which she
can give no reason, was not apparently due to
any suicidal intention. Though there is no reason
to doubt her wish to keep her promises, yet
when the impulse is on her, she cannot be
tempted to do so.

Within the last two days some improvement
has manifested itself in her.
~~The Secretary~~ ~~from obedient servant~~
~~The Office of the Commissioners in London.~~ H. Hayes, Secretary

6329/30 5/7

Office of Commissioners in Lunacy,

19, Whitehall Place, S. W.,

17th July

1885.

Sir,

I write, on behalf of the Commissioners in Lunacy, to enquire whether Miss Mary R. W. A. Phipps is still insane, and in a fit mental and bodily condition for transfer to another Asylum.

If this patient is, or is inclined to be, either suicidal or dangerous, you are requested to state the fact.

I am, Sir,

Your obedient Servant,

A. Wild

for the Chief Clerk.

D. Newington.

M.C. & Co. 500 180
15373

Pittsford
July 18 - 1885-

hi

Des to inform the Commissioners in Lunacy
that ~~Miss~~ Miss M. O. W. A. Plaffer
is still insane, and that she is unfit mentally
and bodily condⁿ for transfer to another
asylum -

It is not believed that Miss Plaffer is either
actively suicidal or dangerous at present
but she is at times most troublesome - Though
she professes to be extremely glad that she
is to be transferred yet it is possible that
she may make endeavor on the journey to
get to her own home
Yours -

Rec -
Comm -

H. J. R.

Commissioner
Dr
Hipps

OFFICE OF COMMISSIONERS IN LUNACY.

19, WHITEHALL PLACE, S.W.,

20th July

1885.

SIR,

I am directed to state, for your information, that the Consent of the

Commissioners in Lunacy to the Transfer of Mr

from your care to

granted on the condition that this patient be accompanied, during removal,

by at least two efficient and responsible persons.

I am, Sir,

Your obedient Servant,

H. Hays Kewington, Esq
R & S (14,955) 100 5-84

R & S (14,955) 100 ~~5~~—84

Your obedient servant,
 C. R. Martin
 Esq.

For the Chief Clerk

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 1885, of Mary Rebecca Willie Army Phipps a Private Patient in Ticehurst Asylum, Sussex, to the Priory, Rochester

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

James Wilkes
John Stenton

Commissioners
in
Lunacy.

ORDER.

I, Sophie Phipps the undersigned,
having Authority to discharge Mary Rebecca Willie Army Phipps a Private Patient in Ticehurst Asylum, Sussex,

hereby order and direct that the said Mary Rebecca Willie Army Phipps be removed therefrom to the Priory, Rochester.

X Given under my hand this* 20th day of July
in the year of Our Lord One Thousand Eight Hundred and Eighty-five

X (Signed) Sophie Phipps
X Place of Abode 25 Le Park
Lee

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

1. The person who signed the order for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife of the Patient*;
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.

6329/30 7/7

Capt
8 & 9 Vict. c. 100.—Sched. (g) No. 2.

NOTICE OF DISCHARGE.

I Herby Give you Notice, That *Mary, Rebecca, Willie*
Ann Shiffes
a Private Patient received into this House on the *23rd* day of *February*
1885, was discharged therefrom *Unimproved* by the authority of
Her Mother, Mrs Sophie Shiffes
on the *21st* day of *July* 18 *85*.

Signed

HHN

Joint

Medical Proprietor of The Ticehurst Asylum.

Dated this

22nd

day of

July

One

Thousand Eight Hundred and

Eighty five.

To

Miss Mary, Rebecca
Willie, Amy
Shipp.

Admitted. February 23^d
1885.

No. 530.