**Admission documents: male and female**

**Publication/Creation**

1900

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# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Jean Winning residing at Mid Barnelgh. Lochwinnoch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Winning your Petitioner's (3) daughter residing at Mid Barnelgh. Lochwinnoch Renfrewshire is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Winning to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jean Winning

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~fifth~~ fourth (4) day of January One thousand nine hundred and

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Janet Winning |
| 2. Sex and Age, | female 33 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | General farm worker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Norwood Gates (Castlehead) |
| 7. Place where Found and Examined, | Barnelgh (hirs) |
| 8. Length of time Insane, | fourteen days ago |
| 9. Whether First Attack, | none |
| 10. Age (if known) on First Attack, | 33 |
| 11. When and where previously under Examination and Treatment (5) | ——— Northern |
| 12. Duration of Existing Attack, | 14 days |
| 13. Supposed Cause, | Hereditary |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ——— |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jean Winning. mother one aunt by Fathers side |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | ——— |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~fifth~~ fourth day of January One thousand nine hundred and

*(To be signed by the party applying)* Jean Winning

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Muirhead Martin being a (1) Bachelor of Medicine & Master in Surgery & RCPS Ed and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Mid Barnaigh Lochwinnoch Renfrewshire in the County of Renfrew. separately from any other Medical Practitioner, visited and personally examined (4) Janet Winning residing there and that the said Janet Winning is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Ethereal excitable
talks about Sin. Religious matters
Continuall seeing Spirits
will not work

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
does not sleep or Eat
Requires to be restrained
very religious raving singing Hymns

*Name and Medical Designation,* Thomas Muirhead Martin

*Place of Abode,* Lochwinnoch Renfrewshire

DATED this fourth day of January One thousand nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William John Orr being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Gartnavel asylum in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Janet Winning — of Mid Barnaigh, Lochwinnoch and that the said Janet Winning is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is depressed as to her religious condition
Insists that she has been a great Sinner and
without a chance of Salvation.
Has Hallucinations. Hears Knocking on the wall.
Insists that her brother is present in the ward.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* William John Orr. MB Ch.

*Place of Abode* Western Infirmary Glasgow.

DATED this fifth day of January One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Muirhead Martin being (1) M.B. & Ch. CR. & Ed. L.R.C.P. & S. hereby certify, on soul and conscience, that I have this day, at (2) Mid Barnagh, Lochwinnoch in the County of Renfrew, seen and personally examined Janet Winning, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Thomas Muirhead Martin

DATED this fourth day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Miss Janet Winning to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Mother

*Signature* Jane Winning

*Address* Mid Barnagh

*Date* 4 January 1906

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Ludovic Mair (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Jane Winning Mid Barnagh Lochwinnoch Certificates under the hands of Thomas M. Martin and William Shuter being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Winning. Mid Barnagh Lochwinnoch Petitioner's daughter. and that the said Janet Winning is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Winning as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Winning which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Fifth day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] Wm Ludovic Mair

10.158.

Janet Winning

admo 4th. Jany 1900

4,797.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

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I, John Macpherson, M.D.

one of the COMMISSIONERS OF THE GENERAL BOARD OF LUNACY, having duly considered the Application made by Mr W. D Woodburn, 22 Eldon Street, Greenock, for the liberation on trial of Agnes Goldie Findlay or Woodburn, a Patient in Glasgow Royal Asylum, together with the accompanying Statement and Medical Certificate, do, by AUTHORITY OF THE BOARD, hereby sanction the liberation of the said Patient until 31st December 1900.

J Macpherson M.D.
*Commissioner in Lunacy.*

DATED at Edinburgh, this sixth day of January

One Thousand ~~eight~~ nine Hundred ~~and~~

---

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum. + intimated 8/5/1900

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

Miss Agnes Woodburn

Probation - 6 June 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,*

The Petition of Henry Emanuel Cohen, 24 Kingdon Road, West Hampstead London

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Phoebe Cohen, 55 West Cumberland Street Glasgow your Petitioner's (3) mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Phoebe Cohen Glasgow to the ~~Gartnavel~~ ROYAL ASYLUM at ~~Bolton, near Edinburgh~~, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Henry Emanuel Cohen

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (4) day of January One thousand ~~eight~~ nine hundred ~~and~~

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Phoebe Cohen a Cohen |
| 2. Sex and Age, | female a/c 78 |
| 3. Married, Single, or Widowed, | widow |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Jewish |
| 6. Previous Place of Abode, | Windsor Terrace Glasgow |
| 7. Place where Found and Examined, | 55 West Cumberland St Glasgow |
| 8. Length of time Insane, | about 6 weeks |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | 78 |
| 11. When and where previously under Examination and Treatment (5) | never, nowhere |
| 12. Duration of Existing Attack, | about 6 weeks |
| 13. Supposed Cause, | illness & a fright |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | 1) Henry Emanuel Cohen 2) Kingdon road west Hamstead London son NO |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this tenth day of January One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Henry Emanuel Cohen

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Anderson Robertson being a (1) Graduate in medicine and Surgery of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 5-5 West Cumberland Street, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs Phoebe Cohen, Housewife, 5-5 West Cumberland Street, Glasgow, and that the said Mrs Phoebe Cohen is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mrs Cohen imagines that all her children are conspiring against her: (2) that her younger daughter is seeking to poison her: (3) that I personally have conspired against her: (4). She is frequently boisterous, abusive, and threatening, and calls upon God to kill her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) She believes that her younger daughter has been secretly married: (2) that the trained nurse in attendance robs her; and (3) that her children are robbing her

*Name and Medical Designation,* James Anderson Robertson, M.A. (Oxon), M.B., C.M., &c., &c.

*Place of Abode,* 6 Saint James Terrace, Hillhead.

DATED this Tenth day of January One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Bruni Mackenzie Anderson being a (1) Graduate in Medicine & Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 5-5 West Cumberland Street in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs Phoebe Cohen, 5-5 West Cumberland Street and that the said Mrs Phoebe Cohen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) 1. Excited and emotional condition 2. She is disconnected and incoherent in her conversation. 3. Suspicious that the other inmates of house are conspiring against her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

1. A false belief that Miss Cohen is married
2. Frequent outbursts of physical violence
3. Threats to set the house on fire

*Name and Medical Designation,* J B Mackenzie Anderson M.B.C.M.

*Place of Abode* 42 Lansdowne Crescent - Hayfield

DATED this 10th day of January One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Anderson Robertson, being (1) a Graduate in Medicine & Surgery of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) 55 West Cumberland St. Glasgow, in the County of Lanark, seen and personally examined Mrs Phoebe Cohen, at 55 West Cumberland St, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James Anderson Robertson.

DATED this twelfth day of January One thousand ~~eight~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum to receive therein Phoebe Cohen to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son

*Signature and Address* Henry Emanuel Cohen 27 Kingdon Rd. W. Hampstead London

*Date* 10th January 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County ——— of Lanark ——— having had produced to me, with a Petition at the instance of (3) Henry Emanuel Cohen 27 Kingdon Road West Hampstead London Certificates under the hands of James Anderson Robertson ——— and John Bennie Mackenzie Anderson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Phoebe Cohen, 55 West Cumberland St Glasgow Petitioners mother and that the said Phoebe Cohen ——— is a (5) person of unsound mind ——— and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Phoebe Cohen ——— as a Patient into the ~~Private~~ Asylum of ~~Morningside~~ at Polton, near Edinburgh, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Phoebe Cohen which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated at Glasgow ~~The~~ Eleventh ~~One thousand eight hundred and~~ day of January ~~day of~~ 1900.

*To the Superintendent of the Private Asylum of ~~Morningside~~ Gartnavel Glasgow Polton, Midlothian.*

[Signature] John Boyd

10.159

Phoebe Cohen or Cohen

adm^d 11^th Janry 1900

14,965

[FORM B]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

GENERAL BOARD OF LUNACY
9 JAN 1896
SCOTLAND

## APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned, James Macdonald Doggart Junr being desirous to transfer Stuart Hamilton Doggart at present a Patient in Govan District Asylum, and (1) whose brother I am from the said Asylum to the Glasgow Royal Asylum beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

### STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length, . . . . . Stuart Hamilton Doggart
2. Sex and Age, . . . . . Male 28 years
3. Married, Single, or Widowed, . . . Single
4. Condition of Life, and Previous Occupation (if any), . . . . . Draper
5. Religious Persuasion, so far as known, . Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable, . . . . . or
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane, . . . . . Father James Doggart. Burrelton. Coupar Angus
Had a brother in an Asylum about 14 Years ago

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) Jas Doggart (Jr)

(2) Brother

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this 8th day of January One thousand eight hundred and Nine

*N.B.*—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—May 1896.

10.160

Stuart Hamilton Doggart

Adm$^{n}$ 12$^{th}$ Jany 1900

## MEDICAL CERTIFICATE.

I, the undersigned William Riddell Watson

(1) Name Asylum.

hereby certify that I have this day at (1) Govan District Asylum

personally examined Stuart Hamilton Doggart who has been a

(2) Insert Date of Admission.

Patient in said Asylum since (2) 27 December 1899 and I certify that

(3) Insert "is," or "is not," as the case may be.

the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal, (3) is dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State.

the Patient, that (4) he is confined in bright, amiable in conversation and has delusions of having been confined against. He is at times noisy

(5) Describe Bodily State.

and with respect to the Bodily State of the Patient, that (5) it is fairly good

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Glasgow Royal Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be.

I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(Name) W R Watson

(Medical Qualification) LRCS. LRCP Ld

(Date) 8 January 1900

## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

The foregoing Application having been made to the Board to authorize the transfer of Stuart Hamilton Doggart, from Govan District Asylum, to Glasgow Royal Asylum, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

W A Hewat Secretary.

DATED at Edinburgh, this 9th day of January One thousand ~~eight hundred and~~ nine-hundred.

**Date of Sheriff's Order** [*to be inserted at the Office of Board*].

28th December 1899.

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes.*

The Petition of Alexander Robertson residing at 21 Fullbar St. Renfrew humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliz: Lennox or Robertson your Petitioner's (3) wife residing ~~at~~ there with them is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Wife Eliz. Robertson to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Alexander Robertson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 13th (4) day of January One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Lennox or Robertson |
| 2. Sex and Age, | female. 45. |
| 3. Married, Single, or Widowed, | wife & Divetter |
| 4. Condition of Life, and previous Occupation (if any), | Free Church |
| 5. Religious Persuasion, so far as known, | Fullbar St. Renfrew |
| 6. Previous Place of Abode, | Do |
| 7. Place where Found and Examined, | about two months |
| 8. Length of time Insane, | Third attack |
| 9. Whether First Attack, | about 40 |
| 10. Age (if known) on First Attack, | at Gartnavel asylum in 1893 & 1895 |
| 11. When and where previously under Examination and Treatment (5) | as above. |
| 12. Duration of Existing Attack, | Domestic worries in loss of their house |
| 13. Supposed Cause, | no |
| 14. Whether subject to Epilepsy, | yes |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Walter Lennox Smith, Renfrew - her brother |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane, | none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 13th day of January One thousand nine hundred

*(To be signed by the party applying)* Alexander Robertson

X

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Goldie Stevens being a (1) Licentiate of the Royal College of Physicians and Surgeons in Edinburgh and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) No. 21 Fulbar Street Renfrew in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mrs Alexander Robertson Home Visit. Residing at 21. Fulbar St Renfrew and that the said Mrs Alexander Robertson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
has twice admitted for Contributive Enteric Limited asylum. - - - Says the she feels something happening her from doing any work. - - is very much depressed and very melancholy -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband says she is constantly wringing her hands saying what is to become of me -
He also states that she tried a knife and twice to cut her head off.

Name and Medical Designation, } W Goldie Stevens M.R.C.P.Ed.

Place of Abode, Buchanff Villa. Renfrew

DATED this thirteenth day of January One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Lennox or Robertson residing there and that the said Elizabeth Lennox or Robertson is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very depressed & miserable about herself & feels unable to take any interest in her home or her family. She is afraid that if left alone she will do herself harm & admits that she has made an attempt on her life

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has been twice formerly in Gartnavel Asylum (communicated by Dr Hotchkis

Name and Medical Designation, } Jas. D. Cochran M.B., Ch.B.

Place of Abode 101 Oxford Drive

DATED this ~~fourth~~ thirteenth day of January One thousand nine hundred.

1

X

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, W. Guelph Stevens being (1) Lecturer of the Royal College of Physicians Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 21 Fullbar Street Burgh of Renfrew in the County of Renfrew, seen and personally examined Mrs Alexander Robertson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

W. Guelph Stevens M.D.

DATED this Thirteenth day of January One thousand nine hundred ,

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs Eliz. Lennox or Robertson to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Alexander Robertson

*Address* 21 Fullbar St. Renfrew

*Date* January 13. 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I John Boyd, Esquire, Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Alexander Robertson, 21 Fullbar Street Renfrew Certificates under the hands of William Foldie Stevens, M.B. &c. and James Duncan Cochran, M.B. &c. – being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Lennox or Robertson, 21 Fullbar Street, Renfrew, Petitioner's wife and that the said Elizabeth Lennox or Robertson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Lennox or Robertson as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Lennox or Robertson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Fifteenth day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] A. Boyd

P.S.

10.161

Eliz.t Lennox or Robertson

admr 13.th June 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of James Paterson residing at Rosevale Dairy, Partick, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Stewart your Petitioner's (3) father in law residing with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Stewart to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Paterson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of January One thousand nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Stewart |
| 2. Sex and Age, | male 72 |
| 3. Married, Single, or Widowed, | widowed |
| 4. Condition of Life, and previous Occupation (if any), | retired farmer |
| 5. Religious Persuasion, so far as known, | Established Church |
| 6. Previous Place of Abode, | Rosevale Dairy Partick |
| 7. Place where Found and Examined, | Do & Gartnavel |
| 8. Length of time Insane, | over six months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 71 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | old age & heart disease |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Yes - at times. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Mrs ~~Stewart~~ Paterson wife of the Petitioner is his nearest Relative in this country |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none known |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of January One thousand nine hundred

*(To be signed by the party applying)* James Paterson

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) James Stewart. Retired Farmer Cattle dealer residing at Rosevale Dairy Partick and that the said James Stewart is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is morbidly dull morose & takes no notice of his surroundings. Lies in bed aimlessly pulling the clothes about or picking his hands & face. Is not able to answer questions intelligibly. His language is at times incoherent. He shows lack of memory.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B., Ch.B.

*Place of Abode,* 101 Oxford Dr

DATED this ~~fourth~~ thirteenth day of January One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Douglas Brown. being a (1) Bachelor of Medicine & Master in Surgery and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Rosevale Dairy Rosevale Street. Partick in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) James Stewart and that the said James Stewart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very restless. Declares he is away from home. Does not recognise his own folks. Refuses to lie in bed or sit in a chair, both day and night.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
In the middle of the night he packed up his bed clothes pillows, sheets &c in order to leave the house. Is violent at times. Drew out a pocket knife. and dared anyone to come near him. Has tried to reach the Clyde several times.

*Name and Medical Designation,* Thomas Douglas Brown. M.B. Ch.B.

*Place of Abode* 2 Meadowbank Place, Partick

DATED this thirteenth day of January One thousand nine hundred .

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Douglas Brown being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Rosevale Dairy, Rosevale St, Partick in the County of Lanark, seen and personally examined James Stewart, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

T. Douglas Brown M.B. C.M.

DATED this thirteenth day of January One thousand nine hundred .

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein James Stewart to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son in law

*Signature* James Paterson

*Address* Rosevale Dairy Partick

*Date* 13 January 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esq, Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Paterson Rosevale Dairy, Partick Glasgow Certificates under the hands of James Duncan Cochran and Thomas Douglas Brown being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Stewart, Rosevale Dairy, Partick (Petitioners father-in-law) and that the said James Stewart is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Stewart as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Stewart which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Fifteenth day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] J M Boyd

10.162

James Stewart

adm^d 13^th. Jany 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Rev. John Fulton D.D. residing at 26 Carnarvon St Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr Hugh Fulton your Petitioner's (3) brother residing at 26 Carnarvon St. Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mr Hugh Fulton to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Fulton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Hugh Fulton. |
| 2. Sex and Age, | Male. Thirty-six years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Formerly retail grocer. Now proprietor of Boot & Shoe shop. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 26 Carnarvon St |
| 7. Place where Found and Examined, | ditto. |
| 8. Length of time Insane, | ~~Since~~ July 1898 to Feby/99 |
| 9. Whether First Attack, | Second attack |
| 10. Age (if known) on First Attack, | 35 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel Asylum |
| 12. Duration of Existing Attack, | About Ten days |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Fulton 26 Carnarvon St. Glasgow brother. No other member of family has ever been insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of January One thousand nine hundred

*(To be signed by the party applying)* John Fulton

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Curle.
being a (1) Doctor of Medicine and Master in Surgery of Glasgow University
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 26 Carnarvon Street Glasgow in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mr Hugh Fulton of 26 Carnarvon Street and that
the said Mr Hugh Fulton is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His condition of great mental excitement. Rapid heterogenous talk. Exalted notions of unlimited wealth and fortune, at the same time that he believes his income limited to £150 per year.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From Miss Jane Fulton, Sister residing in the house with him who stated that he was excited and loquacious talking about building houses and getting married and about great investments he had made all of which are without foundation.

Name and Medical Designation, David Curle M.D. C.M.

Place of Abode, 1 Burnbank Gardens Glasgow.

DATED this 13th day of January One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Crichton
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 17 Woodside Place Glasgow in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Fulton of 26 Carnarvon St
and that
the said Hugh Fulton is a (5) person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is much excited. Talks incessantly. Is quick, clear speech & clear as to the future. Acknowledges the details with great minuteness. Is very strong & in fairly health.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother Stephen yesterday became more excited & talks incessantly of his building projects & of his great investments.

Name and Medical Designation, Thomas Crichton M.D.

Place of Abode 17 Woodside Place Glasgow

DATED this 13 day of January One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, David Curle
being (1) Doctor of Medicine & Master in Surgery in practice,
hereby certify, on soul and conscience, that I have this day, at (2) 26 Carnarvon Street,
in the County of Glasgow, seen and personally examined Mr Hugh Fulton, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

David Curle

DATED this 13th day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein W Hugh Fulton to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* John Fulton.

*Address* 26 Carnarvon St. Glasgow

*Date* Janry 13. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esq, Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Revd John Fulton, B.D. 26 Carnarvon Street, Glasgow Certificates under the hands of David Curle, M.D.C.M. and Samson Gemmell, M.D. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Fulton, 26 Carnarvon Street, Glasgow, Petitioner's Brother and that the said Hugh Fulton is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Fulton as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Fulton which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Fifteenth day of January One thousand nine hundred

*To the Superintendent of the Public Asylum, Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.163

Hugh Fulton

acon 13th Jany 1900

Note £40. Surety. Chas. Ker Esq. 115 St. Vincent St.

NOTE—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board,** I hereby sanction the admission of

Margaret McDonald,

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

A. Sco Fraser

*Commissioner in Lunacy.*

*To*
Dr Yellowlees
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this eighteenth day of January

One Thousand ~~Eight~~ nine Hundred ~~and Ninety~~

M & G Ltd—300—3-27

Margaret McDonald

Voluntary

Admd 18th Janry 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Thomas Jas Colquhoun residing at Newark House Pollokshields humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Ferguson Colquhoun your Petitioner's (3) Sister residing at Jessiefield Dumbarton is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christina F. Colquhoun to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* T. J. Colquhoun.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Christina Ferguson Colquhoun |
| 2. Sex and Age, | female. 26 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Lady Formerly School Teacher |
| 5. Religious Persuasion, so far as known, | |
| 6. Previous Place of Abode, | Jessiefield Dumbarton |
| 7. Place where Found and Examined, | 31 Elmbank Crescent Glasgow |
| 8. Length of time Insane, | Excitable, but unwell for 5 weeks worse for 5 weeks |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 26 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Domestic unhappiness |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | = |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Petitioner her brother an aunt is in Gartnavel |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of January One thousand nine hundred

*(To be signed by the party applying)* T. J. Colquhoun.

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Wilson Russell being a (1) Bachelor of medicine and master of Surgery of Aberdeen University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 31 Elmbank Crescent Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Christina Ferguson Colquhoun of Dessintle Dumoon and that the said Christina Ferguson Colquhoun is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) irritation and constant complaint of ringing of bells described by her as pandemonium; says she has blown part of her brain through her nose; is constantly making her bed & unmaking it; says she has acute Hysteria from milk passing through her system.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother, Thomas James Colquhoun, informs me that she is constantly changing her body clothes, her child's clothes and all things about the room. She declared she had severe haemorrhage through nostrils & it could be found

*Name and Medical Designation,* A. W. Russell M.B.Ch.B.

*Place of Abode,* 11 Royal Crescent Glasgow

DATED this nineteenth day of January One thousand nine hundred —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Dunlop Chalmers being a (1) Doctor of Medicine.

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 31 Elmbank Crescent Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Christina Ferguson Colquhoun of Dessintle Dumoon and that the said Christina Ferguson Colquhoun is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Constantly complaining that every one is cruel to her. refuses to get her food. Changing her clothes and washing herself. that she is bleeding and applying cold water. that her breasts are full of milk

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother Thomas James Colquhoun & her Assistant Nurse informs me she gets quite out of reasons at times. Constantly changing her clothes. complains of bleeding when no blood could be found.

*Name and Medical Designation,* Dunlop Chalmers M.D

*Place of Abode* 14 Kew Terrace Glasgow

DATED this nineteenth day of January One thousand nine hundred —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, Alexander Wilson Russell
being (1) a Bachelor of Medicine and Master of Surgery of Aberdeen Universities
hereby certify, on soul and conscience, that I have this day, at (2)
31 Elmbank Crescent Glasgow
in the County of Lanark, seen and personally examined
Christina Ferguson Colquhoun, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

A W Russell M.B. Cm

DATED this nineteenth day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Christina Ferguson Colquhoun to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* T. J. Colquhoun.

*Address* Newark Ho. Pollokshields

*Date* Jan: 19. 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Thomas James Colquhoun Newark House, Pollokshields Certificates under the hands of Alexander W. Russell and Lumsden Chalmers being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina Ferguson Colquhoun, Jessie Ella Duncan Petitioners Sister and that the said Christina Ferguson Colquhoun is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Ferguson Colquhoun as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Ferguson Colquhoun which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Twentieth day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] J. M. Boyd

10. 164

Christina Ferguson Colquhoun

Adm$^{n}$ 19$^{th}$ Jany 1900

Wm Boyd Halley.
adm. 20 Jan. 1900
Rate £40.

NOTE—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

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**By Authority of the Board**, I hereby sanction the admission of

W. B. Halley,

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

John Fraser
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this twentieth day of January

One Thousand ~~Eight~~ nine Hundred ~~and Ninety~~.

M & G Ltd—300—3-97

W. B. Nally

Voluntary

Adm^d 20^th Jany 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of James Whirrisky residing at 59 Causeyside Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Elizabeth Elder your Petitioner's (3) Mother-in-law residing at Castlehead Paisley is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Eliz. Elder to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Whirrisky

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Elder |
| 2. Sex and Age, | Female 55. |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Paisley |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | Two months |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 55 |
| 11. When and where previously under Examination and Treatment (5) | Paisley |
| 12. Duration of Existing Attack, | — |
| 13. Supposed Cause, | Cause long |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Whirrisky 59 Causeyside St Paisley no |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of January One thousand nine hundred

*(To be signed by the party applying)* James Whirrisky

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, A W Crawford M B Ch B Glasg. Univ.
being a (1)

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Castlehead Paisley
Renfrew in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Elder
and that
the said Elizabeth Elder is a (5) person
of unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Sleeplessness Severe mental excitement - burning articles of value, has a distinct - suicidal tendency frequently trying to get Knives for this purpose

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* A W Crawford M B Ch B,

*Place of Abode,* 29 High St Paisley

DATED this 19th day of January One thousand nine hundred

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Gardner.
being a (1) M B. C. M. Glas.

and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3)
Castlehead - Paisley in the County of
Renfrew. separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Elder.
and that
the said Elizabeth Elder is a (5) Person
of Unsound Mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
There is great general excitement, accompanied by incoherence of ideas, & Sleeplessness. She has delusions that the Government are going to burn her. She talks about attempting & committing Suicide

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has made several ~~attempts~~ strong attempts to cut her throat with a Knife

*Name and Medical Designation,* David Gardner. M B. C. M

*Place of Abode* 84 High St. Paisley

DATED this 20th day of January. One thousand nine hundred

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, A. W. Crawford M.B. C.M.
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
Castlehead Paisley
in the County of Renfrew, seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

A. W. Crawford M.B. C.M.

DATED this 19th day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs Eliz: Elder from Paisley to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother in law

*Signature* James Whiriskey

*Address* 59 Causewayside Paisley

*Date* 20 Jany 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Hyde (1) Sheriff Substitute of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) James Whiriskey 59 Causewayside, Paisley
Certificates under the hands of A. W. Crawford
and David Gardner being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Elizabeth Elder, Castlehead Paisley (Petitioners sister in law)
and that the said Mrs Elizabeth Elder
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Elder
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Elizabeth Elder which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this twentyfirst day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] T. Hyde

10.165

Elizabeth Elder

adm° 20th Janry 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Jessie Gardner residing at 11 Jedburgh Gardens, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gardner your Petitioner's (3) Brother residing at 11 Jedburgh Gardens is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Gardner to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jessie Gardner

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Gardner |
| 2. Sex and Age, | Male. 31 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Carrier |
| 5. Religious Persuasion, so far as known, | Established Church |
| 6. Previous Place of Abode, | 11 Jedburgh Gardens |
| 7. Place where Found and Examined, | Do. Glasgow |
| 8. Length of time Insane, | about 7½ years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 24 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel asylum 3 years ago |
| 12. Duration of Existing Attack, | continuous |
| 13. Supposed Cause, | Brain disease |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | at times |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Petitioner his sister. none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of January One thousand nine hundred

*(To be signed by the party applying)* Jessie Gardner

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Anderson Robertson
being a (1) Graduate in Medicine and Surgery of Glasgow University.
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 11 Jedburgh Gardens, Keppochhill North, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) James Gardner (unable to follow any calling) 11 Jedburgh Gardens, Keppochhill North, Glasgow; and that the said James Gardner is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1). He had formerly to be confined in an asylum: (2). He is of violent temper and most unreasonable in his behaviour: (3). He is quite beyond the restraint of his Sisters: and evidently cherishes violent feelings against his Sister – Jessie.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
(1). Daily irregular and erratic behaviour in coming into the house at all sorts of odd times, and behaving generally violently: (2) wandering about the streets often upon midnight: (3) going to bed at 3 A.M. such hours.

Name and Medical Designation, James Anderson Robertson

Place of Abode, 6 Saint James Terrace, Hillhead

DATED this twentieth day of January One thousand nine hundred.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Binnie Mackenzie Anderson
being a (1) Graduate in Medicine and Surgery of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Royal Asylum, Gartnavel, Lanark in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) James Gardner, 11 Jedburgh Gardens, North Kelvinside, and that the said James Gardner is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) 1. Vacancy of expression and loss of power of speech 2. Unnatural mental placidity 3. Inability to grasp the meaning of simple questions or to express his thoughts either orally.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
1. previous detention in an asylum 2. Threatening or violent behaviour to relatives 3. Restless & unable to settle 4. A history of syphilis affecting the nervous system

Name and Medical Designation, John Binnie Mackenzie Anderson M.B.

Place of Abode 42 Lansdowne Crescent, Glasgow

DATED this 20th day of January One thousand nine hundred 21st M.B.M.A.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Anderson Robertson being (1) a Graduate in Medicine and Surgery hereby certify, on soul and conscience, that I have this day, at (2) 11 Jedburgh Gardens, Kelvinside North, Glasgow in the County of Lanark, , seen and personally examined James Gardner 11 Jedburgh Gardens, , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow, W.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James Anderson Robertson

DATED this 20th day of January, One thousand nine hundred .

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein James Gardner to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Sister

*Signature* Jessie Gardner

*Address* 11 Jedburgh Gardens

*Date* Jany 20 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Tyre (1) Sheriff Substitute of the (2) County of Lanark having had produced to me with a Petition at the instance of (3) Jessie Gardner 11 Jedburgh Gardens, Glasgow Certificates under the hands of James Anderson Robertson and John B. McAnderson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Gardner, 11 Jedburgh Gardens, Glasgow. Petitioners Brother and that the said James Gardner is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gardner as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gardner which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this 22nd day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T. A. Tyre

10.166

James Gardner

Adm^s 20^th. Jany 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County. *of* Lanark *and his Substitutes,—*

The Petition of James Kelly residing at Prestwick Ayrshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Kelly your Petitioner's (3) Brother residing at 8 Berwick Place Prestwick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Kelly his to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Kelly

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 21st (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | George Kelly |
| 2. Sex and Age, | 44 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Engineer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | |
| 7. Place where Found and Examined, | 8 Berwick Place Prestwick |
| 8. Length of time Insane, | one month |
| 9. Whether First Attack, | 1st attack |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | |
| 12. Duration of Existing Attack, | one Month. |
| 13. Supposed Cause, | (suffers from Locomotor ataxia) |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | probably |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | James Kelly Brother. Patient has Brother insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21st day of January One thousand nine hundred

*(To be signed by the party applying)* James Kelly

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(*) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.*

I, the undersigned, John Kennedy
being a (*) Medical Officer (Parochial Department)
and being in actual practice as a (*) General Practitioner & Berwick
do hereby certify, on oral and conscience, that I have this day, at (*) Rose Street
separately from any other Medical Practitioner, in the County of Ayr
visited and personally examined (*) George Kelly, Mariner
Engineer, residing there, and that
the said George Kelly is a (*) Person
of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(*) *Physician or Surgeon, or otherwise, as the case may be.*

(*) *Insert Street, and number of the house (if any), or other like particulars.*

(*) *Insert Designation and Residence, and if a Pauper state so.*

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

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*)
Wanders in his Conversation, will not be
regulated on the Subject of Limited Funds.
Refuses to live way to great Applause.
Tears Vacancy before him.

(*) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (*)
By Wife. States he is in abject poverty
& clothed in rags.
Patient has an Blankard pension from Indian Government

Name and Medical Designation, John Kennedy M.B.C.M.
Place of Abode, Berwick

Dated this 21st day of January One thousand nine hundred

## MEDICAL CERTIFICATE, No. II.

(*) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.*

I, the undersigned, Charles Basil Richards
being a (*) Member of the Royal College of Physicians
of Edinburgh
and being in actual practice as a (*) General practitioner
do hereby certify, on oral and conscience, that I have this day, at (*) 8 Berwick
Place, Prestwick Ayrshire in the County of
Ayrshire separately from any other Medical Practitioner,
visited and personally examined (*) George Kelly Mariner
Engineer residing there and that
the said George Kelly is a (*) Person
of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(*) *Physician or Surgeon, or otherwise, as the case may be.*

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

(*) *Insert Designation and Residence, and if a Pauper state so.*

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

(*) *State the facts.*

1. Facts indicating Insanity observed by myself: (*) Dull, constant
frowning, refuses to converse rationally
Says himself about - believes he is dying.

(*) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (*)
Nurse, does my Inspection, Reports he is
a Pauper and has no clothing, himself
shows that Wrapping & Linnen

Name and Medical Designation, Charles Richards Medical Officer
Place of Abode Prestwick Ayrshire

Dated this 21 day of January One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Office on Oaths
being (*) M.D. Edin
hereby certify, on oral and conscience, that I have this day, at (*) Gartnavel (*) State medical qualification.
in the County of Glasgow (*) State place of examination.
seen and personally examined
William Kelly from Prestwick and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (*)
And I further certify that the case of the said person is one of Emergency. (*) State place at which Asylum is situated.

Office on Oaths

Dated this 22 day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein George Kelly
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* Geo. Kelly

*Address* Calmes Board Shiels &

*Date* 22 January 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (*) Sheriff Substitute of the (*) County of Lanark. (*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
having had produced to me, with a Petition at the instance of (*) James Kelly, Prestwick, Ayrshire (*) State whether a County or Stewartry. (*) Insert Name and Designation.
Certificates under the hands of William Hewitt
and Charles Basil Richards being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) George Kelly, 8 Berwick Place, Prestwick, Petre Brothers (*) Describe Mr, and if a Pauper, state so.
and that the said George Kelly
is a (*) person of unsound mind (*) Lunatic, or an insane Person, or an Idiot, or a Person of unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said George Kelly
as a patient into the Glasgow Royal Asylum at Gartnavel, and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Kelly
which accompanied the said Petition.

Dated [at Glasgow] this Twenty-third day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.167

George Kelly

acom$^{d}$ 22$^{nd}$ Jany 1900

# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,*

The Petition of Jane Forrest residing at 6 Beaumont Place Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Blockley your Petitioner's (3) Sister residing at Lately at 96 Musard Road Flat London, now at 200 High St Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Blockley to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jane Forrest

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Forrest or Blockley |
| 2. Sex and Age, | Female 34 Years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 96 Musard Road Flat London |
| 7. Place where Found and Examined, | 200 High St. Glasgow |
| 8. Length of time Insane, | Eight weeks |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | 34 years |
| 11. When and where previously under Examination and Treatment (5) | Since 6th Dec 99 Colney Hatch |
| 12. Duration of Existing Attack, | Eight weeks |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not Known |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Elizabeth Forrest or Tweddle 200 High St. Glasgow none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of January One thousand nine hundred

*(To be signed by the party applying)* Jane Forrest

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Chalmers
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 200 High Street Glasgow
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Blockley Housewife residing at 200 High Street Glasgow
and that
the said Margaret Blockley is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that she is entitled to a peerage which the prince of Wales holds and the property she has in London given to her by me. Seymour Leslie with a thousand pounds was taken from her, and that fact was communicated to her head.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From her Sister Jessie Forrest. tells me that she accuses her brother in Law of stealing £800 which he has in his boots, Says that she shouts and cannot be consoled at times. And her constant talk is about the peerage

Name and Medical Designation, Wm Chalmers Physician & Surgeon
Place of Abode, 173 George St. Glasgow

DATED this 22nd day of January One thousand nine hundred /

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Craig
being a (1) Licentiate of the faculty of Physicians Surgeons, Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 200 High St. Glasgow
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Blockley, housewife residing at 200 High St. Glasgow
and that
the said Margaret Blockley is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A suspicious sardonic look in the eye when spoken to, a strong stare at nearness when unoccupied: tells me that she is entitled to a Scotch Peerage which has been seized from her Father by others: That the authorities in London are accusing her of) Stealing £800 from Seymour Leslie: That when she was in Goldey Hatch London she gave a baby Chopper up & put down Mr W. C. Gregsons
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Brother in law
Her Sisters tell me she talks incessantly about money matters & peerages, she is restless & sleeps almost none. Her brother in Law tells me she accuses him of Stealing money from her & other things generally

(7) *State the information and from whom derived.*

relative

Name and Medical Designation, James Craig LRCPS Edinb
Place of Abode 6 Armfield Place, Dennistoun, Glasgow

DATED this 22nd day of Jany One thousand nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Lyle (1), Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Jane Forest 6 Beaumont Place Edinburgh Certificates under the hands of William Chalmers and James Craig being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Forest or Blockley lately residing at 96 Minard Road Flats, Govan, now at 206 High Street Glasgow - Petitioners sister and that the said Margaret Forest or Blockley is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Forest or Blockley as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Forest or Blockley which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this 22nd day of January One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]*

10.168

Mary Forrest or Blockley

admr 22nd Jany 1900

NOTE—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board**, I hereby sanction the admission of

James Mc Connell

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

John Fraser

*Commissioner in Lunacy.*

*To*

Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this Twenty third day of January

One Thousand ~~Eight~~ Nine Hundred ~~and Ninety~~

M & G Ltd—300—8-97

James McConnell

Volunteer

Adm$^{n}$ 23$^{rd}$ Jany 1900

Nale 40

NOTE—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board**, I hereby sanction the admission of

Nesta Anderson,

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

J. Ross Fraser

*Commissioner in Lunacy.*

*To*

Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this twenty-fourth day of January

One Thousand ~~Eight~~ nine Hundred ~~and Ninety~~.

M & G Ltd—300—3-97

Nesta Anderson

Voluntary

Adm' 24th Jany 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of John Simpson Brisbane residing at 7 Leven St. P. Shields humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Milne Brisbane your Petitioner's (3) father residing at 7 Leven St. P. Shields is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Milne Brisbane to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Simpson Brisbane

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 25th day of (4) January One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Milne Brisbane |
| 2. Sex and Age, | Male 55 Years of age. |
| 3. Married, Single, or Widowed, | Widowed. |
| 4. Condition of Life, and previous Occupation (if any), | Shipping Clerk. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 7 Leven St. (16 years) |
| 7. Place where Found and Examined, | 7 Leven St. |
| 8. Length of time Insane, | about 2 months. |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 53 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel. |
| 12. Duration of Existing Attack, | about 2 months |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Cannot Say. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Simpson Brisbane 7 Leven St P. Shields (Son) None known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of January One thousand nine hundred

*(To be signed by the party applying)* John Simpson Brisbane

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned,
being a (1) Bachelor of Medicine and Bachelor of Surgery
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Victoria Infirmary in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Robert Brisbane 7 Leven St Pollokshields and that the said Robert Brisbane is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) (1) He often answers correctly a single question but cannot reply consistently to a few simple connected questions: his attention wanders: he returns again & again to the first idea. (2) He has fits of causeless anger in which he shouts constantly, disturbing other patients; tries to get out of bed; asserts that he can walk (though hemiplegic); strikes at the nurse: may promise to be quiet but at once forgets it & is as noisy as before. (3) He smokes, grins & generally behaves as an insane person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The nurse states that she has seen him rub his fingers in his motions and then lick them.

*Name and Medical Designation,* John Crow M.B. Ch.B.

*Place of Abode,* Victoria Infirmary

DATED this 25th day of January One thousand nine hundred.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned,
being a (1) Bachelor of Medicine and Bachelor of Surgery
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Victoria Infirmary in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Robert Brisbane 7 Leven St. Pollokshields and that the said Robert Brisbane is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He behaves as an insane person. He can tell you his name at times but at other times some wholly erroneous answer. He does not know where he is at present although he has been told repeatedly. When asked a question he may often replies "Coming through the rye". He gesticulates wildly & shouts towards in a loud voice. He sometimes has to be held down in bed.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The nurses say that he often shakes violently at them when they go near him.

*Name and Medical Designation,* Arthur Voet M.B. Ch.B

*Place of Abode* Victoria Infirmary

DATED this 25th day of January. One thousand nine hundred

5/-/-
11/46

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esq. Advocate (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Simpson Brisbane 1 Seven Stud. Pollokshields
Certificates under the hands of John Crow
and Arthur Foot being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Milne Brisbane, 1 Seven Stud, Pollokshields. Petitioners Father
and that the said Robert Milne Brisbane
is a (5) Person of unsound mind
and a proper Person to be detained and taken care of. DO HEREBY AUTHORIZE you to receive the said Robert Milne Brisbane as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Milne Brisbane which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty sixth day of January
One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] J. Boyd

10.169

Robert Milne Bisbane

adm$^{d}$ 26$^{th}$ Jany 1900

14,979

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
20 JAN. 1909
SCOTLAND

## APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned William Ferguson, 52 Glencairn Drive, Pollockshields, being desirous to transfer Elizabeth Russell Ferguson at present a Patient in the Lanark District Asylum, and (¹) detained there at my instance from the said Asylum to the Glasgow Royal Asylum, Gartnavel beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(¹) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

### STATEMENT OF PARTICULARS.

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Russell Ferguson. |
| 2. Sex and Age, | Female, 57 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and Previous Occupation (if any), | Housewife. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Parish to which the Lunatic (if a Pauper) is Chargeable, | — |
| 7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane, | Husband: The Petitioner. |

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) x William Ferguson

(²) Husband.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this 18th day of January One thousand ~~eight~~ nine hundred ~~and~~ years.

*N.B.*—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—January 1898.

10.170

Eliz[a] Russell Ferguson

adm[n] 27th Jany 1900

## MEDICAL CERTIFICATE.

I, the undersigned Archibald Campbell Clark.

(1) Name Asylum. hereby certify that I have this day at (1) Lanark District Asylum personally examined Elizabeth Russell Ferguson who has been a

(2) Insert Date of Admission. Patient in said Asylum since (2) 31st January 1899 and I certify that

(3) Insert "is," or "is not," as the case may be. the said Patient is a person of unsound mind, (3) not epileptic, (3) not suicidal, (3) but dangerous to others. I also certify, with respect to the Mental State of

(4) Describe Mental State. the Patient, that (4) She labours under delusions of persecution, and has hallucinations of sight and hearing

(5) Describe Bodily State. and with respect to the Bodily State of the Patient, that (5) They are average

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Glasgow Royal (Gartnavel) Asylum inadvisable; and

(6) Insert "the following are," or "there are no," as the case may be. I further certify that (6) the following are facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

She is sometimes dangerous, especially when thwarted by nurses in the discharge of their duty

(Name) Archd Campbell Clark

(Medical Qualification) M.B.

(Date) 17 Jany 1900

---

## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

The foregoing Application having been made to the Board to authorize the transfer of Elizabeth Russell Ferguson from Lanark District Asylum, to Glasgow Royal Asylum, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J W A Reoch Commissioner. Secretary.

DATED at Edinburgh, this 20th day of January One thousand ~~eight hundred and~~ nine hundred.

**Date of Sheriff's Order** [*to be inserted at the Office of Board*].

2nd February 1899.

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Allan Stewart residing at Fairlie House, Fairlie, Ayrshire, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald McPherson Stewart your Petitioner's (3) Brother residing at 40 Garthland Drive, Dennistoun, Glasgow, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Donald McPherson Stewart to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Allan Stewart

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 31st (4) day of January One thousand nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Donald McPherson Stewart. |
| 2. Sex and Age, | Male: 34 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Clerk. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 40 Garthland Drive, Glasgow. |
| 7. Place where Found and Examined, | 38 Cochrane Street, Glasgow. |
| 8. Length of time Insane, | Two months. |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | 34 years |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | Two months. |
| 13. Supposed Cause, | Intemperance. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | John Stewart, Fairlie House Fairlie, Ayrshire. Father Mary McKenzie or Stewart 40 Garthland Drive, Glasgow - Wife. none. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 31st day of January One thousand nine hundred

*(To be signed by the party applying)* Allan Stewart

T. & A. C.—Dec. 1899.

P. p.

## MEDICAL CERTIFICATE, No. I.

(*) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) Insert Designation and Residence, and if a Pauper state so.

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

(*) State the facts.

(*) State the information, and from whom derived.

I, the undersigned, John Carswell
being a (*) Licentiate of the Royal College of Physicians Edinburgh, and of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (*) Physician
do hereby certify, on soul and conscience, that I have this day, at (*) 38 Cochrane Street, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (*) Donald McPherson Stewart residing at 10 Garthland Drive, Dennistoun, Glasgow and the said Donald McPherson Stewart is a (*) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (*) He is restless & excited, and he labours under the influence of delusions & hallucinations, such as, that he is under the influence of mesmerism, that his thoughts are known, and that he hears people speaking about him. Also that he is employed at mesmerism.

2. Other facts (if any) indicating Insanity communicated to me by others: (*) His wife states that he has been depressed & restless for two months, and that he constantly imagines people are speaking about him. Also that he is employed at mesmerism.

Name and Medical Designation, John Carswell L.R.C.P.E. & L.R.C.S.E.

Place of Abode, 5 Royal Crescent Glasgow.

Dated this 31st day of January One thousand nine hundred.

## MEDICAL CERTIFICATE, No. II.

(*) Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) Insert Designation and Residence, and if a Pauper state so.

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

(*) State the facts.

(*) State the information and from whom derived.

I, the undersigned, Alexander Ferguson Moffat
being a (*) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh
and being in actual practice as a (*) Physician
do hereby certify, on soul and conscience, that I have this day, at (*) 38 Cochrane St Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (*) Donald McPherson Stewart. Clerk residing at 10 Garthland Drive Dennistoun and that the said Donald McPherson Stewart is a (*) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (*) He is depressed and exhausted under the influence of delusion such as that he has been unable to sleep for three months in consequence of some hostile power having put him under the influence of Mesmerism. He also states that he is followed by detectives. The same reasons upon which I arrived at my opinion.

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

Name and Medical Designation, Alexander Ferguson Moffat L.R.C.P. L.R.C.S. Edin.

Place of Abode, 38 Cochrane St. Glasgow.

Dated this 31st day of January One thousand nine hundred.

## CERTIFICATE OF EMERGENCY.

(*) State place of residence.

(*) State place at which Asylum is situated.

(*) Insert Name and Designation.

(*) Describe him, and if a Pauper, state so.

(*) Lunatic, or an insane Person, or an Idiot, or a Person of unsound mind.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Carswell
being (*) a Licentiate of the Royal College of Physicians Edinburgh & Faculty of Physicians & Surgeons Glasgow
hereby certify, on soul and conscience, that I have this day, at (*) 38 Cochrane Street, Glasgow,
in the County of Lanark, seen and personally examined Donald McPherson Stewart, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (*) Parkmavel.

And I further certify that the case of the said person is one of Emergency.

J. Carswell L.R.C.P.E.

Dated this 31st day of January One thousand nine hundred.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Donald McPherson Stewart, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Brother

Signature Allan Stewart

Address Fairlie House Fairlie

Date 31st January 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(*) State whether a County or Stewartry.

I, John Boyd Esquire (*) Sheriff Substitute of the (*) County of Lanarkshire having had produced to me, as a Person at the instance of (*) Allan Stewart Fairlie House Fairlie Ayrshire Certificates under the hands of John Carswell and Alexander N. Moffat being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) Donald McPherson Stewart. 10 Garthland Drive Dennistoun Glasgow (Petitioners brother) and that the said Donald McPherson Stewart is a (*) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Donald McPherson Stewart as a patient into the Glasgow Royal Asylum at Gartnavel, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Donald McPherson Stewart which accompanied the said Petition.

Dated [at Glasgow] this First day of February One thousand nine hundred

To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.

[Signature] J. B. Boyd

10.171

Donald McPherson Stewart

Com$^{d}$ 31$^{st}$ Jany 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of John Herkless

residing at The Stores, St. Andrews

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret Ferguson Knox or Herkless your Petitioner's (3) Sister-in-law residing at Torwood Mansard Road Partickhill Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Margt. F. Knox or Herkless to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Herkless

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 31st (4) day of January One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Ferguson Knox or Herkless |
| 2. Sex and Age, | female. 50 |
| 3. Married, Single, or Widowed, | widow |
| 4. Condition of Life, and previous Occupation (if any), | of Lecturer |
| 5. Religious Persuasion, so far as known, | Presb. Church |
| 6. Previous Place of Abode, | Torwood Mansard Road Partickhill Glasgow |
| 7. Place where Found and Examined, | do. |
| 8. Length of time Insane, | over two years |
| 9. Whether First Attack, | second |
| 10. Age (if known) on First Attack, | uncertain |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel Asylum in 99 |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Heredity & grief at death of favourite dog |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Petitioner, brother-in-law<br>Mother is a patient in an asylum & has been so for many years |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 31st day of January One thousand nine hundred

*(To be signed by the party applying)* John Herkless

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Elizabeth Margaret Pace being a (1) Doctr of Medecine of London University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Torwood Minard Road Partickhill in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Ferguson Knox or Herkless and that the said Mrs D.F. Knox or Herkless is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) 1) Although addressed Wife when spoken to she does not understand the drift of conversation - saying why where is the money one promised her to leave (2) She has repeatedly told me that she has no money & cannot pay for household, which is not a fact.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) 1) Constant restless movement & moaning - 2) She told the nurse Mother husband was an expense to her because she could not stop moaning - forgetting about his serious illness 3) told the nurse to order very little for dinner as they had no money -

*Name and Medical Designation,* Elizabeth M. Pace M.D.

*Place of Abode,* 7 Newton Place.

DATED this 31st day of January One thousand nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alice Janet McLaren being a (1) Doctor of Medicine residing in Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Torwood Minard Road in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Ferguson Knox or Herkless of Torwood, Minard Road, Glasgow and that the said Mrs D. F. Knox or Herkless is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) 1) That she is in constant movement - absolutely never keeping incessantly & repeating phrases aimlessly or else moaning - That her fingers are occupied with her own picking of them - That during her husband's illness she kept well and quiet.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she has twice upon been an inmate of Asylum - That her restlessness & talking is never at an incessant. That she does not sleep without opiates - That she claims she is entirely cured, which is a delusion

*Name and Medical Designation,* Alice Janet McLaren M.D.

*Place of Abode* 7. Newton Place Glasgow

DATED this 31st day of January One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) MD London University hereby certify, on soul and conscience, that I have this day, at (2) Jorwood Muirend Road - Glasgow in the County of seen and personally examined Mrs Margaret Ferguson Knox or Kirkless, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Elizabeth Margaret Pace

DATED this 31st day of January One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs Marg.t Ferguson Knox or Kirkless to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Uncle by Marriage

*Signature* Wood Blaveline

*Address* 14 ~~Woodside~~ Terrace

*Date* 31 January 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John Kirkless The Scores St Andrews. Certificates under the hands of Elizabeth Margaret Pace, and Alice Janet Wharen being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Ferguson Knox or Kirkless, Jorwood Muirend Road, Partickhill, Glasgow. Petitioners Sister in Law and that the said Mrs Margaret Ferguson Knox or Kirkless is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Margaret Ferguson Knox or Kirkless as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Margaret Ferguson Knox or Kirkless which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this First day of February One thousand nine hundred.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10. 17½.

Mary J. Knox & Heirless

Accn. 31st. Jany 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Ayr. *and his Substitutes,—*

The Petition of Robert McCord.
41 Waterloo St. Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Fraser or McCord. your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Fraser or McCord to the Gartnavel Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Robert McCord

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of February One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Annie Fraser or McCord. |
| 2. Sex and Age, | Female. 34 (about) |
| 3. Married, Single, or Widowed, | married. |
| 4. Condition of Life, and previous Occupation (if any), | — |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 28 Cadzow Road. Ayr |
| 7. Place where Found and Examined, | Do. |
| 8. Length of time Insane, | About a month. |
| 9. Whether First Attack, | No. recent. |
| 10. Age (if known) on First Attack, | 29. |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel Asylum. 5 yrs ago. (April. 1895) |
| 12. Duration of Existing Attack, | About a month. |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Robert McCord 41 Waterloo St Glasgow. No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of February One thousand nine hundred

*(To be signed by the party applying)* Robert McCord

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Jerh Mc Vienna.
being a (1) Bachelor of Medicine Master in Surgery Glasgow University
and being in actual practice as a (2) Medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 2 St Andrews Road Ayr. in the County of Ayr. separately from any other Medical Practitioner, visited and personally examined (4) Annie Fraser McLeod 2 Saint Andrews Road Ayr and that the said Annie Fraser McLeod is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very excitable & nervous. does not answer questions correctly. Told me she would knock the brains out of the child if she had her. Told me she was hearing peculiar sounds, & that her friends were lying to her about them. Talked in a very strong Welsh accent sometimes.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Campbell states that she found her running about the house almost in a nude condition, threatened to injure her child. She has been peculiar almost since Christmas & was talked to in a sensible manner.

*Name and Medical Designation,* Jerh Mc Vienna. M.B. C.M.

*Place of Abode,* 1 Randolph Terrace. Ayr.

DATED this 1st day of February. One thousand nine hundred and ~~seventy~~.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Allerton.
being a (1) Doctor of medicine & Glasgow University
and being in actual practice as a (2) physician & surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) 2 St Andrews Road Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Annie Fraser or McCord (named) 2 St Andrews Rd Ayr. and that the said Annie Fraser or McCord is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is violent at times & talks very incoherently. Restless state. Refusing to answer questions. Neglects her little girl & pays no attention to her. Talks in the Welsh voices which say awful things to her.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Campbell told me that at Christmas she sent a bag of rubbish as a Christmas present

*Name and Medical Designation,* R Allerton M.D.

*Place of Abode* Kelhetton Ayr

DATED this first day of February One thousand nine hundred —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address* Robert McCord
71 Waterloo St Glasgow

*Date* 1st July 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Alexander Ott Paterson Esq. Advocate S.S.
(1)
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Robert McCord
71 Waterloo Street Glasgow
Certificates under the hands of Fergus McKenna M.B.
and R.A. Morton M.D. being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Annie Fraser or McLord and that the said
Annie Fraser or McLord is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Fraser or McLord as a Patient into the
(6) her Asylum of Gartnavel Glasgow and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Fraser or McLord which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Ayr ] this First day of February
One thousand nine hundred years.

*To the Superintendent of the* (7)
Gartnavel Asylum of at Glasgow

[*Signature*] William A. Ott Paterson

(7) Public, District, Parochial, or Private.

10. 173

Annie Fraser or McCord

Com^d 1^st Feby 1900

4807.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, JOHN MACPHERSON, M.D. ----------

one of the Commissioners of the General Board of Lunacy, having duly considered the Application made by Alexander Young, 20 Buccleuch Street, --- Glasgow, ---------- for the liberation on trial of Mrs Janet Fraser or Young ---------- a Patient in Glasgow Royal Asylum ---------- together with the accompanying Statement and Medical Certificate, do, by Authority of the Board, hereby sanction the liberation of the said Patient until 31st December, 1900.

John Macpherson M.D.
*Commissioner in Lunacy.*

Dated at Edinburgh, this Second ---------- day of February, ---

One Thousand ~~Eight Hundred and~~ Nine hundred.

---

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

Left on Sat. Feby 24 - (intimated GB)
Boarded with Mrs Mathews
19 Randolph Crescent Stenhouse

Janet Fraser Young
2° July 1900.

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

4806.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, JOHN MACPHERSON, M.D. ----------

one of the Commissioners of the General Board of Lunacy, having duly considered the Application made by William Cochran ----------

----------for the liberation on trial of

Elizabeth Cochran or Black ---------- a Patient in

Glasgow Royal Asylum ----------together with the accompanying Statement and Medical Certificate, do, by Authority of the Board, hereby sanction the liberation of the said Patient until 31st December, 1900.

John Macpherson M.D.
*Commissioner in Lunacy.*

Dated at Edinburgh, this Second---------- day of February----

One Thousand ~~Eight Hundred and~~ Nine hundred.

---

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

Left
brought back —

absolved

M & G Ltd—500—8-98

Eliz. Cochrane Black
2 Feby 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Lanarkshire

*of* and his Substitutes,—

The Petition of Mrs Lillie Rachan Day Clarke

residing at 112 Eglinton Avenue Belfast

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr Robert Clarke your Petitioner's (3) Husband residing at 112 Eglinton Avenue Belfast is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mr Robert Clarke to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Lillie H. Clarke

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of February ~~nine hundred~~ One thousand (1900)

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Clarke |
| 2. Sex and Age, | Male 68 years |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Gentleman Farmer |
| 5. Religious Persuasion, so far as known, | Methodist |
| 6. Previous Place of Abode, | 112 Eglinton Avenue Belfast |
| 7. Place where Found and Examined, | Do Do Do |
| 8. Length of time Insane, | 10 months |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | 67 years |
| 11. When and where previously under Examination and Treatment (5) | — No Where |
| 12. Duration of Existing Attack, | 10 months |
| 13. Supposed Cause, | Influenza |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Robert Clarke Eglinton Avenue Belfast His Grandfather & Aunt were affected much the same way |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of February ~~One thousand nine hundred~~ (1900)

*(To be signed by the party applying)* Lillie H. Clarke

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Samuel Fergus
being a (1) M. D of Queens Univ Royal University Ireland
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 112 Eglantine Avenue Belfast in the County of Antrim Ireland separately from any other Medical Practitioner, visited and personally examined (4) Mr Robert Clarke Gentleman Farmer of 112 Eglantine Avenue Belfast and that the said Mr Robert Clarke is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Confused as to locality not aware of where he is residing at present. Strong antipathy to persons without cause

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Insomnia. Delusions seeing imaginary people. Suspicious of his friends

*Name and Medical Designation,* Samuel Fergus M.D

*Place of Abode,* Blackwatertown Co Armagh

DATED this Second day of February One thousand nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Charles Kerr
being a (1) M D of Royal Univ Ireland
and being in actual practice as a (2) 1944 Donegall Pass Belfast
do hereby certify, on soul and conscience, that I have this day, at (3) 112 Eglantine Avenue Belfast Ireland in the County of Antrim Ireland separately from any other Medical Practitioner, visited and personally examined (4) Mr Robert Clarke Gentleman of 112 Eglantine Avenue Belfast Ireland and that the said Mr Robert Clark is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
1st He is in Belfast but believes he is at Caledon or various places
2nd He fails to recognize at times his near friends

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
1st He is sleepless - his wife informs me
2nd He thinks he is on a journey (journey) his wife informs me
3rd He suspects both from Illness & delusion his Father-in-law informs me

*Name and Medical Designation,* Charles Kerr MD

*Place of Abode* 1944 Donegall Pass Belfast

DATED this 2 day of Feby One thousand nine hundred.

# CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Samuel Fergus
being (1) M.D Queens now Royal University Ireland
hereby certify, on soul and conscience, that I have this day, at (2) 112 Eglantine Avenue Belfast
in the County of Antrim, seen and personally examined Mr Robert Clarke, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Samuel Fergus

DATED this Second day of February One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mr. Robert Clarke
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife

*Signature* Lillie G Clarke

*Address* 112 Eglantine Avenue Belfast

*Date* 2nd February 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Lillie Richardson Clarke, 112 Eglantine Avenue Belfast. Certificates under the hands of Samuel Fergus and Charles Kerr being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Clarke 112 Eglantine Avenue Belfast (Petitioners husband and that the said Robert Clarke is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Clarke as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Clarke which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Third day of February One thousand nine hundred.

W Guthrie

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature]

10.1914

Robert Clarke

aged 3rd July 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of William Brown residing at 8 Torrie St Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ebenezer Brown your Petitioner's (3) Brother residing at 9 Millbrae Crescent, Langside, Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ebenezer Brown to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Wm Brown

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (4) day of February One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Ebenezer Brown |
| 2. Sex and Age, | 54. |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Clerk |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 9 Millbrae Crescent, Langside. |
| 7. Place where Found and Examined, | " " " " |
| 8. Length of time Insane, | 3 months. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 54. |
| 11. When and where previously under Examination and Treatment (5) | Never |
| 12. Duration of Existing Attack, | 3 months, |
| 13. Supposed Cause, | Erysipelas of face in Sept. 99. |
| 14. Whether subject to Epilepsy, | No and business worry. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Miss Agnes Brown his Sister - 9 Millbrae Crescent, Langside. A Cousin was in Morningside. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of February One thousand nine hundred

*(To be signed by the party applying)* Wm Brown

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Paterson being a (1) Bachelor of medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Nine Millbrae Crescent Langside in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Ebenezer Brown and that the said Ebenezer Brown is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Hallucinations of sight & hearing
Incoherency of Speech.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Loss of control over actions
Loss of personal decency etc
Communicated by Sister

*Name and Medical Designation,* William Paterson

*Place of Abode,* 43 Millbrae Road Langside

DATED this Seventh day of February One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ebenezer Brown, Clerk residing there & called at 9 Millbrae Crescent Langside and that the said Ebenezer Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is dull, inert & restless & resistive will not reply to questions but mutters from time to time that "This is the end of the world" & says to-day "Hell fire"

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B., Ch.B.

*Place of Abode* 101 Oxford Drive.

DATED this ninth day of February One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, J. Goldie-Scot
being (1) a Bachelor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Royal Asylum Gartnavel, Glasgow
in the County of Lanark, seen and personally examined Ebenezer Brown, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

J. Goldie-Scot

DATED this Eighth day of February One thousand nine hundred and Seven.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Ebenezer Brown to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* Wm Brown

*Address* 8 Forres St. Edinburgh

*Date* 8 February 1907

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esq. advocate, Sheriff Substitute — (1)
of the (2) County — of Lanark —
having had produced to me, with a Petition at the instance of (3) William Brown, 8 Forres Street, Edinburgh —
Certificates under the hands of William Paterson, M.B. —
and James Dundas Cochran, M.B.C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ebenezer Brown, 7 Millbrae Crescent, Langside, Glasgow, Petitioner's brother —
and that the said Ebenezer Brown —
is a (5) person of unsound mind —
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ebenezer Brown —
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ebenezer Brown — which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this Ninth — day of February. One thousand nine hundred and seven.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.175

Ebenezer Brown

aged 8th July 1900

14,994.

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

## APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY
5 FEB 1900
SCOTLAND

I, the undersigned David Ross McGillivray being desirous to transfer Janet McGillivray at present a Patient in Govan District Asylum, and (¹) whose brother I am

from the said Asylum to the Glasgow Royal Asylum beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(¹) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

### STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length, . . . . . Janet McGillivray
2. Sex and Age, . . . . . Female 21 Years
3. Married, Single, or Widowed, . . . Single
4. Condition of Life, and Previous Occupation (if any), . . . . . Hotel Keepers daughter
5. Religious Persuasion, so far as known, . Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable, . . . . . or
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane, . . . . . David Ross McGillivray Corpach Brother No

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*To be signed by the Applicant*) D. R. McGillivray

(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED this 3rd day of February One thousand ~~eight~~ nine hundred ~~and~~

---

*N.B.*—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—May 1898.

10-176

Janet McGillivray
adm$^{n}$ 8$^{th}$ Dec 1900

## MEDICAL CERTIFICATE.

I, the undersigned William Riddell Watson hereby certify that I have this day at (1) Govan District Asylum personally examined Janet McGillivray who has been a Patient in said Asylum since (2) 26th December 1899 and I certify that the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal, (3) is not dangerous to others. I also certify, with respect to the Mental State of the Patient, that (4) She is the subject of melancholia with delusions and she takes her food with great reluctance and with respect to the Bodily State of the Patient, that (5) it is under average. She is the subject of incipient Phthisis and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Glasgow Royal Asylum inadvisable; and I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient :—

(1) Name Asylum.

(2) Insert Date of Admission.

(3) Insert "is," or "is not," as the case may be.

(4) Describe Mental State.

(5) Describe Bodily State.

(6) Insert "the following are," or "there are no," as the case may be.

(Name) W R Watson

(Medical Qualification) LRCS & LRCP Ed

(Date) 29 January 1900

---

## SANCTION BY THE BOARD OF LUNACY.

*(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)*

The foregoing Application having been made to the Board to authorize the transfer of Janet McGillivray from Govan District Asylum to Glasgow Royal Asylum, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

W L Reid Secretary.

DATED at Edinburgh, this 5th day of February One thousand ~~eight hundred and~~ nine hundred.

**Date of Sheriff's Order** [*to be inserted at the Office of Board*].

28th December 1899.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Bute *and his Substitutes,—*

*of*

The Petition of Margaret Neilson residing at 20 Ardbeg Road Rothesay

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Elizabeth Neilson your Petitioner's (3) Sister, residing at 20 Ardbeg Road Rothesay is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charlotte Elizabeth Neilson to the Asylum at Garnkirk and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Margaret Neilson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 4th (4) day of February ~~One thousand eight hundred and~~ 1900.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Charlotte Elizabeth Neilson |
| 2. Sex and Age, | Female 35. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | No occupation Fleshy Virigan |
| 5. Religious Persuasion, so far as known, | Church |
| 6. Previous Place of Abode, | 20. Ardbeg Rd. Rothesay |
| 7. Place where Found and Examined, | Same |
| 8. Length of time Insane, | 35. Years |
| 9. Whether First Attack, | Third Incarceration |
| 10. Age (if known) on First Attack, | Eighteen |
| 11. When and where previously under Examination and Treatment (5) | Garnkirk & Glenside |
| 12. Duration of Existing Attack, | About Six Months |
| 13. Supposed Cause, | Drowning accident |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Margaret Neilson (Sister) 20 Ardbeg Rd. Rothesay None |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of February 1900 One thousand ~~eight hundred~~ and

(*To be signed by the party applying*) Margaret Neilson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Vain Marshall being a (1) Doctor of Medicine (Univ Glasgow) and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 20 Ardsley, Rotherham Butts in the County of separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Elizabeth Neilson and that the said Charlotte Elizabeth Neilson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Depression is present and then an excitement manifested by utterances such as "What is the use" - "I am lost" &c. The patient fails and treats the persons of any one who may come near her -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister tells me that she is so violent at times that she cannot be controlled - She get out of bed & runs about with insufficient clothing

Name and Medical Designation, J. V. Marshall M.D.

Place of Abode, Rotherham

DATED this 6th day of Feb One thousand eight hundred and 1902

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, Andrew Johnston Hall being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 20 ardbeg Road, Rotherham. in the County of Yorks separately from any other Medical Practitioner, visited and personally examined (4) Charlotte Elizabeth Neilson and that the said Charlotte Elizabeth Neilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She wears a most despondent aspect, She cannot be got to take interest in any thing nor to speak rationally, but gives utterance to expressions of despair.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister Miss Neilson tells me she sleeps very badly, she takes paroxysms of temper and altogether is unreasonable and beyond control by rational methods at home
Her sister also says she believes she is mentally lost.

Name and Medical Designation, Andrew J. Hall MD

Place of Abode Butterybank Rotherham

DATED this 7th day of Feby One thousand eight hundred and two years anno domini

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature and Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Johnstone Martin Esquire (1) Advocate Sheriff Substitute of the (2) Sheriffdom of Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Margaret Neilson residing at Juverly Undeg Road Rothesay Certificates under the hands of John Kain Marshall M.D. (Glasg) Rothesay and Andrew Johnstone Hall M.D. (Glasg) Rothesay being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte Elizabeth Neilson residing at Juverly Undeg Road Rothesay in the County of Bute a Private Patient and that the said Charlotte Elizabeth Neilson is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charlotte Elizabeth Neilson as a Patient into the (6) Public Asylum of Gartnavel, Glasgow and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Elizabeth Neilson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Rothesay ] this Eighth day of February One thousand ~~eight hundred and~~ Nine Hundred

*To the Superintendent of the* (7) Public
*Asylum of* Gartnavel, Glasgow

(7) Public, District, Parochial, or Private.

*[Signature]* T. J. Martin

10.177

Charlotte Eliz.th Neilson

Adm.r 8.th Feby 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of William Toward residing at 5 Granby St. Shawlands. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Toward sister residing at Oakbank Villa, Kirn your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Toward to the Glasgow Royal asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* William Toward

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 10th (4) day of February One thousand ~~eight hundred and~~ nine Hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Toward |
| 2. Sex and Age, | female 48 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Lady |
| 5. Religious Persuasion, so far as known, | Established Church |
| 6. Previous Place of Abode, | Oakbank Villa. Kirn |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | Over three months |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | 48 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | intemperance |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Petitioner her brother address as above none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of February nine One thousand ~~eight~~ hundred ~~and~~

*(To be signed by the party applying)* William Toward

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, George Henderson
being a (1) Licentiate of The Royal College of Physicians Edinburgh
Licent. " Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Oakbank Villa
Argyll
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Miss Jane Toward residing
and that
the said Jane Toward is a (5) person
found insane
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient speaks of seeing friends long since dead. Has long rambles in the country by herself while she has in reality never been out of bed. Imagines her attendants wish to do her bodily harm and becomes greatly excited & shouts loudly for help. Imagines she is a married woman & speaks of going to die & leave her child in charge of her friends, whereas she has no child. Has great callings for a man to attend her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Attendants have statements similar to above.

*Name and Medical Designation,* Geo. Henderson LRCPS Ed etc.

*Place of Abode,* 5 Victoria Gds. Kirn

DATED this ~~Second~~ Tenth day of February One thousand ~~eight~~ nine hundred ~~and~~.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Smith Henderson
being a (1) Licentiate of the Royal College Surgeon Edinburgh
Licentiate of the Royal College Physicians Edinburgh
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Oakbank Villa
Kirn
Argyll
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Miss Jane Toward
residing there
and that
the said Jane Toward is a (5) person
of Unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient speak of people coming who having long talks with her, who have been dead for Years. These people always have ill-treated her & place her in claims which have hurt her so that she cant move her Lands & feet for the pain. She also has extreme sexual desire, calling loudly for Some one to come into bed with her.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The nurse says patient has fits of screaming, crying that there are men in the house & that they want to do her harm. At other times she imagines nurse is a man & tries to persuade her to come into bed. At other times she says her persons are destroyed & been pulling them till they are swollen.

*Name and Medical Designation,* David Smith Henderson LRCPS Ed.

*Place of Abode* George Terrace Dunoon.

DATED this ~~Third~~ Tenth day of February One thousand ~~eight~~ nine hundred ~~and~~.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, George Henderson
being (1) LRCPS Edin. &c
hereby certify, on soul and conscience, that I have this day, at (2) Oakbank Villa Asylum
in the County of Argyll, seen and personally examined Miss Jane Toward, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) ~~Lochgilphead~~ Gartnavel / RAH.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Geo. Henderson

DATED this ~~eighth~~ Twelfth day of February One thousand ~~eight~~ nine hundred ~~and~~. 1900

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum at Gartnavel, Glasgow Asylum to receive therein Jane Toward to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* William Toward. Brother

*Signature and Address* 5 Grantly Street, Shawlands Glasgow

*Date* 10th February 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Tyffe (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William Toward, 5 Grantly Street, Shawlands Glasgow Certificates under the hands of George Henderson and David Smith Henderson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Toward, Oakbank Villa Kinnaird Avenue and that the said Jane Toward is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Toward as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Toward which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Twelfth day of February One thousand ~~eight~~ nine hundred and

*To the Superintendent of the* (7) Glasgow Royal Lunatic *Asylum of* Gartnavel

(7) Public, District, Parochial, or Private.

[Signature] T. A. Tyffe

10.178

Jane Howard

aom° 10th. July 1900

4,812

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, John Macpherson M.D.

one of the COMMISSIONERS OF THE GENERAL BOARD OF LUNACY, having duly considered the Application made by William Martin Storrar, Burnbank, Cupar Fife for the liberation on trial of Mary Young or Storrar, a Patient in Glasgow Royal Asylum together with the accompanying Statement and Medical Certificate, do, by AUTHORITY OF THE BOARD, hereby sanction the liberation of the said Patient until 14th August 1900.

John Macpherson M.D.
*Commissioner in Lunacy.*

DATED at Edinburgh, this seventeenth day of February One Thousand ~~Eight Hundred and~~ nine hundred.

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Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

Left on 24 Febry 00
Brought back on 7 March 00

Dy

May Young of Glamar
17th July 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Margaret Hill

residing at 2 Kilmorie Place. Glasgow. W.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Hill Marshall your Petitioner's (3) sister residing at 2 Kilmorie Place. Glasgow. W. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Hill Marshall to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Margaret Hill

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 22nd (4) day of February One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary Hill Marshall |
| 2. Sex and Age, | Female - 56. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | No occupation. |
| 5. Religious Persuasion, so far as known, | (Church of Scotland) Protestant |
| 6. Previous Place of Abode, | 2 Kilmorie Place. Glasgow. W. |
| 7. Place where Found and Examined, | Same. |
| 8. Length of time Insane, | about six weeks. |
| 9. Whether First Attack, | No. |
| 10. Age (if known) on First Attack, | about 40. |
| 11. When and where previously under Examination and Treatment (5) | Upwards twice. Was patient in Glasgow Royal Asylum. Gartnavel |
| 12. Duration of Existing Attack, | Six weeks |
| 13. Supposed Cause, | Family troubles. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Margaret Hill 2 Kilmorie Place. Glasgow. Aunt. No. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 22nd day of February One thousand nine hundred

*(To be signed by the party applying)* Margaret Hill

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Henry Yarrett Wilson being a (1) Graduate in Medicine M.B. Cm. of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 2 Kinnoull Place Glasgow in the County of Lanark separately from any other Medical Practitioner, — visited and personally examined (4) Mary Hill Marshall, 2 Kinnoull Place Glasgow and that the said Mary Hill Marshall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She suffers from delusions. She says voices tell her not to eat but found Insanity Coincides her. Her speech is frequently rambling incoherent & abrupt. She voices heard punished for others. Says she cant go out for people speaking about her. She is melancholy frequently crying for no reason.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her companion tells me she is often up in the night because she hears voices saying she must die. She at times refuses to take her food although voices tell her she will be punished if she eats

*Name and Medical Designation,* Henry Yarrett Wilson M.B. Cm

*Place of Abode,* 5 St. James Terrace. Glasgow W.

DATED this 22nd day of February One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Thomson being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) General medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) The Royal Asylum, Parkhead in the County of The City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mary Hill Marshall, of 2, Kinnoull Place Glasgow, now at Parkhead and that the said Mary Hill Marshall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is depressed and melancholy, and frightened at rooms. States that she is being punished by her relations, and that their punishment takes the form of causing tremors & pains in her body and of sounds and voices in her room. She also thinks that these voices tell her not to take food, even though she feels hungry. She is also under the delusion that the punishment is meted out to her on account of her (imagined) prevention of the marriage of a lady friend many years ago.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Alexander Thomson, M.B., Cm. Edin.

*Place of Abode* 5. Hamilton Park Terrace, Glasgow

DATED this 22nd day of February One thousand nine hundred,

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Henry Jarrett Wilson
being (1) M.B. Cm. of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Kinnoull Place, Glasgow.
in the County of Lanark, seen and personally examined Mary Hill Marshall, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Henry Jarrett Wilson

DATED this 22nd day of February One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mary Hill Marshall, to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Aunt

*Signature* Margaret Hill

*Address* 2 Kinnoull Place, Dowanhills

*Date* February 22nd 1902

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Guthrie (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Margaret Hill, 2 Kinnoull Place, Glasgow, W. Certificates under the hands of Henry Jarrett Wilson, M.B. & C.M. and Alexander Thomson, M.B. & C.M. – being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Hill Marshall, 2 Kinnoull Place, Glasgow, W. Petitioners niece

and that the said Mary Hill Marshall is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Hill Marshall as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Hill Marshall which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty third day of February One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

W Guthrie

[Signature]

10.179

Mary Hill Marshall

Adm° 22ⁿᵈ July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Lucy Morrison or Clarkson residing at 11 Ure Place, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Clarkson, your Petitioner's (3) Husband, residing there, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Clarkson to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Lucy Clarkson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of February One thousand nine ~~eight~~ hundred and ~~ninety~~.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Clarkson |
| 2. Sex and Age, | Male; 39 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Restaurateur. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 11 Ure Place, Glasgow. |
| 7. Place where Found and Examined, | 11 Ure Place, Glasgow. |
| 8. Length of time Insane, | Three weeks |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | 39 years. |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | Three weeks. |
| 13. Supposed Cause, | Alcoholism. |
| 14. Whether subject to Epilepsy, | No. Had two fits 17 days ago. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Lucy Morrison or Clarkson 11 Ure Place, Glasgow. Wife & Petitioner. Sister was insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of February One thousand nine ~~eight~~ hundred and ~~ninety~~.

*(To be signed by the party applying)* Lucy Clarkson

T. & A. C.—Jany. 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Carswell being a (1) Licentiate of the Royal College of Physicians Edinburgh, and of the Faculty of Physicians & Surgeons Glasgow, and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 11 Ure Place, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Robert Clarkson, residing there, and that the said Robert Clarkson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull, listless & somewhat stupid in manner and appearance; his memory is very defective; he is quite incoherent in conversation; and he is delusive as to time, place, & persons.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* J. Carswell L.R.C.P.E. & S.

*Place of Abode,* 5 Royal Crescent W. Glasgow.

DATED this 21st day of February One thousand eight nine hundred and

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be,*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Watson being a (1) Master in Surgery & Bachelor of Medicine of Royal University, and being in actual practice as a (2) general medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 11 Ure Place Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Robert Clarkson residing there and that the said Robert Clarkson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is in a condition of general weakness: has difficulty in speaking & walking: has delusions: hears voices of imaginary persons to whom he shouts replies: sees animals crawling about the bed.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife says - He wishes to get out of bed & to do stupid & unusual actions such as putting imaginary pots on the fire.

*Name and Medical Designation,* David Watson M.B. C.M.

*Place of Abode* 116 Main Street Glasgow

DATED this 21st day of February One thousand eight nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Carswell being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 11 Ure Place Glasgow in the County of Lanark, seen and personally examined Robert Clarkson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualifications and date.
(2) State place of examination.
(3) State place at which Asylum is situated.

J. Carswell L.R.C.P.E. & L.

DATED this 21st day of February One thousand eight hundred and nine.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Robert Clarkson, to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* wife

*Signature and Address* Lucy Clarkson 11 Ure Place

*Date* 21st February 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Eggmre (1) Sheriff Substitute of the (2) County of Lanark. having had produced to me, with a Petition at the instance of (3) Lucy Morrison or Clarkson, 11 Ure Place, Glasgow Certificates under the hands of John Carswell and David Watson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Clarkson, 11 Ure Place Glasgow Petrs husband and that the said Robert Clarkson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Clarkson as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Clarkson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Twentysecond day of February One thousand ~~eight~~ nine hundred and.

*To the Superintendent of the* (7) Glasgow Royal Lunatic *Asylum of* Gartnavel

(7) Public, District, Parochial, or Private.

*[Signature]* J Boyd

10,180

Robert Clarkson

Adm$^{r}$ 22$^{nd}$ July 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Patrick Graven residing at 24 King Street Coatbridge humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graven your Petitioner's (3) father residing at Slobcross St. Coatbridge is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Graven to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Patrick Graven

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of February One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Graven |
| 2. Sex and Age, | male 62 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Tobacco pipe maker |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | Slobcross St. Coatbridge |
| 7. Place where Found and Examined, | D° of Gartnavel |
| 8. Length of time Insane, | about a fortnight |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 62 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Business worry |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Has threatened |
| 16. Whether Dangerous to others, | Yes at times |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | = |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The petitioner his eldest son. address above not known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of February One thousand nine hundred

*(To be signed by the party applying)* Patrick Graven

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, being a (1) Bachelor of Medicine & Master of Surgery (Glasgow University) and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Browns St Cathkidge in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Graden Pipe manufacturer Surgeons St Cathkidge and that the said John Graden is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that his bowels are burst. that his food is drugged that his friends are unkind to him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) does not recognise the members of his family but believes them to be other persons

*Name and Medical Designation,* James McE Kay. M.B. C.M.

*Place of Abode,* 14 St John St. Cathkidge

DATED this twenty sixth day of February One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Graven Tobacco pipe maker residing there (from Coatbridge) and that the said John Graven is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He is dull dreamy & listless & takes no interest in his surroundings. Imagines that he is being oppressed & persecuted by everybody around him

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He refuses to take his food (communicated by Mr Angus head attendant)

*Name and Medical Designation,* Jas. D. Cochran. M.B

*Place of Abode* 101 Oxford Dr.

DATED this 28th day of February One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Stobcross St- Coatbridge in the County of Lanark, seen and personally examined John Graven, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James McKay M.B.C.M.

DATED this twenty eighth day of February One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein John Graven to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Medical attendant

*Signature* James McKay

*Address* 17 St John St Coatbridge

*Date* Feb 26 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan (1) Sheriff Substitute of the (2) County of Lanark. having had produced to me, with a Petition at the instance of (3) Patrick Graven 24 King Street Coatbridge Certificates under the hands of James McKay M.B.C.M. and James Runcie Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Graven, Stobeross Street Coatbridge (Petitioners father) and that the said John Graven is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graven as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Graven which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow. ] this Twenty eighth day of February One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* R M Strachan

10.181

John Graves

Acct 28th July 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Shire of Lanark and his Substitutes,—

The Petition of Robert Robb residing at 129 Renfrew St- Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Wife Jane Robertson or Robb residing at 129 Renfrew Street Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Robertson or Robb to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Robert Robb

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ~~March~~ 13 (4) day of March One thousand nine hundred 1900

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . . . . . Jane Robertson or Robb
2. Sex and Age, . . . . . Female age 53 Years
3. Married, Single, or Widowed, . . . Married
4. Condition of Life, and previous Occupation (if any), . . . . . Married
5. Religious Persuasion, so far as known, . Protestant
6. Previous Place of Abode, . . . Spring Bank Gardens Aberdeen
7. Place where Found and Examined, . . 129 Renfrew St Glasgow
8. Length of time Insane, . . . Six Days
9. Whether First Attack, . . . Second
10. Age (if known) on First Attack, . . 46 Years
11. When and where previously under Examination and Treatment (5) . . . Aberdeen
12. Duration of Existing Attack, . . . Six months
13. Supposed Cause, . . . . . Loss of Wife
14. Whether subject to Epilepsy, . . .
15. Whether Suicidal, . . . . .
16. Whether Dangerous to others, . . .
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . .
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, . . . . . Wm Robertson Brother Aberdeen No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 13 day of March One thousand nine hundred

*(To be signed by the party applying)* Robert Robb

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Ritchie
being a (1) Batchelor of Medicine & Master of Surgery of Edin. University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 129 Renfrew Street Glasgow in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Robb 129 Renfrew Street Glasgow and that the said Jane Robb is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Was under the impression that I had come to poison her & threatened me with personal violence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that she was confined in an Asylum 5 years ago.

*Name and Medical Designation,* William Ritchie M.B.C.M.,
*Place of Abode,* 342 St. Georges Road Glasgow
DATED this 13th day of March One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Angus macphee —
being a (1) doctor of medicine Glasgow university
and being in actual practice as a (2) Physician Surgeon —
do hereby certify, on soul and conscience, that I have this day, at (3) 129 Renfrew Street — in the County of the City of Glasgow — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Robertson or Robb of 129 Renfrew Street Glasgow — and that the said Mrs Jane Robertson or Robb is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
She was under the impression that her head was full of gold pieces & explained to me how I could catch some of them - She also told me that she was the Queen of hell —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband told me that she has been confined in Aberdeen Asylum 5 years ago & that she is very much the same now as she was then

*Name and Medical Designation,* Angus macphee
*Place of Abode* 4 Burnbrae Road Glasgow
DATED this thirteenth day of march One thousand nine hundred Years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Ritchie
being (1) M B, C M Edin. L R C P S E.
hereby certify, on soul and conscience, that I have this day, at (2) 129 Renfrew St Glasgow
in the County of Glasgow, seen and personally examined Jane Robb, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Asylum Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William Ritchie

DATED this 13th day of March. One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Jane Robertson or Robb to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband.

*Signature* Robert Robb

*Address* 129 Renfrew St. Glasgow

*Date* 13th March 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Robert Robb 129 Renfrew Street, Glasgow. Certificates under the hands of William Ritchie and Angus MacPhee being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Robertson or Robb, 129 Renfrew Street Glasgow (Petitioners wife) and that the said Jane Robertson or Robb is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Robertson or Robb as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Robertson or Robb. which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Fourteenth day of March One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.184

Jane Robertson or Robb

adm$^{n}$ 13$^{th}$ Mch 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Thomas Forrest

The Hut-in-Clyde, Cross Ford, Carluke

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Forrest your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Forrest to the Royal Asylum, Hartwood and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Thomas Forrest

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (4) day of March One thousand nine hundred ~~and~~

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Forrest |
| 2. Sex and Age, | 56 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Fruit Merchant. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | The Hut-in-Clyde, Cross Ford, Carluke. |
| 7. Place where Found and Examined, | South Police Office |
| 8. Length of time Insane, | 4 days. |
| 9. Whether First Attack, | 7th attack |
| 10. Age (if known) on First Attack, | About 21. |
| 11. When and where previously under Examination and Treatment (5) | Several times in Hartwood and at Bothwell Asylum |
| 12. Duration of Existing Attack, | 4 days. |
| 13. Supposed Cause, | previous attacks |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His brother. Thomas Forrest No. H.P. known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of March One thousand nine hundred and

*(To be signed by the party applying)* Thomas Forrest

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Dann Taylor
being a (1) M. D. Glasgow University

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) So. Police Office Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) John Forrest, ~~Glasgow~~ So. Police Office, Glasgow and that the said John Forrest is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Unable to give any coherent accounts of himself. Wishes to go back to the Asylum to be taken care of. Has delusions as to his wealth and importance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The Police state that he was apprehended for travelling on the railway without a ticket & found insane by the police, & has been in the Asylum before.

*Name and Medical Designation,* Robert Dann Taylor M D

*Place of Abode,* Buchwood, Dumbuck Glasgow

DATED this 14th day of March One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Semple Rankin,
being a (1) M.B. C.M. Glasgow

and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) So Police Office Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) John Forrest ~~Same~~ So Police Office Glasgow and that the said John Forrest is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Is incoherent & delusive says that he has an order to shoot blackbirds & men. Has been in an asylum before.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The Police Authorities state that he was brought here from Eglinton St Station where he was acting in an insane manner. Has been in asylum before.

*Name and Medical Designation,* John Semple Rankin MB CM

*Place of Abode* 4 Apsley Place Glasgow

DATED this 16th day of March One thousand ~~eight~~ nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, ~~John~~ John Temple Rankin being (1) MBCM hereby certify, on soul and conscience, that I have this day, at (2) Police Office in the County of Glasgow, seen and personally examined John Forrest, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Temple Rankin

DATED this 14 day of March One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum to receive therein John Forrest to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* ~~Superintendent~~ Brother

*Signature and Address* ~~Superintendent~~ Thomas Forrest The Hut-in-Clyde, Cross Ford, Carluke.

*Date* 14th March 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Thomas Forrest The Hut in Clyde, Cross Ford Carluke Certificates under the hands of Robert Wance Taylor and John Temple Rankin being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Forrest, from The Hut-in-Clyde, Cross Ford Carluke Petitioners Brother, and that the said John Forrest is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Forrest as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Forrest which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.

DATED [at Glasgow] this Fifteenth day of March One thousand ~~eight~~ nine hundred and

*To the Superintendent of the Asylum of* (7) Glasgow Royal Lunatic Gartnavel

(7) Public, District, Parochial, *or* Private.

[Signature] John Boyd

10183

John Forrest

Adm^d 14^th. Decb 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Henry David Littlejohn Craigencallie Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Walter Buchanan Littlejohn your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Walter Buchanan Littlejohn to the Glasgow Royal asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* H D Littlejohn

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of March One thousand ~~nine~~ eight hundred and ~~nine~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Walter Buchanan Littlejohn |
| 2. Sex and Age, | male Twenty one years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | none. |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Primrose Bank. Mauchline parish of Stair |
| 7. Place where Found and Examined, | Primrose Bank Mauchline |
| 8. Length of time Insane, | Since Wednesday 14th March 1900 |
| 9. Whether First Attack, | Twenty one |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*], | none. |
| 12. Duration of Existing Attack, | Five days. |
| 13. Supposed Cause, | Epilepsy. for 9 years |
| 14. Whether subject to Epilepsy, | yes. |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | yes. |
| 17. ~~Parish or Union to which the Lunatic~~ (if a ~~Pauper) is Chargeable~~, | |
| 18. ~~Date of becoming Chargeable~~, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Annie Mc. Isaac Littlejohn Mother. none. Craigencallie. Ayr |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of March One thousand ~~eight~~ nine hundred and

*(To be signed by the party applying)* H D Littlejohn

T & A. C.—Dec. 1893.

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Finlayson Mc Gill
being a (1) Licentiate of the Faculty of Physicians. Glasgow
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Primrose Bank
in the Parish of Stair in the County of Ayr.
separately from any other Medical Practitioner,
visited and personally examined (4) Walter Buchanan Littlejohn
and that
the said Walter Buchanan Littlejohn is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Outrageous & requiring to be strapped to bed, raving.
labouring under the delusion that he is undergoing an operation.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Very outrageous & dangerous to attendants
as told by Nurse Jardine.

Name and Medical Designation, J. F. McGill

Place of Abode, Coyle Bank. Tarbolton Mauchline Ayr.

DATED this Twenty-fifth day of March. One thousand ~~eight~~ nineteen hundred ~~and~~

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind."

(6) *State the facts.*

(7) *State the information, and from whom derived.*

---

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, John McIntyre
being a (1) Doctor of medicine of Glasgow University
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Primrose Bank
in the Parish of Stair in the County of
Ayr.
separately from any other Medical Practitioner,
visited and personally examined (4) Walter Buchanan Littlejohn
and that
the said Walter Buchanan Littlejohn is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

(1) General condition of patient, inability to ~~obtain~~. Conduct conversation & childishness in answers & general conduct
- he is inclined to shriek. -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(1) Has been outrageous & maniacal. Lately.
(2) Has been subject to epileptic fits for 9 years, getting worse lately. as related by Brother Henry David Littlejohn

Name and Medical Designation, John McIntyre. M.D.

Place of Abode, 20 Burns Street, Ayr

DATED this Twenty-fifth day of March One thousand ~~eight~~ nine hundred ~~and~~ twenty-second.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Pintayson Mc Gill
being (1) Licentiate of the Faculty of Physicians. Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) Primrose Bank in the parish of Stair
in the County of Ayr., seen and personally examined Walter Buchanan Littlejohn, and that the said Walter Buchanan Littlejohn
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

J. P. McGill

(1) State medical qualification.
(2) State place of examination.

Dated this Twentyfifth day of March One thousand ~~eight~~ nineteen hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Walter Buchanan Littlejohn to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother.

*Signature and Address* W B Littlejohn. Craigencallie. Ayr.

*Date* 20th March 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyffe (1) Sheriff Substitute of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) Henry David Littlejohn, brassfounder, Ayr
Certificates under the hands of John Pintayson Mc Gill and John Mc Gregor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walter Buchanan Littlejohn Primrose Bank, Shawfield lying in the parish of Stair Petitioner brother and that the said Walter Buchanan Littlejohn is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Buchanan Littlejohn as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Walter Buchanan Littlejohn which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

Dated this Twentysecond day of March One thousand ~~eight~~ nine hundred ~~and~~

T. A. Fyffe

*To the Superintendent of the (7) Asylum of* Glasgow Royal Lunatic Gartnavel

(7) Public, District, Parochial, or Private.

10.184

Walter Buchanan Littlejohn

Admº 21st March 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of George Alexander residing at 16 Carment Drive Shawlands humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carbarns or Alexander your Petitioner's (3) wife residing at Here with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Carbarns or Alexander to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Geo Alexander

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23 (4) day of March One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary Carbarns or Alexander |
| 2. Sex and Age, | female 34 |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | wife of Stockjobber |
| 5. Religious Persuasion, so far as known, | Free church. |
| 6. Previous Place of Abode, | 16 Carment Drive Shawlands |
| 7. Place where Found and Examined, | Do. & Gartnavel |
| 8. Length of time Insane, | over 3 months |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | 33 |
| 11. When and where previously under Examination and Treatment (3) | Gartnavel Asylum in 1899 |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Intemperance |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | has threatened |
| 16. Whether Dangerous to others, | Yes at times |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | = |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Wm Main 29 Hallcraig St Airdrie — her sister none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(3) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23 day of March One thousand nine hundred

*(To be signed by the party applying)* Geo Alexander

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Mason
being a (1) Licentiate of the Physicians & Surgeons. Glasgow
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 16 Carment-Drive. Shawlands in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Carbarns Alexander 16 Carment-Drive. Shawlands and that the said Mary Carbarns Alexander is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent & Rambling in speech ideas, curses & swears & behaves in a very disorderly manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband George Alexander tells me she hears voices imaginary people in the house. she is also outrageous & disorderly at times.

*Name and Medical Designation,* James Mason. L.F.P.S.G.

*Place of Abode,* 89 Minard Rd Crossmyloof.

DATED this Twenty second day of March One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel Faudk in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Carbarns or Alexander Cafe residing at 16 Carment Drive Shawlands and that the said Mary Carbarns or Alexander is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She imagines that she is being persecuted by her relatives & others. She is constantly praying & whining for whiskey & is in a most miserable condition & depression.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She was on a former occasion a patient in Gartnavel Asylum
(Communicated by Dr Yellowlees)

*Name and Medical Designation,* Jas. D. Cochran

*Place of Abode* 101 Oxford St.

DATED this 23rd day of March One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Mason
being (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) 16 Carment Drive Shawlands
in the County of Renfrew, seen and personally examined
Mary Barbara Alexander, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow Royal Asylum, Gartnaval
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James Mason L.F.P.S.G.

DATED this twenty second day of March One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs Mary Barbara a Alexander to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Geo Alexander

*Address* 16 Carment Drive Shawlands

*Date* 22 March 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esquire, Advocate, (1) Sheriff-Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) George Alexander 16 Carment Drive Shawlands, Glasgow
Certificates under the hands of James Mason
and James D. Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Barbara or Alexander, 16 Carment Drive, Shawlands, Glasgow, Petitioners wife
and that the said Mary Barbara or Alexander
is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Barbara or Alexander
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Barbara or Alexander which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty third day of March
One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.185

Mary Curbarns or Alexander

Admn 22nd March 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Shire of Lanark *and his Substitutes,*—

The Petition of John Martin, Helensdee Milngavie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Martin your Petitioner's (3) brother residing 2 Mitchell St Alexandria is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Martin to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Martin

(4) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

DATED this 26th (4) day of March One thousand ~~eight hundred and~~ nine Hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Hugh Martin |
| 2. Sex and Age, | male. 42. |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Publican. |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | 2 Mitchell St. Alexandria |
| 7. Place where Found and Examined, | Ditto |
| 8. Length of time Insane, | within three months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 42 |
| 11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*]. | at Home as above. |
| 12. Duration of Existing Attack, | Disease of the last 6 Months. |
| 13. Supposed Cause, | = erale Habits |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | Yes. if provoked |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Petitioner his brother none known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of March One thousand ~~eight hundred and~~ nine Hundred

*(To be signed by the party applying)* John Martin

P. p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander M^c Lellan
being a (1) Bachelor of medicine, and a Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Genral medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 2 Mitchell St Alexandria in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) Hugh Martin 2 Mitchells St Alexandria and that the said Hugh martin is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)
Wanders about his house talking to himself & staring vacantly at objects: told me that two men had taken the spirit from the body of his child & were keeping it in neighbours house, & asked me to bring it back: on his wife objecting to him leaving the house he became violent & struck her. He is of intemperate habits

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his house servant Jane Hawthorne states that he wanders about the house at night looking for men in his house, that he talks to unseen people & his employer M^r Frith sent him for a crew driver to open the wall where he stated someone was concealed

Name and Medical Designation, Alex^r M^c Lellan

Place of Abode, Ardenlee, Alexandria

DATED this 26 day of March One thousand eight hundred and 1900.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Robert Fleming Cullen
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 2 Mitchell St Alexandria in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) Hugh Martin, 2 Mitchell St Alexandria and that the said Hugh Martin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is under the delusion that his daughters spirit & body have been dis-associated, & he wishes me to restore them, & also while I was there he heard the voice of the Lord Commanding it to be done

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he has threatened to kill her, & that his language is often incoherent & that he has sought & assaulted her on the occasion of blood.

Name and Medical Designation, J. R. Cullen. M.B.Ch.

Place of Abode Rowantree Alexandria

DATED this 25th day of March One thousand eight hundred and nine

5

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander M^c Lelland being (1) Bachelor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 2 Mitchell St Alexandria in the County of Dumbarton, seen and personally examined Hugh Martin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Alexander M^c Lelland

DATED this 26 day of March One thousand eight hundred and 1900.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Hugh Martin to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature and Address* John Martin

*Date* 26 March 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John Martin, Helenslee Motherwell Certificates under the hands of Alexander M^c Lelland and John Robert Fleming Cullen, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Martin 2 Mitchell Street Alexandria Cabinet Brother, and that the said Hugh Martin is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Martin as a Patient into the (6) Glasgow Royal Asylum at Gartnavel and I authorize his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Martin which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Twentysixth day of March One thousand ~~eight~~ nine hundred ~~and~~

R U Strachan

*To the Superintendent of the Asylum at* (7) Glasgow Royal Lunatic Gartnavel

(7) Public, District, Parochial, or Private.

5/1/00

10.186

Hugh Martin

admd 26th March 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Thomas Gallagher Junior residing at 18 Great Hamilton Street Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gallagher Junior your Petitioner's (3) Son residing at above address is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Gallagher Junior to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Thomas Gallagher sen

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 26th (4) day of March One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . . . . . Thomas Gallagher Jr
2. Sex and Age, . . . . . male, 32 or 33
3. Married, Single, or Widowed, . . . single
4. Condition of Life, and previous Occupation (if any), . . . . . in business
5. Religious Persuasion, ~~so far as known~~, . Roman Catholic
6. Previous Place of Abode, . . . 18 Gt Hamilton St t
7. Place where Found and Examined, . . " same "
8. Length of time Insane, . . . 4 days or there abouts
9. Whether First Attack, = yes = . 19th or 20th March 1900
10. Age (if known) on First Attack, . . —
11. When and where previously under Examination and Treatment (5) . . —
12. Duration of Existing Attack, . . — 4 days or so.
13. Supposed Cause, . . . . . unknown — unless drink
14. Whether subject to Epilepsy, — no
15. Whether Suicidal, . . . . . not as far as known
16. Whether Dangerous to others, . . inclined to be so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . —
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, . . . . . Thomas Gallagher Sen (Father of patient.) 18 Gt Hamilton St. Glasgow
19. Special circumstances (if any) preventing the insertion of any of the above particulars,

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 26th day of March One thousand nine hundred 1900

*(To be signed by the party applying)* Thomas Gallagher Sen

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Andrew Ronald Mitchell being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University, and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 18, Great Hamilton St. Glasgow, in the County of City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gallocher, 18, Great Hamilton St, Glasgow, and that the said Thomas Gallocher is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The said Thomas Gallocher, has a preoccupied expression & manner; answers questions hesitantly, suspiciously, & is the subject of insane delusions. He informs me that he has founded, within his small bedcloset, a lodge of Grand International Roman Catholic Freemasons, having a membership of fifty

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) & eighty millions - His father, Thomas Gallocher, informs me that the aforesaid Thomas Gallocher imagines himself pursued by Secret Society agents, Orangemen, freemasons &c, & that he dashed his fist through the window last night, while endeavouring to escape.

Name and Medical Designation, Andrew Ronald Mitchell, M.B., C.M.

Place of Abode, 15, Monteith Row, Glasgow,

DATED this 26th day of March, One thousand nine hundred years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Fallows Murison being a (1) Doctor of Medicine Aberdeen University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 18 Great Hamilton Street Glasgow in the County of City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gallocher and that the said Thomas Gallocher of unsound mind is a (5) person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He seems restless and suspicious of answering any question. Thinks he will be taken advantage of. Whistles & draws a picture in periodical. Forming a new Masonic Lodge.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Master says that he fancies that the Orange men are antagonistic to him & that he has started a secret society against them. Put his fist through window last night saying he wanted something to go.—

Name and Medical Designation, J. F. Murison M.D.

Place of Abode 22 Monteith Row

DATED this 26th day of March One thousand nine hundred [illegible] years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Andrew Ronald Mitchell, being (1) an M.B. C.M., of Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) 18, Great Hamilton Street Glasgow in the County of City of Glasgow, seen and personally examined Thomas Gallacher, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Andrew Ronald Mitchell M.B. Con.

DATED this 26th day of March, One thousand nine hundred Years.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Thomas Gallagher jr to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father & business partner

*Signature* Thomas Gallagher

*Address* 18 Gt Hamilton Street Glasgow

*Date* 26th March 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esq advocate (4) Sheriff Substitute of the (2) County ——— of Lanark ——— having had produced to me, with a Petition at the instance of (3) Thomas Gallagher Senior, 18 Great Hamilton Street Glasgow ——— Certificates under the hands of Andrew Ronald Mitchell and John Falconer Murison ——— being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Gallagher Junior, 18 Great Hamilton Street Glasgow. Petitioners Son ——— and that the said Thomas Gallagher Junior is a (5) Person of unsound mind ——— and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE, you to receive the said Thomas Gallagher Junior as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Gallagher Junior ——— which accompanied the said Petition.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(4) Describe him, and if a Pauper, state it.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this 26th day of March One thousand nine hundred ———

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.187

Thos. Gallagher Jr

com[d] 26[th] March 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of James Arneil residing at 9 Hopetoun Place. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Arneil your Petitioner's (3) son residing at there with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Arneil to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Arneil

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30th (4) day of March One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Alexander Arneil |
| 2. Sex and Age, | male. 32. |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | foreman Carter |
| 5. Religious Persuasion, so far as known, | U.P. |
| 6. Previous Place of Abode, | 9 Hopetoun Place Glasgow |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | Has been peculiar for 3 years but much worse of late |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | — as above |
| 11. When and where previously under Examination and Treatment (5) | — nowhere |
| 12. Duration of Existing Attack, | — as above |
| 13. Supposed Cause, | uncertain |
| 14. Whether subject to Epilepsy, | Has a fit yesterday |
| 15. Whether Suicidal, | suspected to be |
| 16. Whether Dangerous to others, | no unless irritated |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Petitioner his father none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of March One thousand nine hundred

*(To be signed by the party applying)* James Arneil

T. & A. C.—Dec. 1899.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Walson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) general medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 9 Hopetoun Place Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Arniel 9 Hopetoun Place Glasgow and that the said Alexander arniel is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Happy, Willplased but Unintelligible expression - Saliva dribbling from the mouth
Loss of coordination of movement especially of hands.
Loss of memory
Confusion of ideas

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* David Walson M.B.; Ch.

*Place of Abode,* 116 Main St. Blythswood Sq. Glasgow.

DATED this 29th day of March One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Lapraik being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 9 Hopetoun Place Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Arneil 9 Hopetoun Place Glasgow and that the said Alexander Arneil is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He is silly - Does not speak - Saliva dribbles from his mouth - Has no memory - Does not attend to calls of nature -

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His Mother & Father say he is Violent if excited.

*Name and Medical Designation,* Thomas Lapraik M. D. F.F.P.S.

*Place of Abode* 24 Blythswood Square Glasgow

DATED this Twenty ninth day of March One thousand nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature* James Ameil

*Address* 9 Hopetoun place Glasgow

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Ameil 9 Hopetoun Place Glasgow Certificates under the hands of David Watson and Thomas Kaprail being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Ameil, 9 Hopetoun Place Glasgow Petitioners son and that the said Alexander Ameil is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Ameil as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Ameil which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward,, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this Thirtieth day of March One thousand nine hundred .

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] J. Boyd

10.188

Alexander Arneil

adm$^{d}$ 30$^{th}$. March 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes—*

The Petition of John Paton
23 Monteith Row Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeanie Moreland Simpson of your Petitioner's (3) sister in law 65 Smith St Govanhill is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Moreland Simpson to the Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Paton

(4) The Date of the Petition must be within ~~nine~~ fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

DATED this 4th (4) day of April One thousand ~~eight~~ hundred and ~~six~~.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jeanie Moreland Simpson |
| 2. Sex and Age, | 50 Female |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Clerk |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Stirling |
| 7. Place where Found and Examined, | 65 Smith St Govanhill |
| 8. Length of time Insane, | a week |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 50 |
| 11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*], | ~~7~~ days Interaction |
| 12. Duration of Existing Attack, | No |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and Degree of Relationship (if known), and whether any Member of Family known to be, or to have been Insane, | John Paton 23 Monteith Row Brother in Law a brother ~~two~~ was imprisoned and committed suicide. |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 4th day of April 1900

~~One Thousand eight hundred and~~

*(To be signed by the Party applying)* John Paton

P.p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Hugh Sterling Brown Nisbet being a (1) M.B.Cm. of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 65 Smith St. Govanhill Lanark in the County of separately from any other Medical Practitioner visited and personally examined (4) Jeannie Moreland Simpson and that the said Jeannie Moreland Simpson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is restless: makes rambling and disconnected remarks: says the Queen died a fortnight ago and the Prince of Wales is also dead &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother James Paton 23 Monteith Row Glasgow tells me she is quite altered in manner and talks incoherently regarding friends, and imagining strange & foolish ideas.

*Name and Medical Designation,* Hugh S. B. Nisbet M.B.Cm

*Place of Abode,* 65 Smith St Govanhill

DATED this 17th day of April One thousand ~~eight~~ nine hundred ~~and~~.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Miller Lennox being a (1) M.B. C.M. of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 65 Smith St, Govanhill, Glasgow, Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jeannie Moreland Simpson Spinster 65 Smith St Govanhill and that the said Jeannie Moreland Simpson is a (5) Person of unsound mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling, incoherent conversation, very restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Brother-in-law Mr. Paton 23 Monteith Row informs me that when he saw her today she was very rambling & did not recognise him.

*Name and Medical Designation,* Miller Lennox M.B.C.M.

*Place of Abode,* 48 Circus Drive Dennistoun Glasgow

DATED this seventh day of April One thousand ~~eight~~ ~~hundred and~~ nine hundred & 19

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Hugh S. B Nisbet
being (1) M.B. Cm. U. Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 65 Smith St. Govanhill
in the County of Lanark, seen and personally examined
Jeanie Moreland Simpson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

Hugh S B Nisbet M B Glas

DATED this 4th day of April One thousand ~~eight~~ Nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal
Asylum to receive therein Jeanie moreland Simpson
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient.* Brother-in-Law

*Signature and Address,* John Paton

*Date* 7th April 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Paton
23 Monteith Row. Glasgow
Certificates under the hands of Hugh Stirling Brown Nisbet
and Miller Semple, and being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation and Care and Treatment of Lanatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jeanie Moreland Simpson, 65 Smith Street Govanhill and that the said
Jeanie Moreland Simpson (Petitioner's sister-in-law)
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jeanie Moreland Simpson as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Jeanie Moreland Simpson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private

DATED this Ninth day of April One thousand ~~eight~~ nine hundred ~~and~~

T. A. Fyfe

*To the Superintendent of the Asylum of* (7) Glasgow Royal Lunatic Gartnavel

(7) Public, District, Parochial or Private

5/Jan 1900

10.189

Jeanie Moreland Simpson

Acon 7th April 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of William Mathieson Junr residing at 78 Albert Road, Crosshill, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Mathieson Senr your Petitioner's (3) Father residing at Howood, by Johnstone is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Mathieson Sept. to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) William Mathieson Junr

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 11th (4) day of April One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Mathieson Senr |
| 2. Sex and Age, | Male 68 |
| 3. Married, Single, or Widowed, | Widower |
| 4. Condition of Life, and previous Occupation (if any), | Baker |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Howood, by Johnstone |
| 7. Place where Found and Examined, | " " " |
| 8. Length of time Insane, | 2 years more lately. |
| 9. Whether First Attack, | yes. |
| 10. Age (if known) on First Attack, | 66. |
| 11. When and where previously under Examination and Treatment (5) | never |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | unknown. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | no |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Mathieson Junr 78 Albert Road Crosshill Glasgow no. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 11th day of April One thousand nine hundred

(*To be signed by the party applying*) William Mathieson Junr

P p.

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Miller being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Hillcrest, Howwood in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) William Matheson Hillcrest Howwood - and that the said William Matheson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under various delusions - imagining that persons were robbing him of his money - also talks continually about other people being in the house who are on the outlook to take him away.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is violent - tearing up into shreds, anything and everything in his bedroom. refuses to take any food - even lifts his hands to strike those attending him.

*Name and Medical Designation,* Alexander Miller L.R.C.P.& S.Edin. & Glas.

*Place of Abode,* 1 Royal Terrace Crosshill, Glasgow

DATED this Tenth day of April One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Matthew Hamilton Taylor, being a (1) Doctor of Medicine & Master of Surgery and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Hillcrest; Howood; Renfrew; in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Matheson and that the said William Matheson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers from various delusions; runs thro about the house aimlessly; and imagines that people are doing things to him -

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been very violent: tears window curtains, bed mats, and articles of clothing

*Name and Medical Designation,* M.H. Taylor, M.D.

*Place of Abode* Johnstone

DATED this 10th day of April One thousand nine hundred —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander Miller being (1) Licentiate of the Royal College of Physician, &c. hereby certify, on soul and conscience, that I have this day, at (2) Hillcrest Hawwood in the County of Renfrew, seen and personally examined William Mathieson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Alexander Miller, Surgeon

DATED this Tenth day of April One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Eldest Son

*Signature* Wm Mathieson Junr

*Address* 78 Albert Road - Crosshill Glasgow

*Date* 10th April 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Shaeks (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William Mathieson Junior, 78 Albert Road, Crosshill, Glasgow Certificates under the hands of Alexander Miller and Matthew Hamilton Taylor — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Mathieson Senior Renwood by Johnstone, Petitioners Father and that the said William Mathieson Senior is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Mathieson Senior as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Mathieson Senior — which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this Eleventh day of April One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

R U Shaeks

[Signature]

10.190

Wm Matheson Sr

com$^{d}$ 11$^{th}$ April 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Helen Wyllie residing at 61 Byres Road Kilwinning, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald MacDougal your Petitioner's (3) father residing at 85 Stewart Road Liverpool is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Donald MacDougal to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Helen Wyllie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 16th (4) day of April One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Donald McDougall |
| 2. Sex and Age, | Male 70 |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Workman Gate keeper |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 85 Stewart Road Walton |
| 7. Place where Found and Examined, | at Gartnavel Asylum Liverpool, |
| 8. Length of time Insane, | about 5 years but worse since |
| 9. Whether First Attack, | yes. 16th of February |
| 10. Age (if known) on First Attack, | 66. |
| 11. When and where previously under Examination and Treatment (5) | Shaftesbury House 2 months in Formby Liverpool. |
| 12. Duration of Existing Attack, | as above. |
| 13. Supposed Cause, | Death of his Wife |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | no. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Ellen Wyllie his Daughter 61 Byres Road Kilwinning no |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 16th day of April One thousand nine hundred

*(To be signed by the party applying)* Helen Wyllie

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine U Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Donald Mc Dougall late residing at 85 Stewart Rd. Walton Liverpool and that the said Donald Mc Dougall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He lies in bed shouting & singing. His language is quite incoherent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode,* 101 Oxford Dr.

DATED this 16th day of April One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Ewald Adamson being a (1) Bachelor of Medicine &c. of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Royal Asylum, Gartnavel, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Donald Mc Dougall, workman, from 85 Stewart Road, Walton, Liverpool and that the said Donald Mc Dougall is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He can give no rational account of himself. Cannot put together two coherent sentences. Continually talks nonsense, and has no idea of time, place, or any of his surroundings. Is considerably excited - by his own statement - talk.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* R. E. Adamson M.B. Ch.

*Place of Abode* 3 Carlton Terrace Glasgow

DATED this Fifteenth day of April One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, James Weir Watt - Asst
being (1) a bachelor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) The Glasgow Royal Asylum Gartnavel
in the County of Lanark, seen and personally examined Donald MacDougall, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

T. Goldie - Asst M.O. Gartnavel

DATED this 16th day of April One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Daughter

*Signature* Helen Wyllie

*Address* 61. Byres Road Kelvinning

*Date* 16. April 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Helen Wyllie 61 Byres Road, Kelvinning Certificates under the hands of James Duncan Cochran and Robert Oswald Adamson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Donald Mc. Dougall, 86 Stuart Road Liverpool (Petitioners Father) and that the said Donald Mc. Dougall is a (5) person of unsound mind or an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Donald Mc. Dougall as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Donald Mc. Dougall which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Seventeenth day of April One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

D D Balfour

[*Signature*]

10.191

Donald W Dougall

Admr 16th April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of Renfrew and Bute and his Substitutes*— at Greenock

The Petition of Mrs Martha Smart or White Widow at Ard Cottage, Inmarr near Greenock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David White

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David White to ~~the~~ Gartnavel Asylum, Glasgow, and to sanction his admission into the said Asylum.

*(To be signed by the Party applying)* Martha White

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (4) day of April, One thousand ~~nine~~ eight hundred ~~and~~

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | David White |
| 2. Sex and Age, | Male - 64 next birthday |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Wine + Spirit Merchant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | — |
| 7. Place where Found and Examined, | Ard Cottage Inmarr Greenock |
| 8. Length of time Insane, | Abt 2 years |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 58 |
| 11. When and where previously under Examination and Treatment (5) | Previously - 1894 - under treatment in Gartnavel Asylum |
| 12. Duration of Existing Attack, | Abt 2 years - have completely left me |
| 13. Supposed Cause, | Unknown first attack |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no but was melancholic formerly |
| 16. Whether Dangerous to others, | Lately he has been |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ~~Greenock~~ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The Relations is his wife. Their boys Robert White 12 St Giles St. Edinr Thomas White - Partnership Agnes White - Sister - Ladies nurse Not known if have been insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of April, One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Martha White

T. & A. C.—Jany. 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Whitelaw
being a (1) Doctor of Medicine of Edinburgh

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Ford Cottage - Finnart Street - Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) David White - Spirit Merchant and that the said David White is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has many delusions about his own health - and bodily condition - believes that he cannot swallow - ; has long had suspicions about his food being tampered with, and even that he is being poisoned. His whole attention is devoted to his ~~food~~ and he spends his time in examining remains of his meals in order to find imaginary adulterations &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife finds it impossible to please him about his food and bath, he has begun to show an inclination to use violence to his wife and daughter - and generally he conducts himself in an unreasonable manner towards them

*Name and Medical Designation,* James Whitelaw M.D.

*Place of Abode,* 6 Forsyth Street Greenock

DATED this thirteenth day of April One thousand ~~eight~~ nine hundred ~~and~~ years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Stewart Cook
being a (1) Bachelor of Medicine of Glasgow University

and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Ford Cottage Finnart St, Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) David White, Spirit Merchant, and that the said David White is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His mind is full of delusions, and he speaks of little else. These mostly refer to his food, thus he fancies his wife puts Dillis' earth, Keating's powder &c into his porridge, and as evidence produces some porridge rolled up in paper. He has also delusions regarding his bodily condition &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has become more & more suspicious of her and of his daughter and that on one occasion he attempted violence. He is becoming unmanageable at home & dirty in his habits.

*Name and Medical Designation,* Wm S. Cook M.B., C.M. &c

*Place of Abode* 3 Ardgowan Square Greenock

DATED this thirteenth day of April One thousand ~~eight~~ nine hundred ~~and~~ years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature and Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Black Esquire Sheriff Substitute
of ~~the~~ (1) Renfrew and Bute
having had produced to me, with a Petition at the instance of (2) Mrs Martha Hunt or White residing at Yord Cottage Yimmy Street Inverkip
Certificates under the hands of James Whitelford
and William Stewart Cook being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David White
and that the said David White is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David White as a Patient into the (6) Royal Asylum of Parkhead Glasgow and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David White which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Greenock ] this Sixteenth day of April
One thousand ~~eight~~ nine hundred and ~~and~~.

*To the Superintendent of the* (7)
*Asylum of*

(7) Public, District, Parochial, or Private.

*[Signature]* Wm Black

10.192

David White

com^d 16^th April 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of John R. Carmichael

residing at 37 Belgrave St. Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Russell Carmichael your Petitioner's (3) Brother residing at 37 Belgrave St.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Russell Carmichael to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

*(To be signed by the Party applying)* John R Carmichael

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of April One thousand nine hundred ~~and twenty~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Russell Carmichael |
| 2. Sex and Age, | Male, 36 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Clerk |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 37 Belgrave St |
| 7. Place where Found and Examined, | [illegible] |
| 8. Length of time Insane, | about 8 years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | About 28 years |
| 11. When and where previously under Examination and Treatment (5) | with previously under treatment in |
| 12. Duration of Existing Attack, | not known |
| 13. Supposed Cause, | no |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | Barony Parish |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | John Carmichael, Brother |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | 37 Belgrave St. W. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of April One thousand nine hundred

*(To be signed by the party applying)* John R Carmichael

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Wright -
being a (1) Bachelor Medicine & Master of Surgery - of
Glasgow University
and being in actual practice as a (2) Physician —
do hereby certify, on soul and conscience, that I have this day, at (3) 37 Belgrave St
Glasgow —
in the County of
City of Glasgow — separately from any other Medical Practitioner,
visited and personally examined (4) Robert Russell Carmichael —
Clerk 37 Belgrave St — and that
the said Robert Russell Carmichael is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

melancholia. Has a vacant stupid appearance
sits for hours taking no interest in surroundings
answers questions incoherently -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The present attack has lasted eight years
during which time he has done no work.
Has to be treated as a child. Afraid to leave himalone

*Name and Medical Designation,* John Wright - MB

*Place of Abode,* 23 Wetherby Terr W -

DATED this 19th day of April One thousand
nine ~~hundred~~ hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Taylor
being a (1) Doctor of Medicine of Glasgow
University ~~and Surgeon~~
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 34 Belgrave
Street Glasgow
in the County of
City of Glasgow separately from any other Medical Practitioner,
visited and personally examined (4) Robert Russell Carmichael
Clerk 34 Belgrave St and that
the said Robert Russell Carmichael is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

The general appearance and demeanour
of patient, his inability to answer questions in
an intelligent manner and his almost childish
like answers and general conduct.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Not able to attend to his own
wants. Not able to be left to work
attendance and not able to be trusted
outside. Cannot be left alone

*Name and Medical Designation,* Jas Taylor M.D.

*Place of Abode* 64 Kelvingrove St

DATED this Nineteenth day of April One thousand
nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esquire, Advocate, (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John R. Carmichael, 37 Belgrave Street Glasgow Certificates under the hands of John Wright, M.B. and James Wylie M.D. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Russell Carmichael 37 Belgrave Street, Glasgow, Petitioner's brother and that the said Robert Russell Carmichael is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Russell Carmichael as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Russell Carmichael which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

DATED [at Glasgow] this Nineteenth day of April One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.193

Robert Russell Carmichael

aged 19 yrs. Apr 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

By Authority of the Board, I hereby sanction the admission of

Mary McMullen Pearson,

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

John Macpherson M. D.
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this twentieth day of April

One Thousand nine hundred.

M & G Ltd—300—1-00

Mary McMullen Pearson

Voluntary

Admr 20th April 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark

The Petition of Mrs Mary ~~Fairbairn~~ Fairbairn presently residing at No 10 Ibrox Place Govan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Julian Fairbairn your Petitioner's (3) Aunt presently residing at No 10 Ibrox Place aforesaid is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Julian Fairbairn to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Mary Fairbairn X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 24th (4) day of April One thousand nine hundred .

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Julian Fairbairn |
| 2. Sex and Age, | Female 73 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | No occupation |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Boak Place Inverkip |
| 7. Place where Found and Examined, | 10 Ibrox Place Govan |
| 8. Length of time Insane, | At intervals during last 5 years |
| 9. Whether First Attack, | Has had several previous attacks |
| 10. Age (if known) on First Attack, | About 68 |
| 11. When and where previously under Examination and Treatment (5) | Dr Salmon in 1895 at Govan. Dr Whitford in 1895 at Inverkip |
| 12. Duration of Existing Attack, | About 4 months |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Inverkip but Mrs Fairbairn has ample means |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thomas Fairbairn brother was insane Nearest relatives are her nephews & nieces numbering 16 - Mrs Allen Boak Barbour or Ron 10 Ibrox Place Govan, Mary Barbour Spouse 22 Lady Pond Place Govan Mrs Duke Fairbairn 2 Gregory Hillside Crossmyloof near Rockford and Henry Fairbairn Travellers 5) Grange Road Edinburgh are four of the nephews & nieces |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of April One thousand nine hundred

*(To be signed by the party applying)* Mary Fairbairn X

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Andrew Wilson
being a (1) Bachelor of medicine

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 10 Heron Place, Govan in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Miss Julian Fairbairn aged 73 years and that the said Julian Fairbairn is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Delusions regarding her property & means which she say is all lost?
Aimless wandering about the room with constant talking often incoherent.
Loud shouting which she says she cannot help.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Shouting while in her house often during the night. When away from home at the end of last visit she refused to dress & had actually to be forced away as the house was about to be shut up. Frequently assaulting her niece without provocation.

Name and Medical Designation, Andrew Wilson, M.B., C.M.,

Place of Abode, 1 Rendel Terrace, Glasgow.

DATED this Twenty fourth day of April One thousand nine hundred —

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Geo. Hunter
being a (1) Licentiate of the Faculty of Physicians & Surgeons, Glasgow
and being in actual practice as a (2) General medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 10 Heron Place Govan in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Miss Julian Fairbairn, (aet. 73 yrs) formerly of Pomerkyle and that the said Julian Fairbairn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Miss Fairbairn has an anxious, unhappy, unsettled look; constant moves about the house, refusing to rest, altho' owing to bad varicose veins with resulting hard oedema, this is much required; keeps muttering disjointedly stupid remarks with occasional loud groans. She states that she has lost her means & that her friends are kind enough, 'they are all against her. She is well dressed, but says she has no clothes. Her words also at times trouble her, & she feels she is "lost."

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her niece, who has lived with her for years, says that at times she becomes violently angry & has occasionally struck her. This occurred to-day, as the patient admits, saying that she was so angry she could not control herself.

Name and Medical Designation, Geo. Hunter. L.F.P.S.G.

Place of Abode 1 Belhaven Terrace.

DATED this 24th day of April One thousand nine hundred .

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)

in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature* _____

*Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Mitchell (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) Mary Fairbairn, 10 Ibrox Place, Govan
Certificates under the hands of Andrew Wilson
and George Hunter being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Julian Fairbairn, 10 Ibrox Place, Govan
(Petr's aunt)
and that the said Julian Fairbairn
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Julian Fairbairn
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Julian Fairbairn which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty-fifth day of April
One thousand nine hundred

*To the Superintendent of the Public*
*Glasgow Royal Asylum at Gartnavel.*

[Signature] Andrew Mitchell

10.194

Julian Fairbairn

adm$^{s}$ 25$^{th}$ Apl 1900

4,833.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, John Macpherson, M.D.

one of the COMMISSIONERS OF THE GENERAL BOARD OF LUNACY, having duly considered the Application made by William Cochran, 175 West George Street, Glasgow, for the liberation on trial of Elizabeth Cochran or Black, a Patient in Glasgow Royal Asylum, together with the accompanying Statement and Medical Certificate, do, by AUTHORITY OF THE BOARD, hereby sanction the liberation of the said Patient until 25th October 1900.

J. Macpherson M.D.
*Commissioner in Lunacy.*

DATED at Edinburgh, this twenty fifth day of April One Thousand ~~Eight Hundred and~~ nine hundred.

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Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8·98

Brought back 25 June 00. D4
& submitted to the Board

Eliz.th Cochrane or Black
Portobello
25th April 1900.

25 and 26 Vict. Cap. 54, Sect. 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

S.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark Ayr *and his Substitutes,*

The Petition of John Robertson Gow, 12 Renfield St, Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Donald Robertson Gow, 120 Dalrymple St Girvan your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Donald Robertson Gow to the Fastmaud asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Robertson Gow

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of April One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Donald Robertson Gow |
| 2. Sex and Age, | Male, 32 years |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Spirit merchant. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Glasgow, 5, Leic Place, Pairley Rd W. |
| 7. Place where Found and Examined, | Girvan, 120, Dalrymple St.— |
| 8. Length of time Insane, | 48 hours or thereby. |
| 9. Whether First Attack, | First attack. |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | 48 hours or thereby. |
| 13. Supposed Cause, | Unknown. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | as above (the petitioner). none of family has ever been insane.— |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28 day of April One thousand nine hundred

*(To be signed by the party applying)* John Robertson Gow

P P

T. & A. C.—Jan. 1900.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander MacDougall
being a (1) Bachelor of Medicine & Master of Surgery
of Glasgow University - General Practitioner
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) 120 Dalrymple Street Girvan Ayr in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Donald Robertson Gow and that
the said Donald Robertson Gow is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Outrageous, shouting & making himself obnoxious, believing himself the Apostle of Purity!

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Looks wild & shouting God is right all are lost. Thus God. Mrs Gow 120 Dalrymple St. Mr. Wm Dunbar 130 Dalrymple St

*Name and Medical Designation,* Alex: MacDougall

*Place of Abode,* 93 Hamilton St. Girvan

DATED this 27th day of April One thousand nine hundred —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, George Valentine
being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 120 Dalrymple St Girvan, Ayr in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Donald Robertson Gow 120 Dalrymple St Girvan and that
the said Donald Robertson Gow is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is quite outrageous running wild through the street yelling Love, Love & Salvation is Love - also shouting Christ Christ - light - light - hell hell - goes on yelling this for hours - has delusions.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) his conduct is outrageous - thinks everyone is talking badly of him - shouts about Jesus - and God light light - God is purity and the like - goes & prays & then without an interval John Gow his brother & Helen Brown 120 Dalrymple St Girvan

*Name and Medical Designation,* George Valentine M.B. Cm

*Place of Abode* Hamilton St Girvan

DATED this twenty seventh day of April One thousand nine hundred —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alexander MacDougall being (1) a Doctor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) 130 Dalrymple Crescent in the County of Ayr, seen and personally examined Donald Robertson Gow, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Alex. MacDougall

DATED this 28th day of April One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum to receive therein Donald Robertson Gow to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother.

*Signature and Address* John Robertson Gow, 12 Renfield Street, Glasgow.

*Date* 28 April 1900.

3

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Dougall Esq (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) John R. Gow 12 Renfield Street Glasgow Certificates under the hands of Alexander MacDougall M.B. and George Valentine M.B. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Donald Robertson Gow (Private) and that the said Donald Robertson Gow is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Donald Robertson Gow as a patient into the (6) Gartnavel Asylum ~~of~~ at Glasgow and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Donald Robertson Gow which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Ayr] this Twenty eighth day of April One thousand nine hundred Years.

*To the Superintendent of the (7)* Gartnavel *Asylum* at Glasgow

(7) Public, District, Parochial, or Private.

[*Signature*] David Dougall

10.195

Donald Robertson Gow

aetat 28 14 Apl 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Robert Chalmers residing at 1 Edgefauld Terrace Springburn Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Annie Elizabeth Gibbins or Chalmers your Petitioner's (3) wife residing at Ibert with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Mary Chalmers to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Robt Chalmers

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 28th (4) day of April One thousand nine hundred .

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary Annie Elizabeth Gibbins or Chalmers. |
| 2. Sex and Age, | Female 33 years |
| 3. Married, Single, or Widowed, | wife of Engineer |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Alloa |
| 7. Place where Found and Examined, | 1 Edgefauld Terrace Springburn |
| 8. Length of time Insane, | 3 or 4 days |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 33. |
| 11. When and where previously under Examination and Treatment (5) | no where |
| 12. Duration of Existing Attack, | 3 or 4 days |
| 13. Supposed Cause, | Repeated miscarriages all followed by temporary depression |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robert Chalmers Husband No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of April One thousand nine hundred

*(To be signed by the party applying)* Robt Chalmers

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Haig
being a (1) Fellow of the Royal College of Surgeons Ed &.
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 1 Edgefauld Terrace Springburn in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Chalmers, Housewife 1 Edgefauld Terrace Springburn and that the said Mrs Mary Chalmers is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Her mind is vigorous but her ideas are erroneous fixed and not under control, Her manners are violent and excited she is either laughing, Talking, singing or crying

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Chalmers, says that she was convinced she would require to make a sacrifice either her husband or child

Name and Medical Designation, David Haig F.R.C.S.Ed

Place of Abode, Braeside Springburn

DATED this 28th day of April One thousand nine hundred .

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Campbell
being a (1) M.B., C.M.
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 1 Edgefauld Terrace Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Chalmers Housewife 1 Edgefauld Terrace Lanark and that the said Mrs Mary Chalmers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions

big people are after her trying to murder her

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Wilson states that this morning she was constantly either singing hymns or comic songs

Name and Medical Designation, William Campbell M.B., C.M.

Place of Abode 123 Balgray Hill Springburn

DATED this 28th day of April One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, David Haig being (1) Fellow of the Royal College of Surgeons Ed hereby certify, on soul and conscience, that I have this day, at (2) 1 Edgefauld Terrace Springburn in the County of Lanark, seen and personally examined Mrs Mary Chalmers, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

David Haig 79 Gt Cr

DATED this 28th day of April One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs mary Chalmers to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* ~~Wife~~ Husband

*Signature* Robt Chalmers

*Address* 1 Edgefauld Ter. Springburn Glasgow

*Date* April 28th 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Guthrie (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Robert Chalmers 1 Edgefauld Terrace, Springburn, Glasgow Certificates under the hands of David Haig and William Campbell. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Annie Elizabeth Gibbins or Chalmers 1 Edgefauld Terrace Springburn Glasgow (Petrs wife) and that the said Mary Annie Elizabeth Gibbins or Chalmers is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary annie Elizabeth Gibbins or Chalmers as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary annie Elizabeth Gibbins or Chalmers which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Thirtieth day of April One thousand nine hundred

W Guthrie

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*]

10.196

Mary Annie Eliz.th Gibbins a Chalmers

Adm.r 28.th April 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*

The Petition of John R Miller, 2 Somerset Place, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Elizabeth Angus, Bourtree Bank, Helensburgh, your Petitioner's (3) cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Angus to the Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John R. Miller

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of May One thousand eight hundred and

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Angus |
| 2. Sex and Age, | Female about 65 |
| 3. Married, Single, or Widowed, | single Lady |
| 4. Condition of Life, and previous Occupation (if any), | Presbyterian Bourtree Helensburgh do |
| 5. Religious Persuasion, so far as known, | |
| 6. Previous Place of Abode, | |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | Ill for some months. Long peculiar |
| 9. Whether First Attack, | Second |
| 10. Age (if known) on First Attack, | uncertain |
| 11. When and where previously under Examination and Treatment (5) | only at home |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Worry about business |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | possibly |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | J.R. Miller Somerset Place Glasgow — cousin Her father was peculiar in old age & her paternal cousin is so |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of May. One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* John R. Miller

T. & A. C.—May 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Buchanan Duff being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bourtree Glasgow Street, Helensburgh in the County of Dunbarton separately from any other Medical Practitioner, visited and personally examined (4) Miss Elizabeth Angus Bourtree Glasgow Street Helensburgh and that the said Miss Elizabeth Angus is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient's manner and expression of face changed from her normal, the latter indicating mental distress: she is unnaturally taciturn, she has insane suspicions, for example, that there is a plot against her, and she has the delusion that a God, in which an intimate friend is involved is taking place.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Communicated by Nurse Alice R. Adamson of the Blythswood Nursing Home Glasgow – the patient ~~subject~~ person left because the manner in which drugs were constantly employing nurses entering her clothes, affirming that they are not safe.

*Name and Medical Designation,* John B. Duff M. D.

*Place of Abode,* Kincardine, Helensburgh

DATED this fourth day of May One thousand ~~eight~~ nine hundred ~~and~~ years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Gordon Esq and being a (1) Bachelor of Medicine of Aberdeen University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bourtree Glasgow St Helensburgh in the County of Dunbarton separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Angus residing there and that the said Elizabeth Angus is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I noticed on manner, with a dazed expression 2. I could not persuade her to take a drink of water because she feared that something had been put in it. Great apprehension that her relatives are in danger – all are grounds.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The nurse: – she refuses food, that at times becomes very violent, suspicious, one of stealing her things, is absolutely unwilling to work and remains silent for hours.

*Name and Medical Designation,* Alexander Gordon Esq and M.B. Edin.

*Place of Abode* Helensburgh.

DATED this fourth day of May One thousand ~~eight~~ nine hundred and years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Buchanan Duff being (1) Doctor of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Helensburgh in the County of Dunbarton, seen and personally examined Miss Elizabeth Angus residing there, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John B. Duff M. D.

DATED this fourth day of May One thousand ~~eight~~ nine hundred ~~and~~ years.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum Asylum to receive therein Miss Eliz. Angus of Helensburgh to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Cousin

*Signature and Address* John R. Miller 2 Somerset Place Glasgow

*Date* 4 May 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John R. Miller, 2 Somerset Place, Glasgow Certificates under the hands of John Buchanan Duff, M.D. and Alexander Gordon Ingram, M.B. C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Miss Elizabeth Angus Bourtree Glasgow Street, Helensburgh, Petitioner's cousin and that the said Miss Elizabeth Angus is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Miss Elizabeth Angus as a Patient into the (6) Glasgow Royal Asylum ~~at~~ Gartnavel and I authorize her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Miss Elizabeth Angus which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Fifth day of May One thousand ~~eight hundred and~~ nine hundred.

5/pd
W.S.

*To the Superintendent of the* (7) Glasgow Royal *Asylum* ~~of~~ Gartnavel.

(7) Public, District, Parochial, or Private.

[*Signature*] R M Strachan

10.197

Elizabeth Angus

aom$^{o}$ 4$^{th}$. May 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of

John James Banner, Alderford Place, Langloan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Banner, Alderford Place Langloan your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henry Banner to the Caithness Asylum and to sanction his admission into the said Asylum

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Jas Banner

DATED this ~~Seventh~~ Eighth (4) day of May ~~One thousand Eight hundred and~~ Nineteen hundred

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Henry Banner |
| 2. Sex and Age, | Male – 62 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Retired from active work – formerly Schoolmaster |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | Alderford Place, Langloan |
| 7. Place where Found and Examined, | At Alderford Place, Langloan |
| 8. Length of time Insane, | Over two years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 60 |
| 11. When and where previously under Examination and Treatment (5) | During ~~two~~ above periods and at above address |
| 12. Duration of Existing Attack, | Two days |
| 13. Supposed Cause, | Refusal to take Medicine |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes – for a certain period |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John James Banner, Alderford Place Langloan – Son – Sister of Patient insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Eighth~~ Ninth day of May ~~One thousand eight hundred and~~ Nineteen hundred

*(To be signed by the party applying)* John Jas Banner

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Clark Rennie
being a (1) M.B. CM. of Glasgow University
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 357 Bank St, Coatbridge in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Henry Bannen, Pollsloan, 357 Bank St Coatbridge, and that the said Henry Bannen is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found him on several occasions very excited & nervous being under the delusion that they come to poison him, to shoot him, or to wait & ste him shot by others, & then Sign his death Certificate. Always refused to take Medicine from me under the delusion that it was poison. He was also under the impression that he has committed the unpardonable Sin"

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Anne Maria Lovell or Bannen his wife informed me that on several occasions during night he became excited & fled by force to be detained in the house as he desired because from the Draft-were coming to murder him. John James Bannen aged 23 his son informed me that his father for last week kept himself locked in a room by himself under the impression he was going to be shot

Name and Medical Designation, } James Clark Rennie M.B.C.M.

Place of Abode, 17 Church St Coatbridge

DATED this the eighth day of May One thousand eight and nine hundred and

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Landee R. Oswald
being a (1) M.B. of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Gartnavel asylum Lanark separately from any other Medical Practitioner, visited and personally examined (4) Henry Bannen from Langloan Coatbridge and that the said Henry Bannen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under delusions such as that he has committed the unpardonable sin, that his Doctor tries to poison him by giving him drugs, and that people are conspiring against him to kill him for what purpose he does not know. His manner & appearance are those of an insane person.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } L. R. Oswald M.B.

Place of Abode Gartloch Gartcosh

DATED this ninth day of may One thousand eight nine hundred and year.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Stark Rennie
being (1) M.B.C.M.
hereby certify, on soul and conscience, that I have this day, at (2) 357 Bank St, Easterly
in the County of Lanark, seen and personally examined Henry Bannen, Patient, 357 Bank St, Easterly and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Stark Rennie M.B.C.M.

DATED this eighth day of May One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum to receive therein Henry Bannen, 357 Bank St, Easterly, Alderford Place, Langloan, to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* ~~John~~ Son

*Signature and Address* John Jas Bannen, 357 Bank St, Easterly

*Date* Sixth May 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esq. advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John James Bannen Alderford Place Langloan Certificates under the hands of James Stark Rennie and Landel R. Oswald being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Bannen Alderford Place Langloan Patient and that the said Henry Bannen is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Bannen as a Patient into the (6) Public Royal Asylum of Gartnavel and I authorize ~~his~~ Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Bannen which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Tenth day of May One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the* (7) Public Royal *Lunatic Asylum of* Gartnavel.

(7) Public, District, Parochial, or Private.

[*Signature*] John Boyd

10.198

Henry Bannen

adm^ 9^th^ May 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*

The Petition of Allan McInnes residing at 36 Great Western Rd. Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Daniel Hugh McInnes your Petitioner's (3) Brother residing at Dumbarton is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Daniel H. McInnes to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Allan McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (4) day of May One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Daniel Hugh McInnes |
| 2. Sex and Age, | male about 36 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Sheep farmer in Argentine Republic |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 36 Great Western Rd Glasgow |
| 7. Place where Found and Examined, | Do & Gartnavel |
| 8. Length of time Insane, | about a year |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | about 35 |
| 11. When and where previously under Examination and Treatment (5) | only at home as above |
| 12. Duration of Existing Attack, | uncertain |
| 13. Supposed Cause, | no |
| 14. Whether subject to Epilepsy, | Yes, has threatened |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | = |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Petitioner his Brother |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane, | none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of May One thousand nine hundred

*(To be signed by the party applying)* Allan McInnes

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Oastler being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician &c do hereby certify, on soul and conscience, that I have this day, at (3) 36 Great Western Road Glasgow in the County of separately from any other Medical Practitioner, visited and personally examined (4) Daniel Hugh M'Innes and that the said Daniel Hugh M'Innes is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) stated frequently that spirits of the deported were jeering at him; that he was locked up in a house of ill fame & murderers. Paced the room restlessly & failed to carry on any sequential conversation.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) objected to his hair being cut as the one who performed the operation would lapse mad & receive all his evil spirits. Declared he was Chamberlain. Threatened violence with a knife in his hand.

*Name and Medical Designation,* James Oastler Doctor of Medicine

*Place of Abode,* 5 W Princes St. Glasgow.

DATED this 8th day of May One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Landee R. Oswald. being a (1) M.B. of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Gartnavel Asylum Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Daniel Hugh Mc Innes Sheep Farmer Rowe Glasgow and that the said Daniel Hugh Mc Innes is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in a condition of great mental depression Says that he is the man of sin whose soul is eternally lost, that he has been murdered

(7) *State the information and from whom derived.*

2. ~~Other Facts (if any) indicating Insanity communicated to me by others.~~ (7) & declares himself as polluted and impure & that no one can touch him without being everlastingly ruined

*Name and Medical Designation,* L. R. Oswald M.B.

*Place of Abode* Gartloch Gartcosh

DATED this Ninth day of May One thousand nine hundred years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, James Pastler
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 36 Gt. Western Rd Glasgow
in the County of Glasgow, seen and personally examined Daniel Hugh Mc Innes, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow Royal Asylum Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Pastler M.D.

DATED this 8 day of May One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Daniel Hugh Mc. Innes to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* Allan Mc. Innes

*Address* 36 Great Western Rd Glasgow

*Date* May 9. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esq. Advocate (1) Sheriff Substitute of the (2) County of Lanark. having had produced to me, with a Petition at the instance of (3) Allan Mc. Innes 36 Great Western Road, Glasgow. Certificates under the hands of James Pastler and Landel R. Oswald. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Daniel Hugh Mc. Innes, 36 Great Western Road Glasgow. Petitioners brother and that the said Daniel Hugh Mc. Innes is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Daniel Hugh Mc. Innes as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Daniel Hugh Mc. Innes which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow. ] this Tenth day of May One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.199

Daniel Hugh McInnes

Admr 9th May 1900

adm^n may 12 Nob t 90

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

By Authority of the Board, I hereby sanction the admission of

Susan Mc Gowen

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

Thos Fraser
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this fifth day of May

One Thousand nine hundred.

M & G Ltd—300—1-00

Susan McGowen

Voluntary

Admr 12th May 1900

Rate £60. money will be right.

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board**, I hereby sanction the admission of

Matthew S. Young,

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

Commissioner in Lunacy.

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this fifteenth day of May

One Thousand nine hundred.

M & G Ltd—300—1-00

Matthew S Young

Voluntary

Admd 18th May 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*—

The Petition of Robert Cockart residing at 3. Victoria Terrace, New Cathcart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Cockart your Petitioner's (3) Father residing at 16 Craigmount Street Mary hill is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew Cockart to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Cockart

(*To be signed by the Party applying*) ~~John Cockart~~

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of May One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Andrew Cockart |
| 2. Sex and Age, | Male: 67 |
| 3. Married, Single, or Widowed, | Widower. |
| 4. Condition of Life, and previous Occupation (if any), | Cabinet Maker |
| 5. Religious Persuasion, so far as known, | Protestant: Presbyterian. |
| 6. Previous Place of Abode, | 16 Craigmount Street Maryhill |
| 7. Place where Found and Examined, | at Marine Police Office Stockwell St. |
| 8. Length of time Insane, | 4 months. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 67. |
| 11. When and where previously under Examination and Treatment (5) | Never. |
| 12. Duration of Existing Attack, | as above. |
| 13. Supposed Cause, | Worry because unable to work owing to failure of eyesight |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | Has threatened at times occasionally |
| 16. Whether Dangerous to others, | Yes occasionally |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His Son Robert Cockart 3. Victoria Terrace, New Cathcart. None known. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of May One thousand nine hundred

(*To be signed by the party applying*) Robert Cockart ~~John Cockart~~

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Hardie being a (1) Doctor of Medicine of the Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Marine Police Office Mc Alpine Street in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Andrew Crockart Cabinet Maker and that the said Andrew Crockart is a (6) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(5) *State the facts.*

1. Facts indicating Insanity observed by myself: (5)

A look at the man would indicate that he was insane. He says his flesh is not like other peoples. that he is full of Gas and would soon burst.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

He wanted a police man to park him into the River, and if that would not kill him, he could be burned. Information from Turnkey

Information from his Son — He is under the impression that he has killed his wife by poison or otherwise

Name and Medical Designation, John Hardie M.D

Place of Abode, 376 St Vincent St

DATED this twenty first day of May One thousand nine hundred years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Kirkwood Currie being a (1) Bachelor of Medicine and master of Surgery of Glasgow University, and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Marine Police Office McAlpine Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Andrew Crockart, Cabinet maker no fixed residence and that the said Andrew Crockart is a (6) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(5) *State the facts.*

1. Facts indicating Insanity observed by myself: (5)

(1) He says that offensive odours are given off from his body making it undesirable that he should live beside other people. (2) That he would be better dead and wished he had been put in the river but knows it is impossible to drown him.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The warder in attendance says the patient told him he cannot be killed nor drowned and that the only plan would be to burn him.

Name and Medical Designation, Robert K. Currie MB CM.

Place of Abode 294 Bath St Glasgow

DATED this twenty-first day of May One thousand nine hundred years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Hardie
being (1) a Doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (2) Marine Police Office
in the County of Lanark, seen and personally examined Andrew Crockart, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Hardie M. D

DATED this Twenty first day of May One thousand nine hundred Years

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Andrew Crockart
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son

*Signature* Robert Crockart

*Address* ~~5 Victoria Terrace~~ 3 Victoria Terrace New Cathcart

*Date* 21st May 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) Robert Crockart, 3 Victoria Terrace, New Cathcart
Certificates under the hands of John Hardie M. D.
and Robert Kirkwood Currie M.B.C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Crockart, 16 Craigmount Street Maryhill (Petitioners father)
and that the said Andrew Crockart
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Crockart
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Crockart which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twentysecond day of May One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.201

Andrew Crockart

adm^r 21^st May 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Joseph Beaumont Laxton residing at 60 Cambridge Drive, North Kelvinside, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Amelia Maria Perry or Laxton your Petitioner's (3) wife residing at above address with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Amelia Maria Perry or Laxton to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Joseph Beaumont Laxton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 16th (4) day of May One thousand nine hundred year

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Amelia Maria Perry or Laxton |
| 2. Sex and Age, | female. 48 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Episcopalian |
| 6. Previous Place of Abode, | 60 Cambridge Drive, Glasgow |
| 7. Place where Found and Examined, | Gartloch, Gartcosh |
| 8. Length of time Insane, | Present attack 3 three weeks duration |
| 9. Whether First Attack, | Fourth. Previously in St Luke's (1887) Three Counties asylum (1898) Gartloch about 36 years ago at Bryn y Neuadd (1899) |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | see above |
| 12. Duration of Existing Attack, | see above |
| 13. Supposed Cause, | Doubtful |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no, She was suicidal in 1888. |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Her husband the petitioner aunt died in asylum & uncle committed suicide [or Melancholia] |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 16th day of May One thousand nine hundred year

*(To be signed by the party applying)* Joseph Beaumont Laxton

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Landee A. Oswald being a (1) M.B. & Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Gartloch ——— Gartcosh ——— in the County of separately from any other Medical Practitioner, visited and personally examined (4) Amelia Maria Perry or Laxton recently received at 60 Cambridge Drive and that the said Amelia Maria Perry or Laxton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She displays a marked loss of self control being excitable & even incoherent. She gives irrelevant replies to questions and her demeanour & actions are those of an insane person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She was under treatment in Gartloch asylum under my care last year

*Name and Medical Designation,* Landee A. Oswald M.B.

*Place of Abode,* Gartloch Gartcosh

DATED this 16th day of May. One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William A Parker being a (1) MBCM & Glasgow University and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Gartloch Asylum. Gartcosh in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Amelia Maria Perry or Laxton & 60 Cambridge Drive and that the said Amelia Maria Perry or Laxton is a (5) person & unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless talkative & really lacking in self control. She acts most foolishly as shown & the collection & useless articles she brought here with her and her bearing during conversation and physical examination was entirely changed from her normal condition as known to writer.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* W A Parker MB

*Place of Abode* Gartloch. Gartcosh

DATED this 16th day of May One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Landel R. Oswald
being (1) M.B. & Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Partick Gartcosh
in the County of Lanark, seen and personally examined Amelia Maria Perry or Laxton, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

L. R. Oswald M.B.

DATED this 16th day of May One thousand nine hundred year

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Amelia Maria Perry or Laxton to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* J. B. Laxton

*Address* 60 Cambridge Drive.

*Date* 16th May 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Joseph Beaumont Laxton, 60 Cambridge Drive North Kelvinside Glasgow Certificates under the hands of Landel R. Oswald and William A. Parker being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Amelia Maria Perry or Laxton 60 Cambridge Drive North Kelvinside Glasgow (Petitioners wife) and that the said Amelia Maria Perry or Laxton is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Amelia Maria Perry or Laxton as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Amelia Maria Perry or Laxton which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow. ] this Seventeenth day of May One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* John Boyd

10.200

Amelia Maria Perry or Laxton

admr 16th. May 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM,

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of George Watson Iwaddle residing at 187 Comelybank St Dennistoun Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~his~~ Hugh Iwaddle your Petitioner's (3) ~~Father-in-law~~ brother residing at 4 St James St. Tradeston Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Iwaddle to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* George Watson Iwaddle

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of May One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Hugh Iwaddle |
| 2. Sex and Age, | male 46 |
| 3. Married, Single, or Widowed, | widower |
| 4. Condition of Life, and previous Occupation (if any), | Plumber (master) |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 4 St James St Glasgow |
| 7. Place where Found and Examined, | Ditto |
| 8. Length of time Insane, | Peculiar for about a year & much worse for 6 mo's |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 45 |
| 11. When and where previously under Examination and Treatment (5) | Once at Home |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Intemperance |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | at times |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Petitioner his brother address as above none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21 day of May One thousand nine hundred

*(To be signed by the party applying)* George Watson Iwaddle

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Kerr Peden being a (1) Bachelor of Medicine & master of Surgery Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 4 St James St Kingston in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Hugh Waddle, Plumber 4 St James St Kingston and that the said Hugh Waddle is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Does not talk consecutively - has delusions, thinks his wife who died recently is in Australia and that his friends are going also &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Neighbours complain that he disturbs them at night asking food &c & that he is quite deranged

*Name and Medical Designation,* William Kerr Peden

*Place of Abode,* 55 Queen Mary Avenue

DATED this twenty-sixth day of May One thousand nine hundred.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Matthew Dunnin being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) Physician Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 4 St James St Kinglass. Lanarkshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Hugh Waddle Plumber 4 St James St Kinglass and that the said Hugh Waddle is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently when speaking of his dead wife. Thinks she is still alive. Has not attended to his business for the past 3 mos. Thinks his brother is conspiring against him. which is not the case

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Neighbours say that he wanders about with his wife cloak looking for her. as he supposes he has purchased tickets for Australia. His wife died 9 Feb. ago

*Name and Medical Designation,* Matthew Dunnin M.B. C.M. Edin. M. Glasgow

*Place of Abode* 11 Abbotsford Pl.

DATED this 18th day of May One thousand nine hundred

5/88

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) George Watson
Ywaddle, 184 Comelybank Street Dennistoun Glasgow
Certificates under the hands of William Kerr Peden
and Matthew Dunning being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Hugh Ywaddle, 4 St James Street, Glasgow
(Petitioners brother)
and that the said Hugh Ywaddle
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Hugh Ywaddle
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Ywaddle
which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow.] this Twentysecond day of May
One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] J M Boyd

10.202

Hugh Braddle

Adm^d 22^nd May 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*—

The Petition of James Dalgleish Chalmers residing at 2 Syriam Terrace Springburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Emily Charlotte Bettridge or Chalmers your Petitioner's (3) wife ~~residing at~~ residing with her husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Emily Bettridge or Chalmers to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James D Chalmers

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (4) day of May One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Emily Charlotte Bettridge or Chalmers |
| 2. Sex and Age, | female. 48 |
| 3. Married, Single, or Widowed, | Wife of draughtsman |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 2 Syriam Ter. Springburn |
| 7. Place where Found and Examined, | Do Glasgow |
| 8. Length of time Insane, | over 2 months |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | 48 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel Home |
| 12. Duration of Existing Attack, | as above. |
| 13. Supposed Cause, | death of only daughter & climacteric period |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | has threatened |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Mrs Clipp. 217 Victoria Park London (South Hackney) is her sister. two paternal uncles were insane & committed suicide. a sister had a paralytic attack of insanity |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of May One thousand nine hundred

*(To be signed by the party applying)* James D Chalmers

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I. X

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Hall
being a (1) Fellow of the Royal College of Surgeons Edr.
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 2 Lyrian Terrace Springburn in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Emily C Chalmers and that the said Emily C C Chalmers is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Her speech is incoherent, rambling, she considers she is under the power of the Devil, that she is at the point of death — That she saw her daughter in the lower world, working hard. V.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* David Hall F R C S E

*Place of Abode,* Braeside, Springburn

DATED this 31st day of May One thousand nine hundred —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Emily C. Betteridge or Chalmers and that the said Emily C Betteridge or Chalmers is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is morbidly doleful & despondent & says that she would be better dead as she has no money, no clothes & no one to care for her. These are obviously delusions. Altogether she gives me the impression of being a person who might be a danger to herself & requiring careful supervision

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas D. Cochran M.B.

*Place of Abode* 101 Oxford Pl

DATED this 31st day of May One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Dana Haig
being (1) Fellow of the Royal College of Surgeons Edd.
hereby certify, on soul and conscience, that I have this day, at (2) 2 Lyriam Terrace, Springburn Glasgow
in the County of Lanark, seen and personally examined Emily C Chalmers, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

David Haig

DATED this 31st day of May One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Emily C Bettridge or Chalmers, to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* James D Chalmers

*Address* 2 Lyriam Terrace Springburn Glasgow

*Date* May 31. 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esq Advocate (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) James Dalgleish Chalmers, 2 Lyriam Terrace Springburn Glasgow, Certificates under the hands of David Haig F.R.C.S.E. and James Duncan Cochrane being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emily Charlotte Bettridge or Chalmers, 2 Lyriam Terrace Springburn Glasgow (Petitioners wife) and that the said Emily Charlotte Bettridge or Chalmers is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emily Charlotte Bettridge or Chalmers as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Charlotte Bettridge or Chalmers which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow.] this First day of June One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] J. Boyd

10. 203

Emily Charlotte Bettridge or Chalmers

Adm$^{n}$ 31$^{st}$ May 1900

GARTNAVEL
GLASGOW

June 4. 00

To.

Dr. [illegible]

I request you to receive me as a voluntary patient & promise to be guided by your advice in all things

Isabella Barrie

adm°. June 5th. Rate £120
Emily W/B Barrie - Husband
118 Queen Street
Glasgow

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

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By Authority of the Board, I hereby sanction the admission of

Isabel Barrie,

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

J Smith Macpherson M D
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this fifth day of June

One Thousand nine hundred

M & G Ltd—300—1-00

Isabella Barrie

Voluntary

Adm$^{n}$ 5$^{th}$ June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) the Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of Gavin Black Motherwell Solicitor Airdrie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Gavin Wotherspoon your Petitioner's (3) ~~Client~~ agent is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Gavin Wotherspoon to the Gartnavel Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* G B Motherwell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~fifth~~ Fifth (4) day of June One thousand ~~eight~~ nine hundred and ~~forty~~ Ninety ~~seven~~ ~~W~~ ~~W~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Gavin Wotherspoon |
| 2. Sex and Age, | Male 35 |
| 3. Married, Single, or Widowed, | married - Spirit Dealer & recently a Grocer |
| 4. Condition of Life, and previous Occupation (if any), | Protestant |
| 5. Religious Persuasion, so far as known, | Motherwell |
| 6. Previous Place of Abode, | 10 Bank Street Airdrie |
| 7. Place where Found and Examined, | a few days |
| 8. Length of time Insane, | yes |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | First attack |
| 12. Duration of Existing Attack, | a few days |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a Pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Gavin Black Motherwell the Petitioner - Gavin Wotherspoon Father (now deceased) was a Cousin of his. Parents mother & sisters consent in the petition none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Fifth~~ Sixth day of June One thousand ~~eight~~ nine hundred and ~~seven~~ ~~W~~ ~~W~~

*(To be signed by the party applying)* G B Motherwell

T. & A. C.—Jany. 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Hugh Arthur being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 10 Bank Street Ardrie in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Gavin Wotherspoon and that the said Gavin Wotherspoon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Suffers from Delusions. talks of Building Hospitals, leaving me to decide the object & purpose of such buildings. that his wife is to be divorced. & he wills so much per year after Divorce. that he is marrying another, &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr J. Mc Murdo, Writer. tells me. that he suffers from delusions, says he has bought a Hotel at £20.000, wants a Divorce drawn out by him & is so much that he is afraid of him.

*Name and Medical Designation,* Hugh Arthur M.D

*Place of Abode,* Ardrie

DATED this fifth day of June One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Garnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Gavin Wotherspoon spirit dealer Cab proprietor residing at 10 Bank St. Ardrie and that the said Gavin Wotherspoon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is full of visionary projects. Speaks of building Hospitals & all sorts of Charitable Institutions. Has exaggerated ideas as to his own wealth & speaks of having acquired various Businesses for enormous sums

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 101 Oxford St

DATED this 6th day of June One thousand ~~eight~~ nine hundred ~~and~~

# CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) Hugh Arthur Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 10 Bank Street Airdrie in the County of Lanark, seen and personally examined Gavin Wotherspoon, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Hugh Arthur

DATED this fifth day of June One thousand ~~eight~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum to receive therein Gavin Wotherspoon to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Chargeé Agent

*Signature and Address* G B Motherwell

*Date* 5 June 1900 Airdrie

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esq. advocate Sheriff Substitute — of the (2) County — of Lanark — having had produced to me, with a Petition at the instance of (3) Gavin Black Motherwell, Solicitor, Airdrie — Certificates under the hands of Hugh Arthur, M.D. — and James Dundas Cochran M.B. — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Gavin Wotherspoon, Spirit Dealer, 10 Bank Street, Airdrie Petitioners client and that the said Gavin Wotherspoon is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Gavin Wotherspoon — as a Patient into the (6) Glasgow Royal Asylum of Gartnavel — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Gavin Wotherspoon which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Sixth — day of June One thousand ~~eight hundred and~~ nine Hundred.

*To the Superintendent of the* (1) Glasgow Royal *Asylum of* Gartnavel.

(1) Public, District, Parochial, or Private.

P.S.

*[Signature]* John Boyd

10.204

Gavin Witherspoon

acknd 5th June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Shire of Lanark and his Substitutes,—

The Petition of Elizabeth Gould or M'Fadzean

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George M'Fadzean your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George M'Fadzean to the Royal Asylum, Gartnavel and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* G. G. M'Fadzean.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this seventh (4) day of June One thousand nine hundred.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | George M. Fadzean |
| 2. Sex and Age, | Male, 48 yrs. |
| 3. Married, Single, or Widowed, | Married, |
| 4. Condition of Life, and previous Occupation (if any), | Publican |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 6 Lamb St. Hamilton |
| 7. Place where Found and Examined, | 6 Lamb St. " |
| 8. Length of time Insane, | 1 week. |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 48 yrs. |
| 11. When and where previously under Examination and Treatment (5) | None, |
| 12. Duration of Existing Attack, | 1 week. |
| 13. Supposed Cause, | Alcoholism |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | May be |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ~~Ad~~ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Elizabeth Gould or M'Fadzean, his wife at same address. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of June One thousand nine hundred.

*(To be signed by the party applying)* G. G. M'Fadzean

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Henry Watson being a (1) Doctor of Medicine of the University of Edinburgh & Physician & Surgeon and being in actual practice as a (2) do hereby certify, on soul and conscience, that I have this day, at (3) 6 Rands St. Hamilton in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) George McFadzean, Pubician, 6 Rands St Hamilton and that the said George McFadzean is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He looks stupid & dull & does not seem to understand anything said to him he answers incoherently & irrelevantly to questions, says he has been poisoned & will not take food from anyone, violently strikes anyone who tries to feed him, has been making an attempt on all doors missing attendants, on the Mrs McFadzean this morning, says she is always picking dirt off things on the curtains that do not exist has not taken food for days attacks her landlady she comes in right & is quite unmanageable.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) carpet.

Name and Medical Designation, R. H. Watson, M.D.

Place of Abode, The Stile, Hamilton

Dated this seventh day of June One thousand nine hundred .

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Adam being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 6 Lamb Street Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) George McFadzean, Publican 6 Lamb St. Hamilton and that the said George McFadzean is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Patient is mentally obfuscated, answers questions in a hazy indefinite way. Has powerful wine on his clothes.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that he is often very violent, that he has assaulted her & thrown her on the floor last night, that he imagines the flowers on the wall are holes which he is often trying to open

Name and Medical Designation, James Adam M.B.

Place of Abode Hamilton

Dated this 7th day of June One thousand nine hundred —

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Robert Henry Watson
being (1) Doctor of Medicine, Licentiate of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 6 Hamilton St Glasgow
in the County of Lanark, seen and personally examined George McFadzean,
, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

R. H. Watson, M.D.

DATED this Seventh day of June One thousand nine hundred .

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Royal Asylum, Gartnavel Asylum to receive therein George McFadzean to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife

*Signature and Address* G. G. McFadzean

*Date* 7. June 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Elizabeth Gould or McFadzean, 6 Hamilton Street Hamilton Certificates under the hands of Robert Henry Watson and James Adam being two Medical Persons duly qualified in terms of an Act, intituled " An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George McFadzean, 6 Hamilton Street Hamilton on the 7th June and that the said George McFadzean is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George McFadzean as a patient into the (6) Public Royal Asylum of Gartnavel and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George McFadzean which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Eighth day of June One thousand nine hundred .

*To the Superintendent of the* (7) Public Royal Lunatic Asylum of Gartnavel.

(7) Public, District, Parochial, or Private.

[Signature] John Boyd

MW6

10. 205

George M Fadzean

Com 7th June 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Alexander Rutherland residing at 8 Sandyford Place, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine McLaren Scotland or Rutherland your Petitioner's (3) Wife residing at 8 Sandyford Place, Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine McLaren Scotland or Rutherland to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Alex Rutherland

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 8th (4) day of June One thousand nine hundred Years

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Catherine McLaren Scotland or Rutherland |
| 2. Sex and Age, | Female. 34. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | |
| 7. Place where Found and Examined, | 8 Sandyford Place Glasgow |
| 8. Length of time Insane, | 2 Weeks |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | ~~35~~ 34 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | Four weeks |
| 13. Supposed Cause, | Lactation & Domestic worries |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Mrs Scotland, 8 Franklin Terrace, Glasgow her mother. Maternal Aunt was insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eight day of June One thousand nine hundred Years

*(To be signed by the party applying)* Alex Rutherland

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Holmes
being a (1) Lic. Royal. Colleges of Physicians & Surgeons Edin. & Lic. Faculty of Physicians & Surgeons Glas.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 8 Sandyford Place, Glasgow in the County of City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Catherine McLaren Scotland or Kirkland wife of Dr Sandyford Place, Glasgow, and that the said C. McL. Scotland or Kirkland is a (5) an insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Patient has delusions e.g. imagining that she is lost, and that other persons in the room is the devil & Christ, and also that there are persons in the room, when they are not there.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Thos Holmes L.R.C.P.S Ed.

*Place of Abode,* 6 Derby Terrace Glasgow.

DATED this eight day of June One thousand nine hundred 7 years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, James Finlayson,
being a (1) Doctor of Medicine of the University of Glasgow,
and being in actual practice as a (2) Physician,
do hereby certify, on soul and conscience, that I have this day, at (3) Number Eight Sandyford Place, Glasgow in the County of the City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mrs Catherine McLaren Scotland or Kirkland wife of Revd Alexander Kirkland, and that the said Mrs Catherine McLaren Scotland or Kirkland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

She refuses to take food, or spits it out, so that her nutrition is in danger. She can scarcely be got to answer a single word in reply to questions, but, at other times, sings a hymn tune.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The nurse in attendance whom she named, in my hearing, as "the Devil," says she also is spoken to as the Christ by her.

*Name and Medical Designation,* James Finlayson M.D.

*Place of Abode* 2 Woodside Place, Glasgow

DATED this Eighth day of June One thousand nine hundred 7 years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Holmes being (1) Fellow Royal College of Physicians & Surgeons Edin Lond hereby certify, on soul and conscience, that I have this day, at (2) 8 Sandyford Place Glasgow. in the County of City of Glasgow, seen and personally examined Cath. McLaren Scotland or Kirkland, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Thos Holmes L.R.C.P.&S.Ed.

DATED this Eight day of June One thousand nine hundred years.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Catherine McLaren Scotland or Kirkland to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Alex Kirkland

*Address* 8 Sandyford Place Glasgow

*Date* 8th June 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan Sheriff Substitute — of the (1) County — of Lanark — having had produced to me, with a Petition at the instance of (2) Alexander Kirkland, 8 Sandyford Place, Glasgow — Certificates under the hands of Thomas Holmes, L.R.C.P.&S.E. and James Hindayson, M.D. — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Catherine McLaren Scotland or Kirkland, 8 Sandyford Place, Glasgow, Petitioner's wife — and that the said Catherine McLaren Scotland or Kirkland is a (4) insane person or a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Catherine McLaren Scotland or Kirkland as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine McLaren Scotland or Kirkland — which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this Ninth — day of June One thousand nine hundred

5/- pd

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] R M Strachan

10.206

Cath: McLaren Scotland & Kirkland
adm$^{n}$ 8$^{th}$ June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Jane Crawford Campbell of 12 Harvey Terrace, Lochwinnoch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Campbell residing at same address your Petitioner's (3) son William Campbell is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Campbell to the Gartnavel asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jane Crawford Campbell

DATED this 9th ~~eighth~~ (4) day of June One thousand ~~eight hundred~~ and nine hundred

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Campbell |
| 2. Sex and Age, | 25 years male |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Miller - other occupations |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 12 Harvey Terrace. Lochwinnoch |
| 7. Place where Found and Examined, | 12 ~~Harvey Ter~~. Lochwinnoch |
| 8. Length of time Insane, | Six months |
| 9. Whether First Attack, | first attack |
| 10. Age (if known) on First Attack, | 24½ years |
| 11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*], | |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Hereditary |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jane Crawford Campbell 12 Harvey Terrace. Lochwinnoch Renfrewshire Mother. Uncle been insane |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th ~~eighth~~ day of June One thousand nine hundred ~~eight hundred~~ and

*(To be signed by the party applying)* Jane Crawford Campbell

P.K.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Muirhead Martin being a (1) MB CM. LRCP 1886. LFPS 1889 and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 12 Harvey Terrace Lochwinnoch in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) William Campbell and that the said William Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(1) Suicidal tendencies on ~~two~~ occasions
(2) Melancholic moods. and fancies
(3) will not work.
(4) Hereditary history

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) restless & nervous & will not work. So tired of living
(2) Has spoken of & attempted Suicide
(3) Fancies people are opposing him

*Name and Medical Designation,* Thomas Muirhead Martin MB CM. LRCP 1886 etc

*Place of Abode,* Lochwinnoch

DATED this eighth day of June One thousand ~~eight~~ nine hundred ~~and~~ hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine U Glasgow Licensed and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Garnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Campbell ~~Tait~~ Miller late residing at 12 Harvey Terrace Lochwinnoch and that the said William Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He says that he is pulling my melancholy & misrable & tells me that on account of this he has "tried to do away with himself" He is full of morbid fancies about his stomach, inability to work etc.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* James D. Cochran M.B

*Place of Abode* 101 Oxford Drive Glasgow

DATED this 9th day of June One thousand ~~eight~~ ~~hundred and~~ nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Muirhead Martin being (1) Bachelor of Medicine Master in Surgery - &c. hereby certify, on soul and conscience, that I have this day, at (2) 12 Harvey Terrace Lochwinnoch in the County of Renfrew, seen and personally examined William Campbell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

Thomas Muirhead Martin

DATED this eight day of June One thousand ~~eight~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum Asylum to receive therein William Campbell to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Mother (mother)

*Signature and Address* Jane Crawford Campbell

*Date,* 8 June 1900 (1900)

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Mitchell, Esq. Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Jane Crawford Campbell, 12 Harvey Terrace, Lochwinnoch Certificates under the hands of Thomas Muirhead Martin and James Duncan Cochran, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Campbell, 12 Harvey Terrace, Lochwinnoch petitioners son and that the said William Campbell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Campbell as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize Rio Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Campbell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eleventh day of June — One thousand ~~eight hundred and~~ nine hundred.

Andrew Mitchell

5/ pd
A.S.

*To the Superintendent of the* (7) Glasgow Royal *Asylum of* Gartnavel.

(7) Public, District, Parochial, or Private.

10.207

William Campbell

Adm^n 9^th June 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of John Clark Edmiston

residing at 6 Wilton Gardens Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Barbara Nairn or Edmiston residing ~~at~~ there with them

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Barbara Edmiston to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

*(To be signed by the Party applying)* John C Edmiston. M.D.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 11th (4) day of June One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mrs Barbara Nairn or Edmiston |
| 2. Sex and Age, | female 47 |
| 3. Married, Single, or Widowed, | wife |
| 4. Condition of Life, and previous Occupation (if any), | medical Bacteriologist |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 6 Wilton Gardens Glasgow |
| 7. Place where Found and Examined, | Do |
| 8. Length of time Insane, | 6 or 7 years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | ~~40~~ about 40. |
| 11. When and where previously under Examination and Treatment (5) | only at Home |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | uncertain |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Has threatened |
| 16. Whether Dangerous to others, | Not usually. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | St Nairn 6 South Park Avenue is her brother Partick a maternal aunt was insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 11th day of June One thousand nine hundred

*(To be signed by the party applying)* John C Edmiston M.D.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas M'Ke
being a (1) L.R.C.P.Ed, L.F.P.S.G. &c

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3)
6 Willow Gardens Glasgow in the County of
Lanarkshire separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Barbara Nairn and that
the said Mrs Nairn or Edmiston is a (5) Person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A look of her eye had been the cause of a young mans death. for which she was sorry but it was another soul in heaven

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband & brother tell me that she made an attempt to take poison

*Name and Medical Designation,* Jas M'Ke L.R.C.P.Ed &c.

*Place of Abode,* 4 Myrtle Park Glasgow

DATED this 11th day of June One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robt Dope
being a (1) LR CP Ed LF P S Glas

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3)
6 Willow Gardens Glasgow. in the County of
Lanarkshire separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Barbara Nairn or Edmiston and that
the said Barbara Nairn or Edmiston is a (5) Person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She Considers herself a Holy Woman since a date given about 3 years ago. when She felt the Spirit of God passing over her head. giving her to know this to be true.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband Says that She attempted to take Poison.

*Name and Medical Designation,* Robt Dope LRCP Ed &c

*Place of Abode* Possilpark Glasgow

DATED this 11th day of June One thousand nine hundred

5/-

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, ~~Robert Dope~~
being (1) ~~M.R.C.P.Ed.~~
hereby certify, on soul and conscience, that I have this day, at (2)

(1) State medical qualification.
(2) State place of examination.

in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan — (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Clark Edmiston, 6 Wilton Gardens, Glasgow
Certificates under the hands of Thomas M'Kee
and Robert Jope being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mrs Barbara Nairn or Edmiston, 6 Wilton Gardens, Glasgow, Petitioner's wife
and that the said Mrs Barbara Nairn or Edmiston
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Barbara Nairn or Edmiston
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Barbara Nairn or Edmiston which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Eleventh day of June One thousand nine hundred

5/- pd
R.S.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* R M Strachan

10.208

Barbara Nairn of Ednieston

Admr 11th June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*—

The Petition of John Francis Givens residing Concealed, Rutherglen humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Francis Givens your Petitioner's (3) son residing there with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Francis Givens to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Francis Givens

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11 (4) day of June One thousand ~~eight hundred and~~ nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Francis Givens |
| 2. Sex and Age, | male. 26. |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Student |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | Rutherglen |
| 7. Place where Found and Examined, | Concealed Rutherglen & Garnkirk |
| 8. Length of time Insane, | more or less about ten years |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | about 16. |
| 11. When and where previously under Examination and Treatment (5) | only at home |
| 12. Duration of Existing Attack, | as above. & gradually getting worse |
| 13. Supposed Cause, | Epilepsy |
| 14. Whether subject to Epilepsy, | yes |
| 15. Whether Suicidal, | has threatened |
| 16. Whether Dangerous to others, | yes at times very. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Petitioner his father. none known |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | none. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of June One thousand ~~eight~~ nine hundred and

*(To be signed by the party applying)* John Francis Givens

T. & A. C.—Mch. 1895.

P. P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Lonsdale, being a (1) a Bachelor of Medicine & Glasgow.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Cornelet Rutherglen, Lanark in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Francis Givens, Cornelet, Rutherglen and that
the said John Francis Givens is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is most restless and irascible; very suspicious, watching every movement; taps his forehead and talks very incoherently: is very impulsive and cries at times.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father & mother showed me a window with the glass destroyed through which he had jumped this morning. He disappeared for a time and was only got by the police.

*Name and Medical Designation,* David Lonsdale. M.B.C.M.

*Place of Abode,* Rutherglen. Rutherglen.

DATED this Eleventh day of June One thousand ~~eight~~ Nine hundred ~~and~~ —

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles Bannatyne
being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) Cornet Villa Rutherglen, Lanark in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Francis Givens, Cornelet Rutherglen and that
the said John Francis Givens is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Patient is childish & incoherent in his speech. He imagines he suffers from all kinds of disease. He thinks there is a conspiracy to poison him. He is suspicious of all around him & thinks his death has been resolved on.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He threatened his father & took him by the throat. He wanted to cut his own throat.
His father & mother showed me a plate glass window through which he sprang earlier following which he was lost for a time & got found by.

*Name and Medical Designation,* Charles Bannatyne M.B.; Ch.B. Rutherglen.

*Place of Abode* Rutherglen. Rutherglen.

DATED this 11th day of June One thousand ~~eight~~ Nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, David Longwill
being (1) a Bachelor of Medicine & Surgeon Rutherglen
hereby certify, on soul and conscience, that I have this day, at (2) Rutherglen
in the County of Lanark, seen and personally examined John Francis Givens, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

David Longwill. M.B. & Ch.

DATED this eleventh day of June One thousand ~~eight~~ Nine hundred and ~~—~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Royal asylum Gartnavel
~~Asylum~~ Glasgow to receive therein John Francis Givens
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father.

*Signature and Address* John Francis Givens

*Date* June 11. 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Mitchell Esq. Advocate (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) John Francis Givens, Corselet Rutherglen
Certificates under the hands of David Longwill M.B.C.M. and Charles Bannatyne M.B.C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Petitioners son, John Francis Givens, Corselet Rutherglen and that the said John Francis Givens is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Francis Givens as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Francis Givens which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Twelfth day of June One thousand ~~eight~~ nine hundred and

Andrew Mitchell

*To the Superintendent of the Asylum of* (7) Glasgow Royal Lunatic Gartnavel

(7) Public, District, Parochial, or Private.

10.209

John Francis Givens

Admr 11th June 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Robert Mc Naught residing at 21 Abbotsford Place Glasgow SS. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Neil or Mc Naught your Petitioner's (3) wife residing at above address is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Neil or Mc Naught to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Robt Mc Naught

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 14th (4) day of June One thousand nine hundred .

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Neil or Mc Naught |
| 2. Sex and Age, | Female 38 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 21 Abbotsford Place Glasgow |
| 7. Place where Found and Examined, | " " " |
| 8. Length of time Insane, | 14 days |
| 9. Whether First Attack, | 2nd |
| 10. Age (if known) on First Attack, | 37 |
| 11. When and where previously under Examination and Treatment (5) | At Home |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Alcohol |
| 14. Whether subject to Epilepsy, | Had alcoholic fit |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Her father James Neil 63 Lochleven Rd. Longside none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of June One thousand nine hundred .

*(To be signed by the party applying)* Robt Mc Naught

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Albert A. F. Steen being a (1) M.B. & Cm. (Glasgow) and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 21 Abbotsford Place, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Neil or McNaught (House wife) and that the said Margaret Neil or McNaught is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hallucinations, states that the house has been broken into & all valuables stolen. Does not recognise her relatives & thinks that they are intent upon doing her injury. Cannot be kept under control. Lighting matches & looks for thieves. —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The husband states that she is continually lighting matches for thieves, whereby she sets fire to things. Has no recollection of events which have taken place on the very day of occurrence.

Name and Medical Designation, A. F. Steen M.B. & Cm.

Place of Abode, 29 Abbotsford Place.

DATED this Thirteenth day of June One thousand nine hundred ~~and nineteen~~.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Neil M.B. Cm. of Glasgow University being a (1) Physician and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 21 Abbotsford Place Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Neil or McNaught and that the said Margaret Neil or McNaught is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Suffers from hallucinations; states she was at the shop yesterday, that she lit the fire this morning, both of which statements are incorrect.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) informed by her husband Robert McNaught that she has turned on the gas, and left it unlit; runs about the house with lighted matches: pretending to be asleep the moment attendant retired she was up and about: necessary to have windows, doors fixed in case she would do herself harm.

Name and Medical Designation, Robert Neil M.B.Cm.

Place of Abode 9 Coruna Str Glasgow

DATED this 13th day of June One thousand nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Albert A. F. Steen being (1) M.B. C.M., Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 21 Abbotsford Place, Glasgow in the County of Lanark, seen and personally examined Margaret Neil or McNaught, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow Royal Asylum at Gartnavel.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Albt A. F. Steen, M.B. C.M.

DATED this 13th day of June One thousand nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Margaret Neil or McNaught to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Robt McNaught

*Address* 21 Abbotsford Place

*Date* June 14. 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Walter Gow Burns, Esq. advocate (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Robert McNaught, 21 Abbotsford Place, Glasgow, Certificates under the hands of Albert A. F. Steen and Robert Weir being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Neil or McNaught 21 Abbotsford Place Glasgow Petitioners wife and that the said Margaret Neil or McNaught is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Neil or McNaught as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Neil or McNaught, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Fifteenth day of June One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] Walter Gow Burns

10. 210

Margaret Neil or McNaught

Adm^n 14^th June 1900

Cause 14. Rule 70

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

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By Authority of the Board, I hereby sanction the admission of

Frances Dora Gordon

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

J. Rutherford Macpherson M.D.
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this eighteenth day of June

One Thousand nine hundred.

M & G Ltd—300—1-06

Frances Dora Gordon

Voluntary

Com$^{n}$ 18$^{th}$ June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark. *and his Substitutes,—*

The Petition of William Logan residing Heathery Haugh Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Ord Wallace your Petitioner's (3) brother in law residing Millerry Park Blandens is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Ord Wallace to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Wlogan Manager & Ret

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 19th (4) day of June One thousand ~~eight hundred and~~ nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Ord Wallace |
| 2. Sex and Age, | male. 50 |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Commercial Traveller |
| 5. Religious Persuasion, so far as known, | Episcopal |
| 6. Previous Place of Abode, | Blandens |
| 7. Place where Found and Examined, | Imperial Hotel Hebburn |
| 8. Length of time Insane, | about a week |
| 9. Whether First Attack, | Sixth attack |
| 10. Age (if known) on First Attack, | about 29 |
| 11. When and where previously under Examination and Treatment (5) | Dr Runciman Asylum (private) Dr Bethlem Hospital Dr Gartnavel Asylum 1898 |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Hereditary & exposure |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | not |
| 16. Whether Dangerous to others, | might be |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | / |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, | Petitioners bro' in law His brother is insane His mother was nervous |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 19 day of June One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Wlogan Manager & Ret

T. & A. C.—May 1898.

P P.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Robert Sworle ~~M.D.~~ being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Imperial Hotel Helensburgh in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) John Ord Wallace and that the said John Ord Wallace is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherency & rambling conversation. This attack is similar to an attack in September 1898. when I sent him to Gartnavel. His delusions are partly religious but only mixed

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has been several times already under restraint in 1879, 1882-3, 1888, 1896-7, 1898. Information from brother-in-law & wife to Logan Heatherknowe Moffat

Name and Medical Designation, William R Sworle

Place of Abode, Rosemount Helensburgh

DATED this 18th day of June One thousand ~~eight~~ nine hundred and ~~six~~ years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (2) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Ord Wallace retired Corn Merchant and that the said John Ord Wallace is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks & shouts incessantly in a rambling incoherent fashion. He refuses to be dressed & while he stays in bed he throws his food about the room. He requires constant supervision

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He was formerly under treatment in Gartnavel Asylum. (Communicated by Dr Motakkis) He tears all his bed clothes & is very violent. (Communicated by Mr. Angus Head attendant.

Name and Medical Designation, Jas D. Cochran. M.B., Ch.B.

Place of Abode 10 Oxford Drive Glasgow

DATED this 19th day of June One thousand ~~eight hundred and~~ nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Robert Sewell being (1) M.D. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Imperial Hotel Helensburgh in the County of Dumbarton, seen and personally examined John Ord Wallace, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Royal Asylum

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William R Sewell M.D.

DATED this Eighteenth day of June One thousand eight hundred ~~and~~ nine years

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Royal Asylum Asylum to receive therein John Ord Wallace to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother in Law

*Signature and Address* W Logan Meadow Cott Heathery haugh Moffat

*Date* June 18. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William Logan, residing at Heathery Haugh, Moffat Certificates under the hands of William Robert Sewell and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Ord Wallace residing at Murray Park St Andrews Petitioners Brother-in-Law and that the said John Ord Wallace is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Ord Wallace as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Ord Wallace which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Nineteenth day of June One thousand ~~eight hundred and~~ nine hundred.

*To the Superintendent of the* (7) Glasgow Royal *Asylum of* Gartnavel.

(7) Public, District, Parochial, or Private.

P.S.

[*Signature*] John Boyd

10.211

John Ord Wallace

adm 18th June 1900

Admn. 20 June - Rate £200 - Surety
W. Jas. Gowans.
1 Marshall Place Perth.

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board**, I hereby sanction the admission of

David T. Gowans,

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

J Rutherfurd M.D.
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this eighteenth day of June
One Thousand nine Hundred.

M & G Ltd—300—1-06

David J. Gowans

Volunteary

Aom^o 20^th. June 1900

4,862.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, John Macpherson, M.D.

one of the Commissioners of the General Board of Lunacy, having duly considered the Application made by George Alexander, 16 Carment Drive, Shawlands, Glasgow for the liberation on trial of Mary Carbarns or Alexander, a Patient in Glasgow Royal Asylum together with the accompanying Statement and Medical Certificate, do, by Authority of the Board, hereby sanction the liberation of the said Patient until 31st December 1900.

J. Macpherson
*Commissioner in Lunacy.*

Dated at Edinburgh, this twenty-second day of June One Thousand ~~Eight Hundred and~~ nine hundred.

---

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

Brought back July 20. Notice sent to Com. July 21.

Mary Catharine A Alexander
Probation
22nd June 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

[FORM A]

*25 & 26 Vict., Cap. 54, Sect. 14.*

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE GLASGOW ROYAL ~~EDINBURGH~~ ASYLUM.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire (1) Sheriff or Steward. (2) Shire or Stewartry.
*of* Lanark *and his Substitutes.*

The Petition of (3) Edward A. Hay, Reading (3) Insert Name and Designation
at 17 Graham St. Edin. Commercial Traveller

humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (4) Margaret Ann Hay wife (4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Margaret Ann Hay to the Royal ~~Edinburgh~~ Glasgow Asylum for the Insane, and to sanction her admission into the said Asylum.

Edward A. Hay.

1. Dated this 23rd day of (5) June One thousand nine hundred ~~and~~ (5) The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Ann Hay |
| 2. Sex and Age, | Female 42 |
| 3. Married, Single, or Widowed, | Married wife of Commercial Traveller |
| 4. Condition of life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Church of England |
| 6. Previous Place of Abode, | 17. Graham St. Edinburgh |
| 7. Place where Found and Examined, | do — do |
| 8. Length of Time Insane, | four days |
| 9. Whether First Attack, | one with first baby 15 yrs. ago |
| 10. Age (if known) on First Attack, | 27 yrs. |
| 11. When and Where previously under Examination and Treatment, | At Home |
| 12. Duration of Existing Attack, | four days |
| 13. Supposed Cause, | Cannot say - think nervous shock. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to Others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | // |
| 18. Date of becoming Chargeable, | // |
| 19. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Edward A. Hay — Husband 17. Graham St. Edin.r None |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify that, to the best of my knowledge, the above particulars are correctly stated.

2. Dated this 23rd day of June One thousand nine hundred ~~and~~

*(To be signed by the Party applying)* Edward A. Hay.

## ADDITIONAL STATEMENT.

*For the Information of the Physician.*

1. Birthplace, . . . . . Bridlington
2. Character of Education, . . . . . Liberal
3. Is the natural disposition cheerful or melancholy —reserved or frank? . . . . . Cheerful very
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? . . . . . the former emphatically
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? . . . . . Yes once at first childbirth 1 month – at Home
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? . None
7. What was the cause of death (if dead) in the case of his father and mother, brothers or sisters? What diseases has he or his relatives been subject to? . . . . . Living
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? . . . . . Slight debility a month ago
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? . . . . . Mental shock.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct of disposition, elevation, depression, fancies, &c.? . depression & fancies
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, falling off in flesh, pain in head, costiveness, derangement of female health, &c.? . . . . . Probably all these
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? . few
13. What changes have taken place in his bodily symptoms? . . . . . none visible
14. Is he dirty, destructive, untidy, or obscene? . The reverse.
15. Has he threatened or attempted violence to himself? If so, in what way? . . . . . none
16. Has he threatened or attempted violence to others? If so, in what way? . . . . . none

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## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any order by the Sheriff.)*

I, the undersigned, John Orr being (1) Doctor of Medicine & Fellow of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day at (2) 17 Graham St Dunbarton in the County of Dunbarton, seen and personally examined Margaret Ann Hay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow.

(1) State Medical qualification.
(2) State Place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of emergency.

John Orr

DATED this 23 day of June One thousand ~~eight~~ nine hundred and ~~—~~

---

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Royal ~~Edinburgh~~ Asylum ~~for the Insane~~ Gartnavel Glasgow to receive therein Margaret Ann Hay to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address,* Edward A Hay

*Date,* June 23/900.

3 X

## MEDICAL CERTIFICATE.—No. I.

I, the undersigned, George Smith Ainslie being a (1) Fellow of the Royal College of Physicians Edinburgh

and being in actual practice as a (2) Physician.

hereby certify, on soul and conscience, that I have this day at (3) 17 Graham Place Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Margaret Anne Hay wife of W. Hay. Commercial Traveller, 17 Graham St. Edinburgh and that the said Margaret Anne Hay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician *or* Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She is suffering from extreme mental depression is groaning and moaning constantly. She cannot answer questions rightly only repeats words "It's awful". She refuses food & is quite unfit to take care of herself.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has been worked for several days and is increasing in severity.

(7) *State the Information, and from whom derived.*

*Name and Medical Designation,* G. Smith Ainslie M.D. F.R.C.P.E.

*Place of Abode,* Dispensary House, Edinburgh

DATED this 23rd day of June One thousand eight hundred and nine

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## MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Orr being a (1) Fellow of the Royal College of Physicians Edinburgh

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day at (3) 17 Graham St. Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Margaret Anne Hay Wife of W. E. Q. Hay Commercial Traveller, 17 Graham St. Edinburgh and that the said Margaret Anne Hay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician *or* Surgeon, *or otherwise, as the case may be.*
(3) *Insert the Street, and Number of the House (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Patient is very profoundly depressed, constantly moaning & tossing in bed. She says that her conduct has been awful & that she has murdered her little sister by putting her down a W.C." She will not reply when spoken to & will not take food or drink. She is unable to look after herself.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband tells me that she began to have silly ideas about herself 4 days ago & that she is becoming steadily worse. She does not know him when he speaks to her.

(7) *State the Information, and from whom derived.*

*Name and Medical Designation,* John Orr M.D. F.R.C.P.E.

*Place of Abode,* 1 Kilbarth Crescent Edinburgh

DATED this 23rd day of June One thousand eight hundred and nine

Margaret Ann Hay

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, *or* Steward-Substitute.
(2) *State whether a* County *or* of the Stewartry.
(3) *Insert Name and Designation*

I, John Boyd Esquire advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Edward A. Hay, 14 Graham Street Edinburgh Certificates under the hands of Thomas Smith Clouston and John Orr, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Ann Hay 14 Graham Street Edinburgh Petitioners niece and that the said Margaret Ann Hay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret ann Hay as a Patient into the Royal ~~Edinburgh~~ Glasgow Asylum for the Insane, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a statement regarding the said Margaret Ann Hay which accompanied the said Petition.

(4) *Describe the Patient, and if a Pauper, state so.*

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

DATED [at Glasgow] this Twentyfifth day of June One thousand ~~eight~~ nine hundred and years

W.M.

John Boyd

*To the Medical Superintendent of the Royal* ~~Edinburgh~~ Glasgow *Asylum for the Insane.*
at Gartnavel

No. 10,212

Name, Margaret Ann Hay

Date of Admission, 25 June 1908

## LETTER OF OBLIGATION FOR PAYMENT OF BOARD.

_____ 18

GENTLEMEN,

As you have agreed to admit into the Royal Edinburgh Asylum for the Insane, as an ordinary patient and boarder, at the rate of per annum, I hereby oblige myself to pay to your Treasurer the said patient's board quarterly, and in advance, at the rate of or such other rate as may from time to time be determined by you; to provide the requisite supplies of clothes for the patient, or, in the event of such clothes being supplied by you, to pay for the same to your Treasurer; to pay to your Treasurer for all stimulants or extraordinary furnishings supplied to the patient on the order of your Physicians; and to repay your Treasurer for all cash advanced to, or on behalf of, the patient. I also oblige myself to remove the patient when desired; to defray, in case of death, the funeral charges; and to fulfil any other condition incumbent on me as surety for the patient, according to your Regulations.

_____

*To the Managers of the Royal Edinburgh Asylum for the Insane.*

6d. stamp.

4864.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, JOHN FRASER, M. B. C. M. ----------

one of the Commissioners of the General Board of Lunacy, having duly considered the Application made by The Right Rev, John Dowden, 13 Learmonth Terrace, Edinburgh, ----------for the liberation on trial of Edward Dowden, ----------a Patient in Glasgow Royal Asylum ----------together with the accompanying Statement and Medical Certificate, do, by Authority of the Board, hereby sanction the liberation of the said Patient until 31st December 1900.

John Fraser
*Commissioner in Lunacy.*

Dated at Edinburgh, this twenty fifth day of June One Thousand ~~Eight Hundred and~~ nine hundred.

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Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

Left on Sunday 29th. June & so intimated to the Board — Dy.

Edward Dowden - Probation
25th June 1900.

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

30 January 1896.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Mrs Jeane Crawford residing Shawton House, Chapelton by Hamilton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Crawford, residing there your Petitioner's (3) brother in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Crawford to the Glasgow Royal asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jeane Crawford

(4) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

DATED this 26th (4) day of June One thousand ~~eight hundred and~~ nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Crawford |
| 2. Sex and Age, | male. about 60 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Retired farmer |
| 5. Religious Persuasion, so far as known, | U.P. |
| 6. Previous Place of Abode, | Shawton House, Chapelton by Hamilton |
| 7. Place where Found and Examined, | Glasgow |
| 8. Length of time Insane, | about a month |
| 9. Whether First Attack, | No. Third |
| 10. Age (if known) on First Attack, | 56 or so |
| 11. When and where previously under Examination and Treatment (5) | at Garnavel about 14 yrs ago |
| 12. Duration of Existing Attack, | a month |
| 13. Supposed Cause, | uncertain |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | yes at times |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Lanark Parish |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William Crawford nephew - resident at Shawton House. none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of June One thousand ~~eight hundred and~~ nine hundred

*(To be signed by the party applying)* Jeane Crawford

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alex. Robertson
being a (1) Graduate in Medicine of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 11 Woodside Crescent Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Crawford, Shawton House, Chapelton near Hamilton and that the said William Crawford is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He thinks incorrectly; says he is getting all the prisoners free; began to whistle when talking; is maniacal and dangerous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has been insane on the present occasion for about a month. Information from Mrs Crawford, his sister-in-law

*Name and Medical Designation,* Alex Robertson, M.D

*Place of Abode,* 11 Woodside Crescent Glasgow

DATED this 26 day of June One thousand ~~eight~~ nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Garnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Crawford Retired farmer ~~said~~ residing at Shawton House near Hamilton and that the said William Crawford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
~~Says~~ Is highly excited & talks wildly and incoherently. Says he is a doctor that he holds his certificate in his hand

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
has formerly undergone treatment in Garnavel Asylum.
(Communicated by Dr Kolekhis)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 101 Oakland Drive Glasgow

DATED this 26th day of June One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Alex. Robertson being (1) a Graduate in medicine of [illegible] hereby certify, on soul and conscience, that I have this day, at (2) 11 Woodside Crescent in the County of Lanark, seen and personally examined William Crawford, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Alex. Robertson, M.D

DATED this 26 day of June One thousand ~~eight~~ nine hundred and ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the asylum at Gartnavel Glasgow to receive in ~~the said~~ Asylum to ~~be detained and~~ taken care of therein William Crawford to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Sister-in-law

*Signature and Address* Jeanie Crawford

*Date* June 26 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff-Substitute of the (2) Barony of Lanark having had produced to me, with a Petition at the instance of (3) Jeanie Crawford Shawton House, Chapelton by Hamilton Certificates under the hands of Alexander Robertson and James D Cochran being two Medical Persons ~~duly~~ qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Crawford, Shawton House Chapelton by Hamilton, Petitioner's Brother in Law and that the said William Crawford is a (5) insane person or a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Crawford as a Patient into the (6) Public Royal Asylum of Gartnavel and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Crawford which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this 27th day of June One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the* (6) Public Royal *Lunatic Asylum of* Gartnavel.

(6) Public, District, Parochial, or Private.

[Signature] John Boyd

M.D.

10.213

William Crawford

Adm^r 26th June 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 Vict., Cap. 54, Sect. 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) ~~Stephen~~ Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Stephen Murray, Blair Athol, Kilmarlie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Clara Dickson Murray your Petitioner's (3) daughter residing there with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Clara Dickson Murray to the Baltnard Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Stephen Murray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30th (4) day of June One thousand ~~eight~~ nine hundred and .

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Clara Dickson Murray |
| 2. Sex and Age, | Female 40 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Domestic |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Blair Athol Kilmarlie |
| 7. Place where Found and Examined, | Blair Athol Kilmarlie |
| 8. Length of time Insane, | Three months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 36 |
| (5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact. 11. When and where previously under Examination and Treatment (5) | Baltnard Asylum July 1894 |
| 12. Duration of Existing Attack, | Three months |
| 13. Supposed Cause, | None |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Stephen Murray, Retired Coachman, Blair Athol Kilmarlie Father — No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of June One thousand ~~eight~~ nine hundred and .

*(To be signed by the party applying)* Stephen Murray

T. & A. C.—May 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Ronald Currie being a (1) Doctor of Medicine & Master in Surgery of the Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Blair Athol Skelmorlie Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Clara Dickson Murray Blair Athol - Skelmorlie and that the said Clara Dickson Murray is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Anxiety, restlessness - incoherent talk - mental delusions & unfounded antipathy to certain persons & unfounded accusations.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

from the mother - Sleeplessness & loud noises. Threatening violence. wandering out at night.

*Name and Medical Designation,* Ron. Currie M.D.

*Place of Abode,* Oakcraig Skelmorlie.

Dated this 30th day of June One thousand eight nine hundred and

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Alexander Erskine being a (1) Doctor of Medicine & Master in Surgery Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Blair Athol Skelmorlie Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Clara Dickson Murray Blair Athol Skelmorlie and that the said Clara Dickson Murray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Depressed & melancholic appearance Suspicious looks and acts

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her mother says that she shuns her usual society — also has delusions regarding old friends & has been writing letters containing complaints to different persons with

*Name and Medical Designation,* William A. Erskie

*Place of Abode* Merrylee, Langside

Dated this 30th day of June One thousand eight nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Ronald Currie
being (1) Doctor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Blair athol Stelmorlie
in the County of Ayr, seen and personally examined
Clara Dickson Murray, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel. by Glasgow
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Ron. Currie M.D

DATED this 30th day of June One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Asylum
Asylum to receive therein Clara Dickson Murray
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father

*Signature and Address* Stelmorlie Murray Blair Athol Stelmorlie

*Date* June 30 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Hyslop (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (4) Stephen Murray, Blair Athol, Stelmorlie
Certificates under the hands of Ronald Currie
and William Alexander Caskie. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Clara Dickson Murray Blair Athol Stelmorlie Petitioner Daughter and that the said Clara Dickson Murray aged 18 a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Clara Dickson Murray as a Patient into the (7) Glasgow Royal Asylum at Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Clara Dickson Murray which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.

DATED [at Glasgow. ] this Second day of July
One thousand ~~nine~~ hundred ~~and~~ years

*To the Superintendent of the* (7) Glasgow Royal Lunatic Asylum at Gartnavel

(7) Public, District, Parochial, or Private.

[Signature] Thos Hyslop

10.214

Clara Dickson Murray

Acct 30th June 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Arthur Pullman residing at Christiania humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Magdalene Marie Reeber or Pullman your Petitioner's (3) wife residing at Christiania whence she has just arrived is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Reeber or Pullman to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Arthur Pullman.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 3 (4) day of July One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Magdalene Marie Reeber or Pullman |
| 2. Sex and Age, | female. 44 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Lady, |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Vorfrue Hospital Christiania |
| 7. Place where Found and Examined, | Gartnavel |
| 8. Length of time Insane, | over three years |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | - 41 |
| 11. When and where previously under Examination and Treatment (5) | Vor frue Hospital in Christiania |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Petitioner her Husband. Her brothers live in Bergen |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none known |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 3 day of July One thousand nine hundred

*(To be signed by the party applying)* Arthur Pullman.

P. P.

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of medicine of Glasgow University and being in actual practice as a (2) General medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Magdalene Marie Richer or Pullman lately residing at Dr Jens Hospital Christiania and that the said Magdalene Marie Richer or Pullman is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She lies in bed & refuses to say anything in replys to questions. Her face has a silly stupid expression. She is in my belief demented

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B., Ch.B.

*Place of Abode,* 101 Dudley Drive Glasgow

DATED this third day of July. One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Smillie McKendrick, being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) General Medicine Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum, Gartnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Magdalene Marie Richer or Pullman. and that the said Magdalene Marie Richer or Pullman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She totally refuses to answer questions, and appears unfit to understand questions put to her. Having been acquainted with her 4 years ago, I find her appearance expression totally altered. She has a foolish expression and appears completely demented, & unable to take care of herself.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* J Smillie McKendrick M.D.

*Place of Abode* 2 Buckingham Terrace,

DATED this 3d. day of July One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, being (1) M.D. Edin. D. Yellowlees hereby certify, on soul and conscience, that I have this day, at (2) Gartnavel in the County of Glasgow, seen and personally examined Wm. M.M. Rieber or Pullman, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this 2nd day of July One thousand nine hundred

D. Yellowlees M.D.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Wm. M.M. Rieber or Pullman to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Arthur Pullman.

*Address* Conservational Club London

*Date* July 2. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Arthur Pullman, Christiania Certificates under the hands of James Duncan Cochran and John Souttar McKendrick being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Magdalene Marie Rieber or Pullman, from Christiania presently in Gartnavel Asylum, (Petrs wife) and that the said Magdalene Marie Rieber or Pullman is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Magdalene Marie Rieber or Pullman as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Magdalene Marie Rieber or Pullman which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Third day of July One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] John Boyd

10.215

Magdalene Marie Riebet or Pullmann

Admr 2nd July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of James Broadfoot, Clydesdale St. Hamilton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Russell your Petitioner's (3) Brother-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Russell to the Glasgow Royal asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Broadfoot Clydesdale St. Hamilton.

DATED this Seventh (4) day of July One thousand nine hundred

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Russell |
| 2. Sex and Age, | 27 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Rosebank Villa Helensburgh |
| 7. Place where Found and Examined, | Police Station Lochcarron |
| 8. Length of time Insane, | 3 months (about) |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 27. |
| 11. When and where previously under Examination and Treatment (5) | never. |
| 12. Duration of Existing Attack, | 3 months. |
| 13. Supposed Cause, | unknown. |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Gavin Russell his father Rosebank Villa, Helensburgh none. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of July. One thousand nine hundred

*(To be signed by the party applying)* James Broadfoot Clydesdale St. Hamilton

T. & A. C.—Nov. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Macdonald.
being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Constabulary Station, Saltcoats
in the County of Ayr
separately from any other Medical Practitioner,
visited and personally examined (4) James Russell
and that
the said James Russell is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is excited in speech & behaviour; declares he is gifted with powers from God to be able to do anything & what preach the Gospel. Believing that miracles can still be performed.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Police Sergeant Lyle informs me that he was got wandering on the sea-shore without stockings which were in his pocket & behaving so eccentrically as to cause people to gather in crowds around him.

Name and Medical Designation, John Macdonald M.B., C.M.
Place of Abode, 89 Princes St. Edinburgh.

DATED this Seventh day of July One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Bennet Campbell
being a (1) Bachelor of Medicine and Master in Surgery
Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Constabulary Station. Saltcoats
in the County of Ayr
separately from any other Medical Practitioner,
visited and personally examined (4) James Russell
and that
the said James Russell is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great excitement, erratic movements. refuses to sit down. says he has a message from heaven. to deny without ceasing and is ready to receive any message from abroad. Came at once no matter the consequences. have seen him wandering followed by crowds.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Police Constable John Miles states. he saw him on the Main Street without stockings shouting he is an awful bible he appointed king in Egypt &c.
Mr Riches Inspector of Poor Saltcoats also told me he saw him for some time states that he has been very eccentric shouting out in prayer and prays and says he has got wonderful powers given gifts

Name and Medical Designation, David Bennet Campbell M.B.C.M.
Place of Abode 16 Ardrossan Road Saltcoats

DATED this Seventh day of July One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Macdonald being (1) Bachelor of Medicine & Master in Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Saltcoats in the County of Ayr, seen and personally examined James Russell, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Macdonald M.B., C.M.

DATED this Seventh day of July One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein James Russell to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother-in-law

*Signature and Address* James Broadfoot Clydesdale Street Hamilton

*Date* Seventh July 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esq. advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Broadfoot Clydesdale Street, Hamilton Certificates under the hands of John Macdonald and David D. Cambell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Russell from Place Station Cousin to the Brother-in-law and that the said James Russell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Russell as a Patient into the (6) Public Royal Asylum of Gartnavel and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Russell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Ninth day of July One thousand nine hundred

*To the Superintendent of the* (7) Public Royal *Lunatic Asylum of* Gartnavel.

(7) Public, District, Parochial, or Private.

*[Signature]* John Boyd

10.216

James Russell

adm$^{o}$ 7$^{th}$ July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,*—

The Petition of William Cowden Plumber residing at 141 George Street Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Brodie Pattison Cowden your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie Brodie Pattison Cowden to the Royal asylum Gartnavel and sanction her admission into the said Asylum

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* William Cowden

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13 (4) day of July One thousand eight hundred and five

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jessie Brodie Pattison Cowden |
| 2. Sex and Age, | Female Age 45 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Fair Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 141 George Street Paisley |
| 7. Place where Found and Examined, | 98 Argyle Street Paisley |
| 8. Length of time Insane, | About 8 weeks |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | 45 years |
| 11. When and where previously under Examination and Treatment (5) | Never previously under treatment |
| 12. Duration of Existing Attack, | about 8 weeks. |
| 13. Supposed Cause, | Change of life |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ✓ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Wm Cowden Husband 141 George Street, Paisley None so far as known. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | ✓ |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of July One thousand Nine eight hundred and five

*(To be signed by the party applying)* William Cowden

T. & A. C.—Oct. 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Baird Hunter.
being a (1) M.D. Ch.M. of Glasgow University
and being in actual practice as a (2) Genral Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Argyle Street of Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Jessie Brodie Patterson Cowden presently residing there and that the said Jessie Brodie Patterson Cowden is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found Patient sitting in a listless way at the window sighing, says she suffers from Debility but what is the wrong she is in abject poverty, and quite unable to keep her house – Answers questions otherwise rationally

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Cowden, Patients Husband, informs me that she fancies that she and her Children are in dire poverty and that her Husband is in poor health and unfit to work for their support

Name and Medical Designation, J B Hunter M.D. Ch.M.

Place of Abode, 31 St James St Paisley

DATED this Thirteenth day of July One thousand eight hundred and Years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Holms
being a (1) Doctor of medicine
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Argyle st Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Jessie Brodie Patterson Cowden and that the said Jessie Brodie Patterson Cowden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Looks anxious and excited She has delusions She thinks her husband is in ill health and she is in poverty on that account: as he is not able to work

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her Husband William Cowden states that she has been strange in manner for sometime – She went to visit a friend and was found hours after sitting on Paisley Railway station She wanders aimlessly about.

Name and Medical Designation, John Holms M.D.

Place of Abode 50 High St. Paisley

DATED this 13th day of July One thousand eight hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Baird Hunter being (1) M.D. F.R.C.P. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Paisley in the County of Renfrew, seen and personally examined Jessie Brodie Pattison Cowden, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Royal District Asylum at Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J B Hunter M.D. F.R.C.P.

DATED this Thirteenth day of July One thousand nine hundred and Years

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Jessie Brodie Pattison Cowden to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address* William Cowden 141 George St. Paisley.

*Date* 13th July. 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William Cowden Plumber, 141 George Street, Paisley Certificates under the hands of John Baird Hunter, M.D. F.R.C.P. and John Holmes, M.D. Paisley — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Brodie Pattison or Cowden ~~Hunter~~ from 141 George Street, Paisley Petitioner's wife — and that the said Jessie Brodie Pattison or Cowden is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Brodie Pattison or Cowden as a Patient into the (6) Glasgow Royal Asylum of Gartnavel — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Brodie Pattison or Cowden which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.

DATED [at Glasgow] this Sixteenth day of July One thousand nine hundred and

*To the Superintendent of the* (7) Glasgow Royal *Asylum of* Gartnavel.

(7) Public, District, Parochial, *or* Private.

[*Signature*] T A Fyfe

10. 217.

Jessie Brodie Pattison or Cowden

Admd 13th July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(2) Sheriff or Steward. (3) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Andrew Duncan 28 Orchard St. Paisley

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Niven of 28 Orchard St. Paisley your Petitioner's (3) sister-in-law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Niven to the Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(1) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Andrew Duncan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of July One thousand nine hundred ~~and eight~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . . . . . Agnes Niven
2. Sex and Age, . . . . . Female 26
3. Married, Single, or Widowed, . . . Single
4. Condition of Life, and previous Occupation (if any), . . . . . Apprentice to Photographer
5. Religious Persuasion, so far as known, . Baptist
6. Previous Place of Abode, . . . 28 Orchard St Paisley
7. Place where Found and Examined, . . do. & at Gartnavel
8. Length of time Insane, . . . Six weeks
9. Whether First Attack, . . . ~~1st~~ 3rd attack
10. Age (if known) on First Attack, . . 20
11. When and where previously under Examination and Treatment (5) . . . Gartnavel
12. Duration of Existing Attack, . . as above
13. Supposed Cause, . . . . Previous attacks
14. Whether subject to Epilepsy, . . no
15. Whether Suicidal, . . . . no
16. Whether Dangerous to others, . . no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, . . . . . Her mother Agnes Darroch or Niven 28 Orchard St. Paisley none
19. Special circumstances (if any) preventing the insertion of any of the above particulars, none

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of July One thousand nine hundred ~~and eight~~ none

*(To be signed by the party applying)* Andrew Duncan

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Brownrigg
being a (1) M.B. & Cm. / Glasgow University
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Orchard St Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Agnes Niven and that the said Agnes Niven is a (5) Lunatic & Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She called on me this morning wanting something to make her sleep, was in a most excited condition. I found her in her own house above, she recollected me & got calmed when she had been before - & on rambling in her speech & very nervous & excited.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Duncan visited when she first informed me that she had been in Gartnavel she wandered out & should, go to church after Congregation, burn bills & anything can get her hands on. Wont stay at home.

Name and Medical Designation, R. Brownrigg M.B.
Place of Abode, 1 Caldside Pa: Paisley

DATED this 13th day of July One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Allan
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Royal Asylum Gartnavel Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Agnes Niven of 28 Orchard St Paisley and that the said Agnes Niven is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is restless & excited. Emotions easily roused & is indifferent to her surroundings. She is slightly confused. Not sure of the day or date. Her memory also slightly defective.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Holchkiss informs me that she was in this Asylum last year.

Name and Medical Designation, William Allan M.D.
Place of Abode Obj. Pollokshields . Glasgow

DATED this 14th day of July One thousand ~~eight~~ nine hundred ~~and~~ years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Robert Brownridge Paisley
being (1) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) 28 Orchard St.
in the County of Renfrew, seen and personally examined Agnes Niven, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualifications.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

R. Brownridge

Dated this 13th day of July One thousand ~~eight~~ nine hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Agnes Niven to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother-in-law

*Signature and Address* Andrew Duncan 28 Orchard St. Paisley

*Date* 14th July 00

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Andrew Duncan 28 Orchard Street Paisley Certificates under the hands of Robert Brownridge and William Allan being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Niven 28 Orchard Street Paisley Pet^rs sister-in-law and that the said Agnes Niven is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Niven as a Patient into the (6) Glasgow Royal Asylum at Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Niven which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.

Dated [at Glasgow.] this Sixteenth day of July One thousand ~~nine~~ hundred ~~and~~ years.

*To the Superintendent of the Asylum at* (7) Glasgow Royal Lunatic Asylum at Gartnavel

(7) Public, District, Parochial, *or* Private.

[Signature] Thos Alex Fyfe

10.218

Agnes Niven

Adm^d 14^th July 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Robert Logan residing at Shiends Daby Ayrshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Logan your Petitioner's (3) father residing at above address is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Logan to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Robert Logan

(4) The date of the Petition must be within fourteen clear days ~~eight~~ nine following the dates of the Medical Certificates.

DATED this 20th (4) day of July One thousand ~~eight~~ nine hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Logan |
| 2. Sex and Age, | male 63 |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Retired schoolmaster |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Shiends Daby Ayrshire |
| 7. Place where Found and Examined, | Gartnavel |
| 8. Length of time Insane, | about a fortnight |
| 9. Whether First Attack, | Fourth |
| 10. Age (if known) on First Attack, | 60 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Previous attacks |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | might be |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The Petitioner his son none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of July One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Robert Logan.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Allan
being a (1) Doctor of Medicine of the University of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Royal asylum, Gartnavel Lanark in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Logan of Strands, Salsburgh, Ayrshire and that
the said William Logan is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient is excited & restless. He tells me he cannot sleep well at night & that he feels he must be up & doing. He thinks his daughter is not kind to him & he has a general impression that his affairs are not quite right financially.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dr Hotchkiss informs me that he has been three times in this asylum previously.

Name and Medical Designation, William Allan M.D.

Place of Abode, Obsg. Polloksheilds

DATED this 25th day of July One thousand ~~eight hundred and~~ nine hundred years.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Langmuir
being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Royal asylum, Gartnavel Lanark in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Logan, of Strands, Salsburgh, Ayrshire and that
the said William Logan is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He declares that his family and especially his daughter are unkind to him which is contrary to the facts. He says he has been unable to sleep of late at night & has had to get up at all hours, disturbing the rest of the inmates by moving about writing letters, etc. He is somewhat pale & weak minded.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Hotchkiss informs me that he has been in Gartnavel Asylum three times already, when he suffered from Recurrent insanity.

Name and Medical Designation, Robert Langmuir M.B.

Place of Abode 385 St Georges Road Glasgow.

DATED this twentieth day of July One thousand ~~eight hundred and~~ nine hundred years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Robert Dunmore Holehouse being (1) M.D. Durh. hereby certify, on soul and conscience, that I have this day, at (2) Gartnavel in the County of Lanark, seen and personally examined William Logan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

R. D. Holehouse

DATED this 19th day of July One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein William Logan to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son

*Signature and Address* Robert Logan. Strands Dalry Ayrshire

*Date* July 19th 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd, Esquire, Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Robert Logan residing at Strands Dalry, Ayrshire Certificates under the hands of William Allan and Robert Haugmuir being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Allan Strands, Dalry Ayrshire Labourer and that the said William Logan is a (5) Lunatic person and of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Logan as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Logan which accompanied the said Petition.

DATED [at Glasgow] this twenty first day of July One thousand ~~eight hundred and~~ nine Hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] J. Boyd

10.219

William Logans

com^d 19^th July 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Charles Hood

residing at 95 New Road, Ayr,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Dunlop or Hood your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Dunlop or Hood to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Charles Hood X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 23 (4) day of July One thousand nine ~~eight~~ hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Marion Dunlop or Hood. |
| 2. Sex and Age, | Female: 32 years. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Domestic. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 95 New Road, Ayr. |
| 7. Place where Found and Examined, | 4 Radnor Street, Glasgow. |
| 8. Length of time Insane, | ~~Several weeks~~ about two months. |
| 9. Whether First Attack, | First. |
| 10. Age (if known) on First Attack, | 32 years. |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | Several weeks. |
| 13. Supposed Cause, | Childbirth |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane, | Charles Hood, 95 New Road, Ayr. Husband. none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25 day of July One thousand nine ~~eight~~ hundred ~~and~~

*(To be signed by the party applying)* Charles Hood X

P p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Carswell being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 7 Radnor Street, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Marion Dunlop or Hood, residing at 95 New Road, Ayr, Domestic, and that the said Marion Dunlop or Hood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is dull and apathetic in manner and appearance, and she is subject to insane suicidal impulses, and to delusive ideas. She imagines that she is of no use in the world, and she says that she has frequent impulses to commit suicide, and that she made an attempt to

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister, Miss Jessie Dunlop, states that she left home unknown to her friends & travelled to Manchester, and also that she again disappeared & wandered about in a wood two days & nights. { poison / herself.

Name and Medical Designation, J. Carswell L.R.C.P.Ed.

Place of Abode, 5 Royal Crescent, West, Glasgow.

DATED this 21st day of July One thousand ~~eight~~ nine hundred ~~and~~

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Christie being a (1) Bachelor of Medicine & Master of Surgery Glasgow University and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 7 Radnor Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Marion Dunlop or Hood 95 New Road Ayr Domestic and that the said Marion Dunlop or Hood is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is dull and listless in appearance. She suffers from insane suicidal impulses and states that she has often threatened to poison herself and has several times swallowed laudanum with intention

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she ran away to Manchester where she disappeared & was found in a wood after 2 days wandering about and that she has repeatedly threatened to commit suicide by killing herself.

Name and Medical Designation, David Christie M.B. C.M.

Place of Abode 12 Dirk Terrace Glasgow West

DATED this 21st day of July One thousand ~~eight~~ nine hundred, ~~hundred and~~

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Carswell being (1) a Licentiate of the Royal College of Physicians Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 5 Royal Crescent Glasgow, in the County of Lanark, seen and personally examined Marion Dunlop or Hood, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J Carswell L.R.C.P.Ed.

DATED this 23rd day of July One thousand ~~eight~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Marion Dunlop or Hood to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address* C Hood 95 New Road Ayr

*Date* 23 July 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I John Boyd, Esq, Advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Charles Hood 95 New Road Ayr. Certificates under the hands of John Carswell and David Christie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Marion Dunlop or Hood 95 New Road Ayr, Telegraphist, Wife and that the said Marion Dunlop or Hood is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Dunlop or Hood as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Dunlop or Hood which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty fourth day of July One thousand ~~eight hundred and~~ Nine hundred.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel*

[Signature] John Boyd

10.220

Marion Dunlop v Hood

Admr 23rd July 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of William Mackean
106 Sauchiehall St

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Scobie or McLean
106 Sauchiehall St

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Scobie or McLean to the Gartnavel Asylum and to sanction her admission into the said Asylum.

*(To be signed by the Party applying)* William Mackean

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of August. One thousand nine hundred —

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Isabella Scobie or McLean |
| 2. Sex and Age, | Female — 64 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | always Glasgow. |
| 7. Place where Found and Examined, | 106 Sauchiehall St |
| 8. Length of time Insane, | 11 months |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 64. |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes — |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Her brother Charles Scobie 22 Terregles Avenue Pollokshields one brother committed suicide all her relations nervous |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of August One thousand nine hundred

*(To be signed by the party applying)* William Mackean

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Bain Lothian being a (1) Physician & Surgeon -

and being in actual practice as a (2) Physician & Surgeon. do hereby certify, on soul and conscience, that I have this day, at (3) 106 Sauchiehall Street in the County of the City of Glasgow - separately from any other Medical Practitioner, visited and personally examined (4) Isabella Scobie or McLean and that the said Isabella Scobie or McLean is a (5) insane person - and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

:- attempted to poison herself by means of Gas - (Inhalation). has frequently informed me of her determination to commit Suicide

2 Other facts (if any) indicating Insanity communicated to me by others: (7)

rose from bed this morning, stating that she meant to cut her throat but at the last moment, she was afraid.

*Name and Medical Designation,* Robt Bain Lothian, M.B. C.M. (Glas.)

*Place of Abode,* 50 Elmore Ter. Glasgow. N.W.

DATED this 2nd day of August One thousand nine hundred -

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Robert Greene L.R.C.S.Edin. being a (1)

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 106 Sauchie-hall Street in the County of the City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mrs Isabella Scobie or McLean and that the said Mrs Isabella Scobie or McLean is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Expressed determination to commit suicide. that she can't resist the impulse

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Informed by her husband of her attempt this morning to commit suicide by inhaling coal gas.

*Name and Medical Designation,* Robert Greene L.R.C.S.Edin.

*Place of Abode* 52 Holmhead Street Glasgow

DATED this second day of August One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* }

*Signature and Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) William McKean 106 Bunchrichall Street Glasgow.
Certificates under the hands of Robert Bain Lothian, M.B.C.M. and Robert Greve L.R.C.P.S.E. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Scobie or McKean, 106 Bunchrichall Street Glasgow (Petitioners wife) and that the said Isabella Scobie or McKean is a ~~(5)~~ an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Scobie or McKean as a patient into the (6) Public Glasgow Asylum of Gartnavel and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Scobie or McKean which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Second day of August One thousand nine hundred

*To the Superintendent of the (7) Public Royal Glasgow Asylum of Gartnavel*

(7) Public, District, Parochial, or Private.

*[Signature]* W Guthrie

10.221

Isabella Scobie or M'Leun

Aorn° 2nd Augt 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Renfrew *and his Substitutes,—*

The Petition of George Richard Roxburgh, 137 Ingram Street, Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald Ildefonso Roxburgh your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Archibald Ildefonso Roxburgh to the Gartnavel Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Geo R Roxburgh.

(4) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

DATED this Sixth (4) day of August One thousand nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Archibald Ildefonso Roxburgh |
| 2. Sex and Age, | Male: 54 past. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Draper &c |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | New Zealand |
| 7. Place where Found and Examined, | Cathcart |
| 8. Length of time Insane, | Some months. |
| 9. Whether First Attack, | Second |
| 10. Age (if known) on First Attack, | 37. |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel |
| 12. Duration of Existing Attack, | Some months. |
| 13. Supposed Cause, | Uncertain |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Possibly. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | George Richard Roxburgh 137 Ingram St, Glasgow Brother. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of August One thousand ~~eight hundred and~~ nine hundred.

*(To be signed by the party applying)* Geo R Roxburgh

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Muir Grieve being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 6 Gordon Terrace Cathcart in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Archibald Ydefonso Roxburgh 6 Gordon Terrace Cathcart and that the said Archibald Ydefonso Roxburgh is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
There is great impairment of memory whereas he insists that he has a magnificent memory remembers circumstances of his birth and the eruption of his milk teeth &c. He believes himself a celebrated pianiste which is a delusion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* J. M. Grieve M.B.C.M.

*Place of Abode,* 42 Millbrae Road, Langside

DATED this Sixth day of August One thousand ~~eight~~ hundred ~~and~~ nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Alexander Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 6 Gordon Terrace Cathcart. in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Archibald Ydefonso Roseburgh 6 Gordon Terrace Cathcart and that the said Archibald Ydefonso Roseburgh is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) There is weakness of intellect, defective memory & reasoning power. Talks in an incoherent rambling manner. Talks of a church full of people being engulfed by an earthquake and himself being the only one saved which is a delusion.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From Patients manner & conduct on the Street children follow & tease him. Receives money to pay his board which he spends foolishly & imagines that he paid his board.

*Name and Medical Designation,* John A. Mackenzie M.B.C.M.

*Place of Abode* 6a Carmichael Pl. Langside

DATED this Sixth day of August One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature and Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Edward Henderson (1) Esquire Advocate ~~of the (2)~~ Sheriff Substitute ____ of Renfrew and Bute having had produced to me, with a Petition at the instance of (3) George Richard Roxburgh, 137 Ingram Street Glasgow. ____ Certificates under the hands of James Muir Greive, M.B.C.M. Campsie and John Alexander Mackenzie M.B.C.M. Campsie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Archibald Yldefonso Roxburgh ____ and that the said Archibald Yldefonso Roxburgh is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald Yldefonso Roxburgh - as a Patient into the (6) Public ____ Asylum of Gartnavel at Glasgow ____ and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald Yldefonso Roxburgh which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Paisley ____] this Seventh ____ day of August One thousand ~~eight hundred and~~ Nine hundred years. ____

*To the Superintendent of the* (7) Public
*Asylum of* Gartnavel at Glasgow

(7) Public, District, Parochial, or Private.

[*Signature*] Alexander Henderson

10.222

Archd Gedefonzo Roxburgh

Admd 7th Augt 1900

31 Dec 82

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Alice Fairman
17 Fettes Row Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Evelyn Mabel Fairman your Petitioner's (3) daughter residing with her is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Evelyn Mabel Fairman to the Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Alice Fairman

(4) The date of the Petition must be within fourteen clear days ~~eight~~ nine following the dates of the Medical Certificates.

DATED this eighth (4) day of August One thousand ~~eight~~ hundred ~~and~~

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Evelyn Mabel Fairman |
| 2. Sex and Age, | Female, 25 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Lady Book Keeper |
| 5. Religious Persuasion, so far as known, | Episcopal Church |
| 6. Previous Place of Abode, | 17 Fettes Row Edinburgh |
| 7. Place where Found and Examined, | 17 Fettes Row Edinburgh |
| 8. Length of time Insane, | Abt. a month |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 25 years |
| 11. When and where previously under Examination and Treatment (5) | Nowhere |
| 12. Duration of Existing Attack, | Abt. a month. |
| 13. Supposed Cause, | Overstrain |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Mrs. Alice Fairman Mother 17 Fettes Row Edinburgh No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of August One thousand nine hundred ~~and~~

*(To be signed by the party applying)* Alice Fairman

T. & A. C.—June 1896.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Cameron being a (1) M.D. Univ. Edin. M.

and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 17 Fetter Row. Edinburgh. in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Miss Evelyn Mabel Fairman 17 Fetter Row Edinburgh lately assistant lady superintendent and that the said Miss Evelyn Mabel Fairman is a (5) Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)

Exhibits the appearance of suffering from extreme mental depression for which there is apparently insufficient cause. Has at times visited relatives & endeavoured to persuade them necessary circumstances of her case in life. States that she has committed unpardonable sin that she is lost for ever & has more up her mind to make away with herself. This is a Case of a delusion.

(5) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (5)

Mrs Fairman, mother of Miss Evelyn Mabel Fairman, informs me that her daughter Evelyn Mabel Fairman has endeavoured to commit Suicide by cutting a sheet round her neck. That she has the constant delusion that she has committed unpardonable crime, & that she is without without cause & is quite unable to take care of herself.

Name and Medical Designation, James Cameron M.D. Edin M

Place of Abode, 13 Fetter Row Edinburgh

DATED this 7th day of August One thousand ~~eight~~ nine hundred ~~and~~ Tens.

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Evelyn Mabel Fairman Lady-bookkeeper Gartnavel 17 Fetter Row Edinburgh and that the said Evelyn Mabel Fairman is a (5) Person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)

She is extremely depressed in mind & morbidly hopeless as to recovery. She says she makes to put an end to her life & tells me that she has made several attempts on this direction

(5) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (5)

Name and Medical Designation, James D. Cochran M.B

Place of Abode Oxford Pr. Glasgow

DATED this eighth day of August One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Cameron
being (1) M.D. Edin. &c.
hereby certify, on soul and conscience, that I have this day, at (2) 17 Fettes Row Edinburgh
in the County of Midlothian, seen and personally examined
Miss Evelyn Mabel Fairman of 17 Fettes Row, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Royal Asylum
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualifications.
(2) State place of examination.
(3) State place at which Asylum is situated.

James Cameron M.D. Edin. &c.

DATED this 4th day of August One thousand ~~eight~~ nine hundred ~~and~~ two

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Royal Asylum
Asylum to receive therein Evelyn Mabel Fairman
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* mother
*Signature and Address* Alice Fairman 17 Fettes Row Edinburgh
*Date* 7th August 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Ludovic Main Esq (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Alice Fairman 17 Fettes Row, Edinburgh
Certificates under the hands of James Cameron
and James Duncan Cochran, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Evelyn Mabel Fairman. 17 Fettes Row Edinburgh Petitioner and that the said daughter Evelyn Mabel Fairman is a (5) Person of unsound Mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Evelyn Mabel Fairman as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Evelyn Mabel Fairman which accompanied the said Petition.

(6) Public, District, Parochial, *or* Private.

DATED [at Glasgow] this Eighth day of August One thousand ~~eight hundred and~~ Nine Hundred

*To the Superintendent of the Asylum of* (7) Glasgow Royal Public Gartnavel Glasgow

(7) Public, District, Parochial, *or* Private.

[Signature] Wm Ludovic Main

10223

Evelyn Mabel Fairman

adm$^{d}$ 7$^{th}$ Augst 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of John Henderson residing at 82 Albert Road, Crosshill, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Henderson your Petitioner's (3) Son residing at 82 albert Road, Crosshill is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Henderson to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Henderson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this tenth (4) day of August One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | David Henderson |
| 2. Sex and Age, | 22. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Engineer. |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 82 albert Road Crosshill. |
| 7. Place where Found and Examined, | Gartnavel Asylum. |
| 8. Length of time Insane, | 2 yrs & a half. |
| 9. Whether First Attack, | 1st |
| 10. Age (if known) on First Attack, | 21. |
| 11. When and where previously under Examination and Treatment (5) | at Gartnavel in 99. |
| 12. Duration of Existing Attack, | as above. |
| 13. Supposed Cause, | uncertain |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | his Father John Henderson 82 albert Road Crosshill. no known hered[y] predis[n] |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this tenth day of August One thousand nine hundred

*(To be signed by the party applying)* John Henderson

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) David Henderson Engineer lately residing at 82 Albert Road Crosshill and that the said David Henderson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

He is dull dreamy & listless & talks in a rambling disjointed fashion. He is full silly ideas about himself, & altogether he impresses one as being a person quite unable to look after himself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

He was formerly an inmate of Gartnavel Asylum (Communicated by Mr. Angus Head attendant)

*Name and Medical Designation,* James D. Cochran

*Place of Abode,* 167 Oxford Drive

DATED this tenth day of August One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, John Love being a (1) Doctor of Medecine of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Glasgow Royal Asylum, Gartnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) David Henderson, Engineer lately residing at 82 Albert Road, Crosshill and that the said David Henderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is partially demented, facile and silly, rambling and incoherent in conversation and has delusions as to being influenced by people who cause him to spend his money on needless clothing and the like: he is unable to take care of himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* John Love M. D

*Place of Abode,* 270 Bath St. Glasgow

DATED this tenth day of August One thousand nine hundred years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Goldie-Scot
being (1) Bachelor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Glasgow Royal Asylum, Gartnavel
in the County of Lanark, seen and personally examined David Henderson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Thomas Goldie-Scot

DATED this Ninth day of August One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein David Henderson
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father

*Signature* John Henderson

*Address* 82 Albert Road, Crosshill.

*Date* Ninth August 1907.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Henderson, 82 Albert Road, Crosshill, Glasgow
Certificates under the hands of James Duncan Cochran and John Howe being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Henderson, 82 Albert Road, Crosshill Glasgow. Petitioner's son.
and that the said David Henderson
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Henderson as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Henderson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Tenth day of August One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T. A. Fyfe

10.224

David Henderson

adm$^{o}$ 9$^{th}$ Augt 1900

# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) County of Lanark and his Substitutes,—

The Petition of John W Robertson residing at 70 St Vincent terrace Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gourlay Robertson your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Gourlay Robertson to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John W Robertson ×

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 6th day of August ~~One thousand eight hundred and~~ 1900

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Gourlay Robertson |
| 2. Sex and Age, | Male 23 on October |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Analytical Chemist |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Uddingston |
| 7. Place where Found and Examined, | do |
| 8. Length of time Insane, | Eighteen Months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 21 Years |
| 11. When and where previously under Examination and Treatment (5) | Uddingston |
| 12. Duration of Existing Attack, | Eighteen Months |
| 13. Supposed Cause, | Cant Know |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Possibly |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Cant Know of any |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 6th day of August ~~One thousand eight hundred and~~ 1900

(*To be signed by the party applying*) John W Robertson ×

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William McMillan
being a (1) Bachelor of Medicine + Master in Surgery (Glasg)
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 70 St Vincent Crescent in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Gourlay Robertson 70 St Vincent Crescent and that the said William G. Robertson is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that his brother impersonating him. Imagines that his family are poisoning his food. Imagines that he is not William Robertson but is a stranger cleverly introduced into the family. Says he is getting cheated + fears he will commit suicide.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Above facts are frequently detailed to family.

*Name and Medical Designation,* William McMillan MB
*Place of Abode,* 382 Shields Rd Glasgow

Dated this 9th day of August One thousand eight hundred and nine

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Miller Semple
being a (1) Bachelor of Medicine + Master in Surgery Glasgt
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 70 St Vincent Crescent, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Gourlay Robertson 70 St Vincent Crescent and that the said William Gourlay Robertson is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Thinks he is being poisoned by his family. He is persuaded that Chlorodyne is being dropped into his food.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by father that he is melancholy + has some delusions regarding his identity.

*Name and Medical Designation,* Miller Semple MB Glas
*Place of Abode* 46 Circus Drive Dennistoun

Dated this 9th day of August. One thousand eight hundred and nine.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* ———

*Signature and Address* ———

*Date* ———

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe Esq (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) John W. Robertson, 76 St. Vincent Crescent, Glasgow Certificates under the hands of William McMillan and Muller Semple being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Gourlay Robertson, 76 St. Vincent Crescent Glasgow Petitioner's Son and that the said William Gourlay Robertson is a (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Gourlay Robertson as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Gourlay Robertson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Tenth day of August One thousand ~~eight hundred and~~ nine hundred years.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] T. A. Fyfe

10.225

Wm Gourlay Robertson

adm 10th Augt 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Shire of Lanark *and his Substitutes,—*

The Petition of David McKinlay
88 South Portland Street

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Easton (3) nuce residing at 434 Victoria Rd Crosshill. your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Easton to the The Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* David Mackinlay ~~Arch. Wallace~~

DATED this Fifteenth (4) day of August One thousand nine eight hundred and

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Easton |
| 2. Sex and Age, | 27. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Teacher of music |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 434. Victoria Road Crosshill. |
| 7. Place where Found and Examined, | 434 Victoria Road " |
| 8. Length of time Insane, | about 7 days. |
| 9. Whether First Attack, | Yes but peculiar for some years. |
| 10. Age (if known) on First Attack, | 27. |
| 11. When and where previously under Examination and Treatment (5) | never anywhere. |
| 12. Duration of Existing Attack, | about 7 days. |
| 13. Supposed Cause, | Her mother's death |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes. |
| 16. Whether Dangerous to others, | yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Her uncle David McKinley. Father committed suicide. Aunt on Father's side insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifteenth day of August One thousand eight hundred and nine

*(To be signed by the party applying)* ~~Arch. Wallace~~ David McKinlay

T. & A. C.—March 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Lachlan Burges being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Gneral Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 434 Victoria Road Glasgow in the County of The City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Margaret Easton Muscatoeller and that the said Margaret Easton is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Intense excitement the reasons for which were given in an incoherent manner & included the murder of her mother & escaping that morning from justice. Also a conviction that this night her soul would be required of her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her aunt states that since her mothers death about a fortnight ago she has been very strange in her manner & that today she had to get help to keep her from jumping through the window.

Name and Medical Designation, L. Burges L.R.C.P.&S. Edin.

Place of Abode, 45 Dixon Avenue Crosshill

DATED this fourteenth day of August One thousand ~~eight~~ nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Veitch Wallace being a (1) L.R.C.S.E. and being in actual practice as a (2) Medicine Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 434 Victoria Road. Crosshill. Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Easton. 434 Victoria Road. Crosshill. Glasgow and that the said Margaret Easton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is nervous and excitable; says she is confused and distressed in her mind, is very depressed and miserable, feels doomed, and in dread of something going to befall her. She is filled with accusing thoughts, imagines she has killed her mother, has no control over herself, and tried to jump out of the window

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her uncle says she has been miserable and unhappy excitable and outrageous, has delusions about her mother, and tried to go out of the window. The general control herself is unmanageable.

Name and Medical Designation, John Veitch Wallace L.R.C.S.E.

Place of Abode 290 Langside Road. Glasgow

DATED this fourteenth day of August One thousand ~~eight~~ nine hundred, ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Lachlan Burges being (1) a Licentiate of the Royal College of Phys. & Surgeons Edinb. hereby certify, on soul and conscience, that I have this day, at (2) 434 Victoria Rd in the County of The City of Glasgow, seen and personally examined Margaret Easton a Music Teacher, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

L Burges L.R.C.P.&S. Edinb

DATED this 14th day of August One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Gartnavel Royal Asylum to receive therein Margaret Easton to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Uncle

*Signature and Address* David Mackinlay ~~Andw Wallace~~

*Date* 14th August 1900. 88 So Portland St

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Guthrie Esq. advocate (4) Sheriff Substitute of the (5) County of Lanark having had produced to me, with a Petition at the instance of (6) David Mackinlay 88 South Portland Street Glasgow Certificates under the hands of Lachlan Burges and John Leitch Wallace being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (7) Margaret Easton 434 Victoria Road Crosshill Glasgow Petitioners niece and that the said Margaret Easton is a (8) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Easton as a Patient into the (9) Public Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Easton which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(6) Insert Name and Designation.
(7) Describe him, and if a Pauper, state so.
(8) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(9) Public, District, Parochial, or Private.

DATED [at Glasgow] this Sixteenth day of August One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the* (9) Public Royal *Lunatic Asylum of* Gartnavel.

(9) Public, District, Parochial, or Private.

*[Signature]* W Guthrie

1116

10 226

Margaret Easton

adm$^{n}$ 15$^{th}$ Augst 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,*

The Petition of James Speirs residing at 13 Rutherglen Rd Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Hutton residing at above address your Petitioner's (3) Sister in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Hutton to the Asylum at Gartnavel and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Speirs

DATED this Fifteenth (4) day of August One thousand nine hundred

(4) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Jane Hutton |
| 2. Sex and Age, | Female 42 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Milliner |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Troon |
| 7. Place where Found and Examined, | Residing 13 Rutherglen Road Glasgow |
| 8. Length of time Insane, | Six Months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 42 Years |
| 11. When and where previously under Examination and Treatment (5) | First attack |
| 12. Duration of Existing Attack, | See above |
| 13. Supposed Cause, | Influenza |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Not Known |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Elizabeth Hutton 5 Sickfield Road Troon. Sister No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of August One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* James Speirs

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Roxburgh being a (1) Bachelor of Medicine and Master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 13 Rutherglen Road Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Hutton residing at 13 Rutherglen Road Glasgow and that the said Jane Hutton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Sits and weeps. Says she has committed a great Sin and is dying or will be put to death. Is unable to settle to any work.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister, Elizabeth Hutton, states that for six months she has been sleeping badly and eating little. Last night I am told to her they were both to be cut up.

*Name and Medical Designation,* William Roxburgh M.B.C.M.

*Place of Abode,* Carnwath House Govan

DATED this Fifteenth day of August One thousand ~~eight hundred and~~ nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Carswell being a (1) Licentiate of the Royal College of Physicians Edinburgh, and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 13 Rutherglen Road, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Hutton, presently residing there. Milliner, and that the said Jane Hutton, is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull and dejected in manner and appearance, and is greatly depressed in mind; and she is also subject to delusive ideas of a depressing nature, such as that she has committed some great sin, and

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her sister, Mrs Speirs, with whom she resides states that she has been very depressed in mind for some months, and that she takes no interest in anything, & requires constant supervision. (that something dreadful is about to happen to her.)

*Name and Medical Designation,* J. Carswell L.R.C.P.&S.

*Place of Abode* 5 Royal Crescent, W. Glasgow.

DATED this 15th day of August One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Carswell being (1) a Licentiate of the Royal College of Physicians Edinburgh qualification. hereby certify, on soul and conscience, that I have this day, at (2) 13 Rutherglen Road (3) place of examination. Glasgow, in the County of Lanark, seen and personally examined Jane Hutton, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (4) Gartnavel

(4) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

J. Carswell L.R.C.P.&E.

DATED this 15th day of August One thousand eight~~-~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Jane Hutton, to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother in law.

*Signature and Address,* James Speirs 13 Rutherglen Road. Glasgow.

*Date* 15th August 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Guthrie Esq. advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me with a Petition at the instance of (3) James Speirs, 13 Rutherglen Road, Glasgow. Certificates under the hands of William Rosebrugh and John Carswell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Hutton, 13 Rutherglen Road Glasgow and that the said Petitioners sister in law is a (5) person of unsound mind Jane Hutton and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Hutton as a Patient into the (6) Public Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Hutton which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Glasgow —] this Sixteenth day of August One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the* (7) Public Royal Lunatic Asylum of Gartnavel.

(7) Public, District, Parochial, or Private.

[*Signature*] W Guthrie

11116

10 227

Jane Hutton

Admr 15th Augt 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of the City of Glasgow. *and his Substitutes,—*

The Petition of Margaret Morrison Jackson residing at 30 Sardinia Terrace, Hillhead, Glasgow. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen Jackson your Petitioner's (3) daughter residing at 30 Sardinia Terrace, Hillhead, ~~Glasgow~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Margaret M. Jackson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fifteenth (4) day of August One thousand nine hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Ellen Jackson |
| 2. Sex and Age, | Female - 35 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Of no occupation. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 30 Sardinia Terrace, Glasgow. |
| 7. Place where Found and Examined, | Home sane or alone |
| 8. Length of time Insane, | Several weeks on this occasion. |
| 9. Whether First Attack, | No. |
| 10. Age (if known) on First Attack, | About 25 years. |
| 11. When and where previously under Examination and Treatment (5) | In the Royal Asylum, Gartnavel - on two occasions - last time a few years ago. |
| 12. Duration of Existing Attack, | Several weeks |
| 13. Supposed Cause, | Physical debility - & tendency to neuroses |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Margaret Morrison Jackson 30 Sardinia Terrace - Glasgow Her mother. Nothing beyond nervous tendencies. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fifteenth day of August One thousand nine hundred

*(To be signed by the party applying)* Margaret M. Jackson

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Oswald Adamson being a (1) ~~Physician~~ Bachelor of Medicine & Ch. of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 30 Sardinia Terrace, Hillhead, Glasgow in the County of the City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Ellen Jackson - spinster - residing at 30 Sardinia Terrace, Hillhead, Glasgow and that the said Ellen Jackson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) A morbid lack of energy, and initiative: a depressed physical and mental state, associated with morbid introspectiveness, and suspicions. the suspicions having regard to the conduct of others about her. A want of proper perception of her relations to others, and her duties, arising from the lowered nervous state she is in.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother, and her sister, tell me she will hardly take any food - will not do anything for herself or others, in the way of household duties. They think she is not in good health. They think she is restless, sleeping badly, unreasonably suspicious, & quite unmanageable.

Name and Medical Designation, R. O. Adamson M.B. Ch.

Place of Abode, 3 Aston Terrace. Glasgow

DATED this fifteenth day of August One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Ernest George Fortune being a (1) Bachelor of Medicine & Master of Surg: of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 30 Sardinia Terrace, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Ellen Jackson of 30 Sardinia Terrace Hillhead Glasgow and that the said Ellen Jackson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) - Great physical and mental depression - Suspicious of those about her. Inability to apply herself to ordinary simple duties from a lack of confidence. Has morbid ideas regarding actions of members of her family towards her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother & sister describe her as unmanageable. Will not take her food. Suspicious of those around her. Thinks she is neglected.

Name and Medical Designation, Ernest G. Fortune

Place of Abode 9 Sandyford Place

DATED this fifteenth day of August One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, Robert Oswald Adamson being (1) a Bachelor of Medicine & Registered Practitioner hereby certify, on soul and conscience, that I have this day, at (2) 30 Sardinia Terrace - Hillhead Glasgow in the County of the City of Glasgow, seen and personally examined Ellen Jackson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel - Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

R. O. Adamson M.B.

DATED this 14th day of August One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Ellen Jackson to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Her mother

*Signature* Margaret M. Jackson

*Address* 30 Sardinia Terrace Glasgow

*Date* August 15th 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Guthrie Esq. as ~~Sheriff~~ Substitute of the (1) County of Lanark, having had produced to me, with a Petition at the instance of (2) Margaret Morrison Jackson, 30 Sardinia Terrace Hillhead Glasgow Certificates under the hands of Robert Oswald Adamson and Ernest George Fortune being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Ellen Jackson, 30 Sardinia Terrace, Hillhead. Glasgow. Petitioners daughter and that the said Ellen Jackson is a (4) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen Jackson as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ellen Jackson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this fourteenth day of August One thousand nine hundred

W Guthrie

*To the Superintendent of the Public Asylum at Glasgow Royal Asylum at Gartnavel.*

[*Signature*]

10.228

Ellen Jackson

Aom 16th Augt 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Elizabeth Boyd or Newall residing at 1 Steeple Str Kilbarchan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Newall your Petitioner's (3) husband residing there with her is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Newall to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Elizabeth Newall X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 18th (4) day of August One thousand nine ~~eight~~ hundred ~~and~~

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Charles Newall |
| 2. Sex and Age, | Male 50 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Retired spirit Dealer |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 1 Steeple Str: Kilbarchan |
| 7. Place where Found and Examined, | " " " & ab |
| 8. Length of time Insane, | 14 days Gartnavel, |
| 9. Whether First Attack, | 3rd |
| 10. Age (if known) on First Attack, | 45 |
| 11. When and where previously under Examination and Treatment (5) | Inverness District & Paisley Parochial Asylums |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Previous attacks |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | One sister - unknown. Unknown |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of August - One thousand nine ~~eight~~ hundred ~~and~~

*(To be signed by the party applying)* Elizabeth Newall X

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Alexander Orr being a (1) Bachelor of medicine and master in Surgery of Glasgow University and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 1 Steeple St Kilbarchan in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Charles Newall and that the said Charles Newall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a delusion that his wife has tried to poison him through his own wine - Has refused to take food for three days. Thinks he is God and has been preaching over the window day and night

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Police Inspector Gordon informs me that Charles Newall has been already three times confined in an asylum. I myself attended him on at least one occasion

*Name and Medical Designation,* William Alexander Orr.

*Place of Abode,* Westfield Johnstone.

DATED this eighteenth day of August One thousand ~~eight~~ nine hundred ~~and~~.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Charles Newall Retired spirit-dealer lately residing at 1 Steeple St Kilbarchan and that the said Charles Newall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In dirty & untidy in appearance. Talks in a rambling incoherent fashion. In full of delusional notions. Says the ~~Head~~ Flask and means death & the white spots on it eternal life

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 101 Oxford St Glasgow

DATED this eighteenth day of August One thousand ~~eight~~ nine hundred ~~and~~.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) M.B. & C.M. Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 1 Steple St Kilbarchan in the County of Renfrew, seen and personally examined Charles Newall, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William Alexander Orr M.B. & C.M.

DATED this eighteenth day of August One thousand ~~eight~~ nine hundred ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Charles Newall to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife

*Signature and Address* Elizabeth Newall
1 Steple St, Kilbarchan

*Date* Aug. 19. 00.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe, Esq. (1) Sheriff Substitute of the (2) County of Renfrew, having had produced to me, with a Petition at the instance of (3) Elizabeth Boyd or Newall, 1 Steple Street, Kilbarchan Certificates under the hands of William Alexander Orr and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Newall, 1 Steple Street Kilbarchan the husband and that the said Charles Newall is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Newall as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Newall which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twentieth day of August One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the Public Asylum at Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T. Fyfe

10.229

Charles Newall

Adm$^{n}$ 18$^{th}$ Augt 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

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By Authority of the Board, I hereby sanction the admission of

Mary Campbell,

as a Voluntary Patient into Glasgow Royal asylum

in accordance with the provisions of the Statute.

J. Macpherson M.D.
*Commissioner in Lunacy.*

*To*
Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this twentieth day of August

One Thousand nine hundred.

M & G Ltd—300—1-00

Mary Campbell
Voluntary
Adm$^{s}$ 23$^{rd}$ Augt 1900

# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Mary Stirling Boyd

residing at 186 Hospital St Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~my father~~ James Boyd your Petitioner's (3) Father residing at above address is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Boyd to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Mary Stirling Boyd.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of August ~~One thousand~~ nineteen ~~eight~~ hundred ~~and~~

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Boyd |
| 2. Sex and Age, | Male - 68. |
| 3. Married, Single, or Widowed, | Widowed |
| 4. Condition of Life, and previous Occupation (if any), | Clerk |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 186 Hospital St. |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | 3 months |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | – |
| 11. When and where previously under Examination and Treatment (5) | – |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Relief from business |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | At times. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The Petitioner his daughter None. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of August One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Mary Stirling Boyd

P p.

## MEDICAL CERTIFICATE, No. I.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) *Insert Designation and Residence, and if a Pauper state so.*

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

(*) *State the facts.*

(*) *State the information, and from whom derived.*

I, the undersigned, John Aitken being a (*) the Royal College Physicians Ed and the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (*) Physician in Glasgow do hereby certify, on soul and conscience, that I have this day, at (*) 196 Hospital St Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (*) James Boyd and that the said James Boyd is a (*) Dangerous person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) He thinks his bowels has not been moved for many months and he is about to explode. He also thinks his belly is in pieces. He also thinks his friends are trying to poison him in his food and they are trying to be awake with him

2. Other facts (if any) indicating Insanity communicated to me by others: (*)
His daughter states this first he became ill like and does not sleep and this morning treated Friends

Name and Medical Designation, John Aitken LRCP & LRFPS Glasgow

Place of Abode, 39 Kelvinbridge Terrace Glasgow

Dated this 27th day of August One thousand nine hundred and one

## MEDICAL CERTIFICATE, No. II.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) *Insert Designation and Residence, and if a Pauper state so.*

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

(*) *State the facts.*

(*) *State the information, and from whom derived.*

I, the undersigned, James Alexander Aitken being a (*) Bachelor of Medicine & Master of Surgery and being in actual practice as a (*) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (*) 196 Hospital Street Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (*) James Boyd and that the said James Boyd is a (*) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) Present condition of patient. Constipation he has had last movement in his bowels for some months. Won't take food as he says if he were going to be wounded by poison. Making to be violent unless guarded

2. Other Facts (if any) indicating Insanity communicated to me by others: (*)
Moans & groans night & day without any apparent cause for doing so

Name and Medical Designation, James Alexander Aitken

Place of Abode, 15 Albert Road East Crosshill Glasgow

Dated this 27th day of August One thousand nine hundred and one

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Aitken Glasgow being (*) the Royal College Physicians Ed and Faculty of Physicians & Surgeons Glasgow (*State medical qualification) hereby certify, on soul and conscience, that I have this day, at (*) 196 Hospital St Glasgow in the County of Lanark, seen and personally examined James Boyd, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (*) Glasgow Royal Asylum Gartnavel

(*) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Glasgow Royal Asylum

John Aitken LRCP & LRFPS Glasgow

Dated this 27th day of August One thousand nine hundred and one

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein James Boyd to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Daughter

*Signature and Address* Mary Stirling Boyd X

*Date* 27th August 1901

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Hyslop (*) Sheriff Substitute of the (*) County of Lanark having had produced to me, with a Petition at the instance of (*) Mary Stirling Boyd 196 Hospital Street Glasgow Certificates under the hands of John Aitken and James Alexander Aitken, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) James Boyd 196 Hospital Street Glasgow and that the said James Boyd is a (*) Dangerous person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Boyd as a Patient into the GLASGOW ROYAL ASYLUM AT GARNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Boyd which accompanied the said Petition.

(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(*) State whether a County or Stewartry.

(*) Insert Name and Designation.

(*) Describe him, and if a Pauper, state so.

(*) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this twenty-eighth day of August One thousand nine hundred and seven

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T A Hyslop

10.230

James Boyd

aged 27th Augt 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) County of Lanark and his Substitutes,—

The Petition of Mrs Robina Clark or Tulloch residing at 121 Raeberry Street Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Clark Tulloch

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Clark Tulloch to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

*(To be signed by the Party applying)* Robina Tulloch

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (4) day of August One thousand ~~eight hundred and~~ nine hundred years

K. J.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Robert Clark Tulloch |
| 2. Sex and Age, | male aged 28 years |
| 3. Married, Single, or Widowed, | single |
| 4. Condition of Life, and previous Occupation (if any), | Sculptor. |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 121 Raeberry St. Glasgow |
| 7. Place where Found and Examined, | -do- |
| 8. Length of time Insane, | Between 9 & 10 months. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 28 |
| 11. When and where previously under Examination and Treatment (5) | Never previously under Examination & treatment. |
| 12. Duration of Existing Attack, | Two months. |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | - |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Robina Clark Tulloch, mother No member of Family known to be insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | - |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

K. J.

DATED this twenty eighth day of August ~~One thousand eight hundred and~~ nineteen hundred

*(To be signed by the party applying)* Robina Tulloch

P p.

## MEDICAL CERTIFICATE, No. I.

(*) Set forth the qualification entitling the person certifying to grant the certificate; e. g. Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) Insert Designation and Residence, and if a Pauper state so.

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

(*) State the facts.

I, the undersigned, Alexander Dickson, being a (*) Bachelor of Medicine & Master of Surgery and being in actual practice as a (*) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (*) 121 Rucbury St- Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (*) Robert Clark Sullock and that the said Robert Clark Sullock is a (*) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) (1) That his letters have been tampered with. (2) That he is being followed by unknown persons. (3) That persons are threatening his life.

(*) State the information, and from whom derived.

2. Other facts (if any) indicating Insanity communicated to me by others: (*) (Mother's statement) (1) He has threatened to kill persons he knows, (2) he has threatened to corrupt minister, (3) Fancies he hears people speaking to him (4) He is very suspicious of others.

Name and Medical Designation, A G Dickson. M.B.C.M.

Place of Abode, 14 Woodside Terrace Glasgow

Dated this 17th day of August One thousand nine hundred and ~~eight~~

## MEDICAL CERTIFICATE, No. II.

(*) Set forth the qualification entitling the person certifying to grant the certificate; e. g. Member of the Royal College of Physicians in Edinburgh.

(*) Physician or Surgeon, or otherwise, as the case may be.

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

(*) Insert Designation and Residence, and if a Pauper state so.

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

(*) State the facts.

I, the undersigned, Robert Langmuir being a (*) M.B.C.M. Glasgow University and being in actual practice as a (*) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (*) 121 Rucbury Street Glasgow in the County of separately from any other Medical Practitioner, visited and personally examined (*) Robert Clark Sullock and that the said Robert Clark Sullock is a (*) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) He states that some persons unknown are persecuting him & threatening to do him violence. He states that this persecution has started since he began to study & preach in Glasgow. There is no foundation for his belief of his

(*) State the information, and from whom derived.

2. Other Facts (if any) indicating Insanity communicated to me by others: (*) statements. His mother informs me that he is under the belief that his letters are being tampered with— for which opinion there is no foundation in fact.

Name and Medical Designation, Robert Langmuir, M.B. C.M.

Place of Abode 385 St Vincent Road Glasgow.

Dated this twenty-seventh day of August One thousand eight hundred and nine

## CERTIFICATE OF EMERGENCY.

(*This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.*)

I, the undersigned, being (*) hereby certify, on soul and conscience, that I have this day, at (*) in the County of Lanark, seen and personally examined Robert Clark Sullock, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (*)

(*) State medical qualification.

(*) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(*) State place at which Asylum is situated.

Dated this day of One thousand eight hundred and

(*The following should be filled up in every case in which a Certificate of Emergency is acted on.*)

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Lyle (*) Sheriff Substitute of the (*) County of Lanark having had produced to me, with a Petition at the instance of (*) Robina Clark or Sullock, 121 Rucbury Street Glasgow Certificates under the hands of Alexander Dickson and Robert Langmuir being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (*) Robert Clark Sullock, 121 Rucbury Street Glasgow and that the said Robert Clark Sullock is a (*) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Robert Clark Sullock as a Patient into the Glasgow Royal Asylum at Gartnavel, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Clark Sullock which accompanied the said Petition.

(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(*) State whether a County or Stewartry.

(*) Insert Name and Designation.

(*) Describe him, and if a Pauper, state so.

(*) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated [at Glasgow] this twenty-eighth day of August One thousand eight hundred and seven-

To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.

[Signature]

10.231

Robert Clark Tulloch

Adm^r 28^th. Augst 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Glasgow *and his Substitutes,*—

The Petition of Sarah Young residing at 6 Great Clyde Street humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Richardson Young your Petitioner's (3) husband residing at 6 Great Clyde St. Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Richardson Young to the Glasgow Royal Asylum at Gartnavel, and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) x Sarah Young

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 29th (4) day of August One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Thomas Richardson Young |
| 2. Sex and Age, | male 36 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Restaurateur. |
| 5. Religious Persuasion, so far as known, | Protestant; Presbyterian |
| 6. Previous Place of Abode, | 6 St. Clyde St, |
| 7. Place where Found and Examined, | Same. |
| 8. Length of time Insane, | eight months. |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 33 |
| 11. When and where previously under Examination and Treatment (5) | At home |
| 12. Duration of Existing Attack, | 8 months |
| 13. Supposed Cause, | Alcohol |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Andrew Young Father c/o Mrs Craig 111 Norfolk St. Glasgow |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of August One thousand nine hundred

(*To be signed by the party applying*) x Sarah Young

P.P.

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. 1.

I, the undersigned, John Hardie
being a (1) Doctor of Medicine of the Glasgow University
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Great Clyde Street. Glasgow. Lanark in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Richardson Thomas Young, Restaurateur, 6 Great Clyde Street. Glasgow and that
the said Thomas Young is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
I know he attempted to Commit Suicide 2 or 3 years ago. He states that he hears voices whispering and urging him to cut his throat. The voices are usually at the foot of the stair or middle of the street. The language he hears is often filthy & obscene.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He wanted his friends to go to the Chief Constable and request him to send a man in plain clothes to watch the people and protect him from the annoyance.

Information from Mrs Fullerton, 6 Clyde St

Name and Medical Designation, John Hardie M.D.

Place of Abode, Dunfermline. Newlands. Glasgow.

DATED this Twenty ninth day of August One thousand nine hundred.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, Robert Kirkwood Currie
being a (1) Bachelor of medicine and master in Surgery of the University of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 6 Great Clyde Street Glasgow Lanark in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Richardson Thomas Young Restaurateur 6 Great Clyde Street Glasgow and that
the said Thomas Young is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He complains of annoyance caused by voices which he hears, and that whenever he gets these voices are making foul and obscene remarks to him. and that he believes the voices are those of people who are trying to obtain notoriety over him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife told me that he is often speaking of these voices saying he hears them in the house below, and sometimes outside the window.

Name and Medical Designation, Robert K. Currie M.B. C.M.

Place of Abode 244 Bath Street Glasgow

DATED this Twenty ninth day of August One thousand nine hundred.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Hardie.
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 6 Great Clyde Street Glasgow,
in the County of Lanark, seen and personally examined Thomas Young, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Hardie M.D.

DATED this Twenty ninth day of August One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Thomas Richardson Young to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife
*Signature* Sarah Young
*Address* 6 Great Clyde Street
*Date* 29th August 1907

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Davidson Balfour Esq. Sheriff Substitute of the (5) County of Lanark, having had produced to me, with a Petition at the instance of (6) Sarah Young 6 Great Clyde Street, Glasgow, Certificates under the hands of John Hardie and Robert Kirkwood Currie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Richardson Young, 6 Great Clyde Street Glasgow. Petitioners husband. and that the said Thomas Richardson Young is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Richardson Young as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Richardson Young — which accompanied the said Petition.

(5) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(6) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow —] this Thirtieth day of August One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

D D Balfour

[*Signature*]

10. 232

Thos Richardson Young

adm^d 29^th Augt 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of William Hamilton residing at main st, Lennoxtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Wilkie Brown your Petitioner's (3) Brother in law residing at Main Street Lennoxtown is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Wilkie Brown to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* William Hamilton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 30 (4) day of August One thousand nine hundred ~~eight hundred and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Wilkie Brown |
| 2. Sex and Age, | Male Sixty three |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Grocer |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | Main Street Lennoxtown |
| 7. Place where Found and Examined, | |
| 8. Length of time Insane, | three weeks |
| 9. Whether First Attack, | to present time |
| 10. Age (if known) on First Attack, | – " |
| 11. When and where previously under Examination and Treatment, | – |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

* William Hamilton

Dated this 30 day of August One thousand ~~eight hundred and~~ nine hundred.

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thos Miller being a (1) M B Cm U of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) main St. Renny Town in the County of Stirling separately from any other Medical Practitioner, visited and personally examined (4) John Wilkie Brown. and that the said John Wilkie Brown is a (5) an insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) John Wilkie Brown is suffering from hemiplegia & Aphasia. He says his wife has been unfaithful to him & his daughters have turned against him. That his wife has a strange man in the house.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His daughter (Mrs Gardner) says that he refused to go to bed last night & kept shouting & roaring all night. His daughter (Maggie) says he was about the house looking for a man.

Name and Medical Designation, Thos Miller M B Cm

Place of Abode, Renny Town

DATED this 29th day of August One thousand eight hundred and 1900

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Donald Macleod M.B. Ch. Glasgow being a (1) and being in actual practice as a (2) Qualified Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) main St. Lennoxtown in the County of Stirling separately from any other Medical Practitioner, visited and personally examined (4) John Wilkie Brown Lennoxtown and that the said John Wilkie Brown is a (5) insane of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mr John Brown is now suffering from hemiplegia & aphasia - I examined him with great difficulty. With the assistance of his Daughter Maggie I was made out that he thinks a neighbour has wronged him & he is unfortunately by mind or deed upon the earth but he proves his intelligence was only limited by his powers - being unable to express himself intelligently with regard to his surroundings.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his Daughter Mrs Gardner who stated that Mr John Brown has periodical attacks, quite unintelligible. That he roams about the house as much as he can & raving about some person, he thinks wants to kill him; fancies people are talking about him. Mrs Gardner did not obtain anything more than he was very violent & had to be restrained. Mrs Gardner did not see much of him herself.

Name and Medical Designation, Donald Macleod M.B.Ch.

Place of Abode 3 Burnbank Terrace Glasgow

DATED this 29th day of August One thousand eight hundred and nine

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thos Miller
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Main St Cumnock
in the County of Stirling, seen and personally examined John Wilkie Brown,
& that the said person is of unsound mind, & a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Thos Miller M B C M

DATED this 29th day of August ~~One thousand eight~~ hundred and 1900.

*(The following should be filled up whenever a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein John Wilkie Brown
to whom the foregoing Certificate of Emergency refers

*Relationship or other capacity in which Applicant stands to Patient,* ~~Brother~~ Son-in-Law

*Signature and Address* John L. S. Gordon
Main St. Cumnock

*Date* Sept: 2nd 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William George Scott Glover (1) Sheriff Substitute
of the (2) County ——— of Lanark ———
having had produced to me, with a Petition at the instance of (3) William Hamilton, Main Street, Cumnock ———
Certificates under the hands of Thomas Miller ——— and Donald Mackeod ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Wilkie Brown, Main Street, Cumnock Petitioner's Brother in Law ———
and that the said John Wilkie Brown ———
is a (5) insane person or a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Wilkie Brown ——— as a Patient ~~into~~ the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith, the said Medical Certificates, and a Statement regarding the said John Wilkie Brown ——— which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Third — day of September One thousand ~~eight hundred and~~ nine hundred.

W G Scott Glover

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

10.233

John Wilkie Brown

adm$^{d}$ 2$^{nd}$ Sept 1900

Aberd Sep 5. 00.

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board,** I hereby sanction the admission of

Jane A. Waterston

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

Simon Fraser

*Commissioner in Lunacy.*

To Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this fourth day of September

One Thousand nine hundred

M & G Ltd—300—1-00

Jane A. Waterston

Voluntary

Admd 5th Sept 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of John Clark Edmiston M.D.

residing at 6 Wilton Gardens, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Nairn or Edmiston

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Barbara Nairn or Edmiston to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

*(To be signed by the Party applying)* John C Edmiston M.D

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 7th (4) day of September One thousand ~~eight~~ nine hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Barbara Nairn or Edmiston. |
| 2. Sex and Age, | Female, 47 Years |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Domestic and Teacher. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 6 Wilton Gardens, Glasgow. |
| 7. Place where Found and Examined, | 6 Wilton Gardens, Glasgow. |
| 8. Length of time Insane, | Several years. |
| 9. Whether First Attack, | ~~Second~~ First |
| 10. Age (if known) on First Attack, | 40 years. |
| 11. When and where previously under Examination and Treatment (5) | Glasgow Royal Asylum. |
| 12. Duration of Existing Attack, | Several years. |
| 13. Supposed Cause, | Alcoholism ~~Relapse from previous attack~~. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | John Clark Edmiston M.D 6 Wilton Gardens, Glasgow, Husband & Petitioner. Maternal Aunt was insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none. |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of September One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* John C Edmiston M.D

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Carswell being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 6 Wilton Gardens, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Barbara Nairn or Edmiston, residing there, Domestic, and that the said Barbara Nairn or Edmiston is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless and excitable in manner and appearance, and she labours under the influence of foolish and delusive ideas, such as, that her husband ill uses her, that she hears "whisperings" of the Holy Spirit telling her to do foolish things, and that a "breath" has

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Come upon her which makes her different from other people. Her husband states that she frequently gets very excited without cause, that she is restless and sleepless at night and that she keeps him and their family in a constant state of worry and excitement by her foolish and excited conduct.

Name and Medical Designation, J. Carswell L.R.C.P.Ed.

Place of Abode, 5 Royal Crescent W. Glasgow.

DATED this Fourth day of September One thousand ~~eight~~ nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Robert Ispe being a (1) Licentiate of the Royal College of Physicians Edinburgh and of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 6 Wilton Gardens, Glasgow. in the County of Lanark. separately from any other Medical Practitioner, visited and personally examined (4) Barbara Nairn or Edmiston, residing there Domestic and that the said Barbara Nairn or Edmiston is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she fancies herself to be under the influence of the Holy Spirit, for that account differing from other people.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she frequently get excited without a cause, and on these occasions attempts sometimes to get poisons Keeping the household in a constant State of excitement

Name and Medical Designation, Robt Ispe. L.R.C.P.Ed: &c

Place of Abode 86 Lenny St Possilpark Glasgow.

DATED this 31st day of August. One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature and Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Shadia (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Clark
Edmiston alias D Milton Cardus Glasgow
Certificates under the hands of John Carswell
and Robert Jope being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Edmiston Wife
Barbara Mairn or Edmiston Milton Cardus Glasgow and that the said so.
Barbara Mairn or Edmiston is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara Mairn or Edmiston
as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Barbara Mairn or Edmiston which accompanied the said Petition.

DATED [at ~~Ayr~~ Glasgow] this Seventh day of September
One thousand ~~eight~~ hundred ~~and~~

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him as Husband, Wife, Father, Mother, Brother, Sister, Son, Daughter, Uncle, Aunt, Cousin, Friend, Master, Mistress, Servant, Landlord, Landlady, Neighbour, Guardian, Curator, Tutor, Factor, Chamberlain, Commissioner, Trustee, Minister, Clergyman, Doctor, Surgeon, Apothecary, Chemist, Inspector of Poor, Procurator-Fiscal, Sheriff-Officer, Constable, Police Officer, Governor, Matron, Keeper, Attendant, Nurse, Inmate, Lodger, Boarder, Visitor, Acquaintance, Stranger, or other appropriate description.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] R U Shadia

10.234

Barbara Nairn of Edmiston

Admd 7th Sept 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of William Robert Newton, Farmer Romanton-Le-Heath, Tweedsmuir

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Wilson Sterling or Newton your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Wilson Sterling or Newton to the Glasgow Royal Asylum Gartnavel and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* W. R. Newton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (4) day of September One thousand nine hundred years

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Wilson Sterling or Newton. |
| 2. Sex and Age, | 25. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Farm life. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Romanton-Le-Heath Lanarkshire |
| 7. Place where Found and Examined, | House Craigs Farm Near Biggar. & Glasgow Royal Asylum Gartnavel |
| 8. Length of time Insane, | Never been well since confinement |
| 9. Whether First Attack, | yes 4 weeks ago - got strange a week ago. |
| 10. Age (if known) on First Attack, | 25. |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | one week |
| 13. Supposed Cause, | confinement, & loss of a child, |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | tried to get through window |
| 16. Whether Dangerous to others, | ~~NOT dangerous but requires watching~~ |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Lily Stirling, House Craigs Near Biggar. No evidence of any insanity from amongst her blood relations. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of September One thousand nine hundred ——

*(To be signed by the party applying)* W. R. Newton

T. & A. C.—Jan. 1900.

P p

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Dove Macfarlane, being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) House Craigo, Busby, Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Wilson Stirling or Newton and that the said Margaret Wilson Stirling or Newton is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(a) Believes herself to have committed heinous Sins,
(b) Has power to make all people dumb.
(c) People are trying to murder her relations & poison herself.
(d) refusing food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Husband:- Talking incoherently & imagining things.
Tried to jump out of window.

Name and Medical Designation, William Dove Macfarlane M.B. & C.M.

Place of Abode, Ebenezerfield, Busby

DATED this Eleventh day of September One thousand nine hundred ——

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Margaret Wilson Stirling or Newton Married wife, Labourer residing at Rowantree- Heath Terrace Busby and that the said Margaret Wilson Stirling or Newton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She say that she is afraid to be left alone because people are trying to influence her to do evil She is morbidly dull & depressed to some considerable confusion of mind.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She tried to jump through the window this morning She tried to get out of the train-which was in motion-when coming from Busby today.
(Communicated to by her husband. W.A. Newton).

Name and Medical Designation, Jas. D. Cochran M.B.

Place of Abode 101 Oxford Drive Glasgow

DATED this eleventh day of September One thousand nine hundred years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, William Dove Macfarlane being (1) Bachelor of medicine master of surgery hereby certify, on soul and conscience, that I have this day, at (2) Houscraig, Barl in the County of Renfrew, seen and personally examined Margaret Wilson Stirling or Newton, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Garthavel Asylum. Glasgow.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Dove Macfarlane M.B. & C.M.

DATED this Eleventh day of September One thousand nine hundred —

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Margaret Wilson Stirling or Newton to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address* W.R. Newton. Normanton-le-Heath

*Date* Sept 11. 1900 Leicestershire

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Urquhart Strachan (1) Sheriff Substitute of the (2) County — of Lanark, — having had produced to me, with a Petition at the instance of (3) William Robert Newton Normanton-le-heath Leicestershire — Certificates under the hands of William Dove Macfarlane and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Wilson Stirling or Newton from House and that the said Margaret Wilson Stirling or Newton is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Wilson Stirling or Newton as a patient into the (6) Glasgow Royal Asylum at Garthavel — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Wilson Stirling or Newton which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.

DATED [at Glasgow ] this Twelfth day of September One thousand nine hundred years

*To the Superintendent of the* (7) Glasgow Royal Lunatic Asylum at Garthavel

(7) Public, District, Parochial, *or* Private.

[Signature] R H Strachan

10235

Mayt. Wilson Stirling of Newton

Adm. 11th Sept 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark Dunbarton *and his Substitutes,—*

The Petition of Magdalen Ewing Booth Place, Falkirk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Taylor Ewing your Petitioner's (3) ~~Daughter~~ Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henrietta Taylor Ewing to the Govt Asylum ~~MAVISBANK ASYLUM at Polton, near Edinburgh,~~ and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* X Robert Ewing X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of September One thousand eight hundred and ~~84~~ 98

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Henrietta Taylor Ewing. |
| 2. Sex and Age, | Female. 48 years |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Occupied at home. |
| 5. Religious Persuasion, so far as known, | Free Ch: of Scotd |
| 6. Previous Place of Abode, | Falkirk |
| 7. Place where Found and Examined, | Booth Place. Falkirk. |
| 8. Length of time Insane, | about one week. |
| 9. Whether First Attack, | First. |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | |
| 12. Duration of Existing Attack, | Nil. |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mother - Mrs Elizth Taylor Ewing. Booth Place. Falkirk. Sister in Portmaveel. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of September One thousand ~~eight~~ nine hundred and ~~—~~

*(To be signed by the party applying)* ~~R Ewing~~ R Ewing

P.P.

T. & A. C.—Dec. 1898.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, being a (1) ~~Physician~~ John Thomson Braidwell Doctor of Medicine (Univ Glasgow)

and being in actual practice as a (2) Physician

do hereby certify, on soul and conscience, that I have this day, at (3) Booth Place, Falkirk Sterling in the County of

separately from any other Medical Practitioner, visited and personally examined (4) Henrietta Taylor Ewing and that

the said Henrietta Taylor Ewing is a (5) person of unsound Mind and a proper Person to be detained

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Constant talking & generally restless, she has religious delusions about having lost her saviour and the opportunity for the performance of a miracle among the Jewish people

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her brother & Mother inform me that she has been depressed, prone to reading & prayer, not willing to do her usual house work, crying out unable to control herself generally

*Name and Medical Designation,* } J T Braidwell MD. 1874

*Place of Abode,* Falkirk

DATED this 12th day of September One thousand ~~eight~~ nine hundred ~~and~~ years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Drugald Mitchell being a (1) Doctor of Medicine of the University of Glasgow

and being in actual practice as a (2) General Practitioner

do hereby certify, on soul and conscience, that I have this day, at (3) Booth Place, Falkirk Sterling in the County of

separately from any other Medical Practitioner, visited and personally examined (4) Henrietta Taylor Ewing, and that

the said Henrietta Taylor Ewing is a (5) Lunatic and a proper person to be detained

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Suffers from Religious Mania. Is extremely restless and difficult to control. Always speaking to herself, and rambles in her talk, but dwells mainly on religious matters. Friends have difficulty in getting her to stay in room.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her brother Thomas having told me that for about a week the patient has had delusions, and has required constant watching. She has delusions on religious matters, and has been listless in her demeanour. All her motions are marked by great want of control, and friends have much difficulty in managing her. Had to get a narcotic last night to

*Name and Medical Designation,* } Drugald Mitchell M.D.

*Place of Abode* Duncan Cameron

DATED this 12th day of September One thousand ~~eight~~ nine hundred ~~and~~ Years.

5/-

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Thomson Prangnell being (1) Doctor of Medicine (Univ Glasgow) Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Edinburgh in the County of Stirling, seen and personally examined Henrietta Taylor Ewing, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J T Prangnell

DATED this 12th day of Sept One thousand ~~eight~~ nine hundred and ~~seven~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Henrietta Taylor Ewing to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature and Address* Robert Ewing Booth Place Falkirk

*Date* 12 Sept 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William George Scott Moncrieff (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Robert Ewing, Booth Place, Falkirk Certificates under the hands of John Thomson Prangnell and Donald Mitchell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henrietta Taylor Ewing, Booth Place, Falkirk, Petitioners sister and that the said Henrietta Taylor Ewing is a (5) person of unsound mind or a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henrietta Taylor Ewing as a Patient into the ~~Private Asylum of Mavisbank at Polton, near Edinburgh,~~ Gartnavel Asylum and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henrietta Taylor Ewing which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Thirteenth day of September One thousand eight hundred and nine hundred.

5/-pd

*To the Superintendent of the ~~Private Asylum of Mavisbank, Polton, Midlothian~~* Glasgow Royal Public Asylum Gartnavel.

[Signature] W J Scott Moncrieff

10.236

Henrietta Taylor Ewing

Adm$^{x}$ 12$^{th}$ Sept 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Joseph Dickie residing at 45 Eccles Street Dublin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Dickie your Petitioner's (3) brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Dickie to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Joseph Dickie X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of September One thousand ~~eight~~ nine hundred and

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | William Dickie |
| 2. Sex and Age, | 33 male |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Builders foreman |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 45 Eccles Street Dublin |
| 7. Place where Found and Examined, | Private Hospital Clarkemount Street Dublin |
| 8. Length of time Insane, | about six weeks |
| 9. Whether First Attack, | Yes before not not certified |
| 10. Age (if known) on First Attack, | 28 |
| 11. When and where previously under Examination and Treatment (5) | |
| 12. Duration of Existing Attack, | about six weeks. |
| 13. Supposed Cause, | Hereditary: Drink. |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Joseph Dickie 45 Eccles Street, Dublin Brother<br>a brother has been of unsound mind |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of September One thousand ~~eight~~ nine hundred and

*(To be signed by the party applying)* Joseph Dickie X

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Cuthly Norman being a (1) Fellow of the Royal College of Physicians Ireland and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) the Private Hospital Charlemont Street in the City of Dublin in the County of separately from any other Medical Practitioner, visited and personally examined (4) Wm. William Dickie and that the said Wm William Dickie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) he is unable to maintain a conversation. When spoken to he stared stupidly & did not reply or he replied with some perfectly irrelevant & incoherent sentence: thus when I asked him his name he answered "seven virgins with seven

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Lady Supt of Hospl his attendant Patrick Saffry states that Mr. William Dickie sees the devil & converses the devil: & that at times he is very violent & smashing windows &c.

Name and Medical Designation, Cuthly Norman F.R.C.P.I.

Place of Abode, St Symphina's North Circular Road Dublin

DATED this fourth day of September One thousand eight nine hundred and

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Richard Lane Joynt being a (1) Fellow of the Royal College of Surgeons Ireland and being in actual practice as a (2) Physician Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Private Hospital Charlemont Street in the City of Dublin in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Dickie and that the said William Dickie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) refuses to speak at times or is monosyllabic in answers has irrelevant remarks and meaningless gestures.. insists on the room being dark all day. gives no explanation for his acts & stares stupidly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His attendant states he insists on all lights being extinguished including shutting out daylight to avoid expense. Is very violent at times — Lady superintendant at Hospital states he has broken windows, beaten his attendants & broken furniture.

Name and Medical Designation, Richard Lane Joynt

Place of Abode St Harcourt Street Dublin

DATED this fourth day of September One thousand eight nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Conolly Norman being (1) a Fellow of the Royal College of Physicians Ireland hereby certify, on soul and conscience, that I have this day, at (2) Charlemont Street Private Hospital in the County of the City of Dublin, seen and personally examined Mr. William Dickie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Conolly Norman

DATED this tenth day of September One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein William Dickie to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* brother

*Signature and Address* Joseph Dickie 45 Eccles Street Dublin

*Date* 11th September 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Robert Urquhart Strachan (1) Sheriff Substitute of the (2) County of Lanark. having had produced to me, with a Petition at the instance of (3) Joseph Dickie 45 Eccles Street, Dublin Certificates under the hands of Conolly Norman and Richard Lane Joynt being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Dickie from Private Hospital Charlemont Street Dublin Petitioners brother and that the said William Dickie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Dickie as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Dickie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow. ] this Twelfth day of September One thousand ~~eight~~ nine hundred ~~and~~ years.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] R H Strachan

10.237

William Dickie

aom 12th Sept 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board,** I hereby sanction the admission of

Dr A. J. Thomson,

as a Voluntary Patient into Glasgow Royal asylum,

in accordance with the provisions of the Statute.

J. Ann Fraser

*Commissioner in Lunacy.*

*To*

Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this fifteenth day of September

One Thousand nine hundred.

M & G Ltd—300—1-00

Sr A. I. Thomson
Voluntary
Adm° 15th Sept 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Ita a massie or Headrick residing at 1 Kennyhill Gardens Dennistoun humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Headrick your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Headrick to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Ita Headrick, X

(4) The date of the Petition must be within ~~nine~~ fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

DATED this 16th (4) day of September One thousand ~~nine~~ hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Headrick |
| 2. Sex and Age, | male 62 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | Clergyman |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 1 Kennyhill Gardens, Dennistoun |
| 7. Place where Found and Examined, | ds. |
| 8. Length of time Insane, | 2 months |
| 9. Whether First Attack, | 2nd |
| 10. Age (if known) on First Attack, | 5-4 |
| 11. When and where previously under Examination and Treatment (5) | Gartnavel |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Previous attack |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | Yes |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His mother Jane Headrick 1 Kennyhill Gardens Dennistoun [illegible] |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of September One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Ita Headrick, X

P p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Craig being a (1) Licentiate of the Royal College of Physicians & Surgeons, Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 1 Kempfhill Gardens, Dennistoun, Glasgow in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) John Headrick residing at 1 Kempfhill Gardens Dennistoun and that the said John Headrick is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

1. Facts indicating Insanity observed by myself: (6) Resides that he is a York Road Dis in Constant terror of the opening of the door & generally suffers from delusional melancholia — He always thinks he is not friendly & very badly behaved — wants me to have him something & will not

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he has got Typhoid mania they were constant restraint that he tooks out of — open against unseen beings in sleepless & moves about incessantly

Name and Medical Designation, James Craig LRCPS Edin.

Place of abode 6 Armfield Place Dennistoun, Glasgow

Dated this 15th day of Sept. One thousand nine hundred and

(1) Set forth the qualification entitling the person certifying to grant the Certificate (e.g. Member of the Royal College of Physicians in Edinburgh).

(2) Physician or Surgeon, or otherwise as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a Pauper state so.

(5) Lunatic, or an Idiot, or a person of unsound mind.

(6) State the facts.

(7) State the information, and from whom derived.

## MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Glen being a (1) Bachelor in Medicine & Master of Surgery of the Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 1 Kempfhill Gardens, Dennistoun, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Headrick, 1 Kempfhill Gardens Dennistoun Glasgow and that the said John Headrick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

1. Facts indicating Insanity observed by myself: (6) Has been dull melancholic during past two months: has delusions & having committed the unpardonable sin: within the past week has become violent, tries to injure wife & daughter & threatens to cut their throat & destroy furniture & house generally

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he is sleepless unless drought — Given him: complains of pain in his head: when roused is very dull & slow in answering to questions: refuses to take food & has to be fed, or conveniently fed using hands or arms of Chief Keeper to do so.

Name and Medical Designation, David Glen

Place of abode 6 Armfield Place Dennistoun, Glasgow

Dated this 14th day of Sept. One thousand nine hundred and

(1) See form the qualification entitling the person certifying to grant the certificate, e.g. Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) Insert the street and number of the house (if any), or other like particulars.

(4) Insert Designation and Residence, and if a Pauper state so.

(5) Lunatic, or an Idiot, or a person of unsound mind.

(6) State the facts.

(7) State the information, and from whom derived.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).*

I, the undersigned James Craig being (1) a Member of the Royal College of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) 1 Kempfhill Gardens Glasgow in the County of Lanark, seen and personally examined John Headrick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Craig LRCPS Edin.

Dated, this 15th day of Sept. One thousand eight nine hundred and

(1) State medical qualification. (2) State place of examination.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein John Headrick to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Wife

Signature and Address Ida Headrick

Date Sept. 16th 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Moore (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Ida Maccoe or Headrick 1 Kempfhill Gardens Dennistoun Glasgow Certificates under the hands of James Craig and David Glen being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Headrick 1 Kempfhill Gardens Dennistoun Glasgow (Petitioner's Husband) and that the said John Headrick is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said John Headrick as a Patient into the Glasgow Royal Asylum at Gartnavel, and I authorise the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Headrick which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Dated [at Glasgow] this Seventeenth day of September One thousand eight hundred and [illegible]

To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.

[Signature] Wm Moore

10.238

John Hendrick

adm^d 16^th Sept 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

**By Authority of the Board**, I hereby sanction the admission of

miss C. M. Gordon,

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

John Fraser

*Commissioner in Lunacy.*

*To*

Dr Yellowlees,

Royal Asylum,

Glasgow.

GIVEN at Edinburgh, this eighteenth day of Septembes

One Thousand nine hundred.

M & G Ltd—300—1-05

Miss C. M. Gordon

Voluntary

Accn 18th Sept 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Jane Cochrane, residing at Crosslee, Strathaven humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Cochrane your Petitioner's (3) brother residing at Crosslee, Strathaven is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Cochrane to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Jane Cochrane

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Sept.~~ 11th(4) day of September One thousand nine hundred One

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Cochrane. |
| 2. Sex and Age, | Male, 33 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | No occupation |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Crosslee, Strathaven, |
| 7. Place where Found and Examined, | At home. |
| 8. Length of time Insane, | Weak minded from birth. |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 32 |
| 11. When and where previously under Examination and Treatment (5) | Has always been at home. |
| 12. Duration of Existing Attack, | Four months |
| 13. Supposed Cause, | Hydrocele. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Has at times been violent |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Jane Cochrane, sister Crosslee, Strathaven, No member of the family insane. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of September, One thousand nine hundred and one

*(To be signed by the party applying)* Jane Cochrane

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patton Petrie being a (1) Bachelor of Medicine & master in Surgery of Glasgow University and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crosslee Strathaven Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Cochrane Crosslee Strathaven and that the said James Cochrane is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) When Spoken to he makes no answer but utters loud hs yells & suspicious or Smiles in a childish way

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has on a few occasions offered violence to his attendants

*Name and Medical Designation,* Patton Petrie MB&Ch

*Place of Abode,* 29 Kirk St. Strathaven

DATED this 30th day of August One thousand nine hundred and one

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Allan Watt being a (1) Bachelor of Medicine & master in Surgery of the University of Glasgow and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crosslea Cottage, Townhead Street Strathaven Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Cochrane, Crosslee Cottage Strathaven and that the said James Cochrane is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is morose; looks at one with a stony stare, and refuses to speak in answer to questions; he has also at times refused to take food

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been violent to his attendants and refuses to do things he was in the habit of doing formerly; he never speaks

*Name and Medical Designation,* Allan Watt MB Ch

*Place of Abode* Seaside Strathaven

DATED this eleventh day of September One thousand nine hundred and one.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Patrick Esquire(1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Jane Cochrane Crosslee Strathaven Certificates under the hands of Patton Petrie M.B.C.M. and Allan Watt M.B.C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Cochrane, Crosslee Strathaven (Petitioners Brother) and that the said James Cochrane is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said James Cochrane as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Cochrane which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Hamilton] this Twelfth day of September One thousand nine hundred One

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* David Patrick

10. 348

James Cochrane

acon 20th Sept 1901

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Mrs Agnes Fraser residing at 46 Lawrence Place Partick, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McDonald Fraser your Petitioner's (3) Daughter residing at 46 Lawrence Place Partick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary McDonald Fraser to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Agnes Fraser

Dated this Twenty First (4) day of September One thousand nine hundred

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary McDonald Fraser |
| 2. Sex and Age, | Female, 29. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | At home |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | 46 Lawrence st Partick |
| 7. Place where Found and Examined, | 5 Lawrence Place Partick |
| 8. Length of time Insane, | One week. |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 29. |
| 11. When and where previously under Examination and Treatment (5) | —— Not previously insane |
| 12. Duration of Existing Attack, | One week |
| 13. Supposed Cause, | Inherited weakness & worry. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | ~~No, though~~ She has said she would |
| 16. Whether Dangerous to others, | kill herself and her mother. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Mrs Agnes Fraser. 46 Lawrence st Partick Her father committed suicide |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21st day of September One thousand nine hundred

*(To be signed by the party applying)* Agnes Fraser

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm. Snodgrass being a (1) Bachelor of Medicine & master of Surgery and Fellow of the Faculty of Physicians & Surgeons of Glasgow. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 5 Laurence Place Partick in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary McDonald Fraser 46 Laurence St Partick and that the said Mary McDonald Fraser is a (5) person of unsound mind. and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) (1) She said that she would kill her mother (2) She said that she was more powerful than God, (3) She said she had lost all faith in God

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother has informed me that she has been restless and irritable of late, has delusions: as that the Dean of Guild was bribed about plans of building; that she has committed the unpardonable sin; that she was in Hell. ~~that~~ She would kill her mother

Name and Medical Designation, Wm. Snodgrass MB. Glas 1895.

Place of Abode, 11 Victoria Crescent Dunbartonshire

DATED this Twenty First day of September One thousand nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mary McDonald Fraser Cab residing at 46 Laurence St. Partick and that the said Mary McDonald Fraser is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She says that she wishes to make every body around her miserable. that she wishes to kill her mother, that she wishes to kill herself. She says that she is impelled to do these things by some unseen power

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. D. Cochran M.B

Place of Abode 101 Oxford Drive Glasgow

DATED this 21st day of September One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, Wm Snodgrass
being (1) M.B. Clu. F.F.P.S.G.
hereby certify, on soul and conscience, that I have this day, at (2) 5 Lawrence Place Partick
in the County of Lanark, seen and personally examined Mary McDonald Fraser, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Wm Snodgrass

DATED this Twenty First day of September One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mary McDonald Fraser to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Mother

*Signature* Agnes Fraser.
*Address* 46 Lawrence Place Partick
*Date* 31st September 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Ludovic Mair (1) Sheriff Substitute of the (2) County — of Lanark, — having had produced to me, with a Petition at the instance of (3) Mrs Agnes Fraser, 46 Lawrence Place Partick Certificates under the hands of William Snodgrass and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Mc Donald Fraser, 46 Lawrence Place Partick (Petitioners Daughter) and that the said Mary Mc Donald Fraser is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Mc Donald Fraser as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Mc Donald Fraser ——— which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Twentysecond day of September One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] W Lindsay Mair

10.239

Mary McDonnell Fraser

adm$^{d}$ 21$^{st}$ Sept 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County of Lanark *and his Substitutes,—*

The Petition of Alexander Muir Smith 13. Montgomerie St. West Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Daniel Mc. Kinlay Mc. Arthur your Petitioner's (3) Nephew is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Daniel Mc. Kinlay Mc. Arthur to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Alex. Muir Smith M.D

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of September One thousand eight hundred and None

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

1. Christian Name and Surname of Patient at length, . . . . . Daniel Mc. Kinlay Mc. Arthur.
2. Sex and Age, . . . . . Male. 27 years.
3. Married, Single, or Widowed, . . . Married
4. Condition of Life, and previous Occupation (if any), . . . . . Teacher of Languages.
5. Religious Persuasion, so far as known, . Protestant.
6. Previous Place of Abode, . . . . 86 North Frederick Street Glasgow.
7. Place where Found and Examined, . . Maryhill Police Office, Glasgow.
8. Length of time Insane, . . . . A few days
9. Whether First Attack, . . . . First
10. Age (if known) on First Attack, . . 27 years.
11. When and where previously under Examination and Treatment (5) . . . —
12. Duration of Existing Attack, . . . A few days.
13. Supposed Cause, . . . . Uncertain
14. Whether subject to Epilepsy, . . No.
15. Whether Suicidal, . . . . Yes.
16. Whether Dangerous to others, . . Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . . —
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane, . . . . Rev Arthur Mc. Arthur Presbyterian minister, Near Berwick on Tweed. None.
19. Special circumstances (if any) preventing the insertion of any of the above particulars, None

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of September One thousand ~~eight~~ nine hundred ~~and~~

*(To be signed by the party applying)* Alex. Muir Smith M.D

T. & A. C.—Nov. 1896

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Carswell being a (1) Licentiate of the Royal College of Physicians Edinburgh, and of the Faculty of Physicians & Surgeons, Glasgow, and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) the Marryhill Police Office, Glasgow, in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Daniel Mc. Kinlay McArthur residing at 86 North Frederick Street, Glasgow and that the said Daniel Mc. Kinlay McArthur is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless emotional and excitable, and is subject to foolish and delusive ideas, such as, that his friends ill use him and that he cannot get on in life because of their conduct. Letters shown to me indicate great incoherence of thought; and in them he indicates the intention of committing suicide.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His uncle, Dr. Munro Smith, states that he has been strange & restless in conduct for several years, and that he believes he is being cruelly treated by his relatives, and he threatens to be dangerous.

*Name and Medical Designation,* J. Carswell L.R.C.P.G.

*Place of Abode,* 5 Royal Crescent. Glasgow.

DATED this 26th day of September One thousand eight nine hundred and

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Archibald Gilchrist Hay being a (1) Doctor of medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Police Office Glasgow Marryhill in the County of separately from any other Medical Practitioner, visited and personally examined (4) Daniel McKinlay McArthur and that the said Daniel McKinlay McArthur is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is irritable & emotional & subject to delusions such as that his relatives ill use & cheat him. Letters shown to me reproduce these delusions & contain vague threats against himself & others.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His uncle Dr Munro Smith states that he has been strange & matter, frequently irritable & has the delusion that he has been ill treated.

*Name and Medical Designation,* Archibald G. Hay M.D.

*Place of Abode* The Grange Marryhill

DATED this 26th day of September One thousand eight nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Carswell being (1) a Licentiate of the Royal College of Physicians Edinr. (1) State qualification. hereby certify, on soul and conscience, that I have this day, at (2) Mary hill Place Govan, in the County of Lanark, seen and personally examined (2) State place of examination. Daniel Mc. Kinlay Mc. Arthur, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

J. Carswell L.R.C.P.E.&L.

DATED this 26th day of September One thousand ~~eight~~ nine hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal ~~Asylum~~ Asylum to receive therein Daniel Mc. Kinlay Mc. Arthur to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Uncle

*Signature and Address* A. Allsmith M.D. 13 Montgomerie St W

*Date* 26th September 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Boyd Esquire (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Alexander Munro Smith 13 Montgomerie Street West Glasgow Certificates under the hands of John Carswell and Archibald Gilchrist Hay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Daniel Mc. Kinlay Mc. Arthur, 86 North Frederick Street Glasgow Betrayers nephew and that the said Daniel Mc. Kinlay Mc. Arthur is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Daniel Mc. Kinlay Mc. Arthur as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Daniel Mc. Kinlay Mc. Arthur which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this twenty seventh day of September One thousand ~~eight~~ nine hundred and

*To the Superintendent of the (7) Glasgow Royal Lunatic Asylum of Gartnavel*

(7) Public, District, Parochial, or Private.

[Signature] John Boyd

10.240

Daniel McKinley McArthur

com. 26th Sept 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Samuel McLeod Smith, residing at 12 Derby St, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that St John McLeod Smith your Petitioner's (3) Brother residing at Argyll House, Dollar is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said St John McLeod Smith to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* S McLeod Smith

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of September One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | St John McLeod Smith |
| 2. Sex and Age, | M. 19. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Student |
| 5. Religious Persuasion, so far as known, | Episcopalian |
| 6. Previous Place of Abode, | Argyll House Dollar |
| 7. Place where Found and Examined, | " " & Gartnavel. |
| 8. Length of time Insane, | Peculiar for 2 yrs more or less since June 1897. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 18. |
| 11. When and where previously under Examination and Treatment (5) | Never. |
| 12. Duration of Existing Attack, | As above. |
| 13. Supposed Cause, | Unknown - worry on account of failure to pass exam. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Possibly |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Edwin McLeod Smith his Father Gone Known. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of September One thousand nine hundred

*(To be signed by the party applying)* S McLeod Smith

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Spence
being a (1) Bachelor of Medicine & Master of Surgery of Edin.
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Argyle Hours, Dollar, Clackmannan in the County of separately from any other Medical Practitioner, visited and personally examined (4) St John Macleod Smith and that the said St John Macleod Smith is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Habits quite changed. Lazy & indolent. Takes half a day to dress and will stand naked in a room for hours. Refuses to apply himself to anything and is very dull & melancholy.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Gibson (his guardian) informs me that he used to take nothing to eat until bedtime, then gorge himself with food & run out in the dark.

*Name and Medical Designation,* William Spence M.B.

*Place of Abode,* Dollar

DATED this twenty-eighth day of September One thousand nine hundred & 1905.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General Medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) The Glasgow Royal Asylum Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) St John McLeod Smith (alias) residing at Argyle House Dollar. and that the said St John McLeod Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is abnormally unaccountably dull, moody and dejected and inclined to be lachrymose. In conversation with him I learn that (alias) he has been acting unnatural & foolish. For example he will go to bed all day but get up & run out at night. He wishes to have his meals at most unreasonable hours. Altogether he is dull & silly and has no idea for which he can offer any explanation. He appears to take no interest in anything outside & I usually find him left alone & once relapses into his usual moody listless silence.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 10 Oxford Dr. Glasgow

DATED this thirtieth day of September One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, William Spence being (1) a Bachelor of Medicine & Master in Surgery of Edin.r hereby certify, on soul and conscience, that I have this day, at (2) Argyle House Dollar in the County of Clackmannan, seen and personally examined St John Macleod Smith, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William Spence M.B.

DATED this twenty-eighth day of September One thousand nine hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein St John McLeod Smith to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* S McLeod Smith

*Address* 12 Derby Street

*Date* twenty eight of September 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Hyslop (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Samuel McLeod Smith, 12 Derby Street Glasgow Certificates under the hands of William Spence and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) St John McLeod Smith Argyle House Dollar (Petitioners brother) and that the said St John McLeod Smith is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said St John McLeod Smith as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said St. John McLeod Smith which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this First day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T. Hyslop

10. 241

St John M'Leod Smith

Adm^r 29^th Sept 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

By Authority of the Board, I hereby sanction the admission of

Elizabeth Robertson,

as a Voluntary Patient into Glasgow Royal asylum,

in accordance with the provisions of the Statute.

Edw Fraser
*Commissioner in Lunacy.*

*To*

Dr Yellowlees,
Royal asylum,
Glasgow.

GIVEN at Edinburgh, this third day of October

One Thousand nine hundred.

M & G Ltd—300—1-00

Elizabeth Robertson

Voluntary

Acon 3rd Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of John Skinner residing at 5 Drumoyne Drive Govan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) wife Martha Mc Kinnon or Skinner residing at 5 Drumoyne Drive is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Mc Kinnon or Skinner to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John Skinner

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 29 (4) day of Sept. One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Martha Mc Kinnon or Skinner |
| 2. Sex and Age, | Female |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | House wife. none |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 5 Drumoyne Drive |
| 7. Place where Found and Examined, | 5 Drumoyne " |
| 8. Length of time Insane, | 12 years |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 28 years |
| 11. When and where previously under Examination and Treatment (5) | never |
| 12. Duration of Existing Attack, | more or less for 12 years |
| 13. Supposed Cause, | not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Duncan Mc Kinnon, Brother No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29 day of Sep One thousand nine hundred

*(To be signed by the party applying)* John Skinner

T. & A. C.—Dec. 1899.

P. p.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Allan
being a (1) MB. CM. Glasgow

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 5 Drumoyne Terrace Drive (off) in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Mrs John Skinner

and that the said Mrs John Skinner is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has delusions of persecution Her husband especially and others are wishing to do her injury. She states that neighbours had tied ropes to some floors made in the houses and when she stood on them pulled them away causing her to fall. She tells me that she had fallen thro pledge, because she happened to go to a temperance meeting instead of a prayer meeting. She was afraid of what they might do to her when she got there. She refused. She refused. Laughing and otherwise conducting herself in an insane fashion She has thrown knives at neighbours and chased their children with other implements

2. Other facts (if any) indicating Insanity communicated to me by others: (7) after words that Neighbours testify that she appears in the street.

Name and Medical Designation, Wm Allan MB CM

Place of Abode, Gothic Cottage Govan

DATED this 24th day of September One thousand nine hundred

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Thomson West
being a (1) MB. CM of Aberdeen

and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 5 Drumoyne Drive in the County of Lanark, separately from any other Medical Practitioner, visited and personally examined (4) Mrs John Skinner

and that the said Mrs John Skinner is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She fancies that various parties are especially her husband's relations are persecuting her. Appears of late to be acting about and in an aimless fashion performing listless antics. Has become slovenly in her dress & personal appearance. Has violent fits of temper smashing articles of value in the house

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Relations & neighbours inform me that she runs about the house at night at one time cut the water pipe in the middle of the night as the people above were having communication & her throughout also she has been changing plates & knives so much the police have had to interfere

Name and Medical Designation, J Thomson West MB CM

Place of Abode Newton House Govan

DATED this 28th day of September One thousand nine hundred

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information and from whom derived.*

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature*

*Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Hyde (1) Sheriff Substitute
of the (2) County of Lanark.
having had produced to me, with a Petition at the instance of (3) John Skinner
5 Drumoyne Drive Govan
Certificates under the hands of William Allan
and John Thomson West being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Martha Ure McKinnon or Skinner, 5 Drumoyne Drive Govan (Petitioners wife)
and that the said Martha Ure McKinnon or Skinner
is a (5) person of unsound mind or a lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martha Ure McKinnon or Skinner
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha Ure McKinnon or Skinner which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Second day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T A Hyde

10.242

Martha Ann McKinnon or McKinner

Com^d 3^rd Oct 1900

# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of Renfrew of the (2) County and his Substitutes,—

The Petition of John Fergusson residing at 28 Regent Park Square Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that his wife Margaret Ferguson residing at your Petitioner's (3) house aforesaid is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Margaret Ferguson to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* John Fergusson

DATED this third day of (4) October One thousand eight hundred and nine hundred years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Ferguson |
| 2. Sex and Age, | Female; seventy four |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | No occupation; residing with husband |
| 5. Religious Persuasion, so far as known, | Established church |
| 6. Previous Place of Abode, | 42 Hill St Garnethill |
| 7. Place where Found and Examined, | — |
| 8. Length of time Insane, | Four months |
| 9. Whether First Attack, | First |
| 10. Age (if known) on First Attack, | Seventy four |
| 11. When and where previously under Examination and Treatment, | — |
| 12. Duration of Existing Attack, | Four months |
| 13. Supposed Cause, | Slight effusion of blood on brain |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. ~~Parish or Union to which the Lunatic (if a Pauper) is Chargeable~~, | ~~—~~ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | None living but Subscriber and Family — None |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

* John Fergusson

DATED this third day of October One thousand nine hundred ~~and~~ years

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Kerr Love.
being a (1) Doctor of Medecine
of the University of Glasgow
and being in actual practice as a (2) physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Regent-
Park Square Partick in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Margaret Ferguson
and that
the said Mrs Margaret Ferguson is a (5)
person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Restlessness rambling conversation often use words which have no meaning and refusing food and medicine ordered for her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has tried to go out the windows, she thinks her children have left her or died, and she gets alternately excited & depressed. (From her daughter & Dr Mackenzie)

*Name and Medical Designation,* James Kerr Love M.D.

*Place of Abode,* 10 Newark Drive

DATED this 3rd. day of October One thousand ~~eight~~ nine hundred and .

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alex Welsh
being a (1) Bachelor of Medecine of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Regent-
Park Sq. Partick in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Margaret Ferguson
and that
the said Mrs Margaret Ferguson is a (5) Person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talkes continuously in a Rambling and disconnected manner and without any Meaning and one can only understand a part of what she says, if excited she becomes very excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Daughter states that she has to be continually watched or she would go out night or day that she eats her food with her hands & not Married and that she is frequently in a very excited condition especially if crossed in any way

*Name and Medical Designation,* Alex Welsh M.B. C.M.

*Place of Abode* Lansdowne Place Stawland

DATED this Third day of October One thousand ~~eight~~ Nine hundred and

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Kerr Love
being (1) doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (2) 28 Regent Park Square
in the County of Renfrew, seen and personally examined Mrs Margaret Ferguson,
& that the said person is of unsound mind, & a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

James Kerr Love

DATED this 4th day of Oct One thousand eight nine hundred and

*(The following should be filled up whenever a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Margaret Ferguson
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son

*Signature and Address* Wm. T. Ferguson, 28 Regent Park Sq.

*Date* 5th. October 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) John Ferguson
28 Regent Park Square Strathbungo
Certificates under the hands of James Kerr Love
and Charles Mc Nish, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Ferguson 28 Regent Park Square Strathbungo
(Petitioner's name)
and that the said Mrs Margaret Ferguson
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Margaret Ferguson
as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Margaret Ferguson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Sixth day of October One thousand eight nine hundred and years.

T. A. Fyfe

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

10243

Margaret Ferguson

Adm^d 5^th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of George Robertson

residing at 245 Duke St., Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Lowe or Robertson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) mother residing at above address

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Lowe or Robertson to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

*(To be signed by the Party applying)* George Robertson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 5th Oct (4) ~~day of~~ Friday One thousand 900 nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Helen Lowe or Robertson |
| 2. Sex and Age, | Female 64 |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Good Servant |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Bonhill |
| 7. Place where Found and Examined, | 245 Duke St. Glasgow |
| 8. Length of time Insane, | 4 days ~~4 Days 5 Hours~~ |
| 9. Whether First Attack, | 2nd |
| 10. Age (if known) on First Attack, | 44 years |
| (5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact. 11. When and where previously under Examination and Treatment (5) | Larbert Asylum |
| 12. Duration of Existing Attack, | 4 Days |
| 13. Supposed Cause, | Previous attack |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Lowe Brother no |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 5th day of October One thousand nine hundred 00

*(To be signed by the party applying)* George Robertson

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Cockburn Dyson
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) Physician & Surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) 248 Duke St.
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Helen Lowe or Robertson
and that
the said Helen Lowe or Robertson is a (5) lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Marked insomnia; hallucinations; makes incoherent & absurd statements; entertains grandiose & mistaken ideas about herself & friends.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Maggie Robertson (daughter) informs me her mother has been unusually dull; takes no interest in things; & gives way to sudden outbreaks of temper.

*Name and Medical Designation,* Cockburn Dyson M.D.

*Place of Abode,* 11 Annfield Place, Glasgow.

DATED this fifth day of October One thousand nine hundred years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thomas Crawford Barros
being a (1) Bachelor of medicine and master in surgery of Glasgow Univ.
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 248 Duke St
Glasgow
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Helen Lowe or Robertson
and that
the said Mrs Robertson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Continued excitement, use of abusive language & ideas about her, hallucinations.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Daughter says at first dull and disinterested then much excited and swearing which was not her habit. Threatening violence to those near.

*Name and Medical Designation,* T. C. Barros

*Place of Abode* 5 Selkirk Terrace, Glasgow

DATED this 5th day of October One thousand nine hundred years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, J. Cochburn Sykes
being (1) M.D. of Glasgow Univ.
hereby certify, on soul and conscience, that I have this day, at (2) 245 Duke St, Glasgow.
in the County of Lanark, seen and personally examined Helen Lowe or Robertson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J. Cochburn Sykes

DATED this Fifth day of October One thousand nine hundred and Thirty.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Helen Lowe or Robertson to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son

*Signature* George Robertson

*Address* 245 Duke St. Glasgow

*Date* 5th Oct.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Lyle (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) George Robertson 245 Duke Street Glasgow.

Certificates under the hands of John Cochburn Sykes and Thomas Bradford Barras being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Lowe or Robertson 245 Duke Street Glasgow (Petitioners mother)

and that the said Helen Lowe or Robertson is a (5) lunatic or a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Lowe or Robertson as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Lowe or Robertson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Sixth day of October One thousand nine hundred and Thirty.

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] Thos. Alex. Lyle

10. 244

Helen Lowe v Robertson

Comd 5th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Ann Hay or Storm residing at The Anchorage, Newport Road. Tayport: humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Storm your Petitioner's (3) Husband residing at The Anchorage, Newport Road, Tayport; is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Storm to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Ann Storm

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fifth (4) day of October One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Alexander Storm |
| 2. Sex and Age, | Male. 68 |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Marine Captain |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | The Anchorage. Newport Road Tayport |
| 7. Place where Found and Examined, | " " " |
| 8. Length of time Insane, | 14 days. |
| 9. Whether First Attack, | First. |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment (5) | Been previously under examination or Treatment. |
| 12. Duration of Existing Attack, | 14 days. |
| 13. Supposed Cause, | Cerebro-Spinal lesion of 18 months standing |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes. |
| 16. Whether Dangerous to others, | Yes. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The Anchorage Newport Road Tayport Ann Hay or Storm; Wife. No member of family known to have been insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fifth day of October One thousand nine hundred

*(To be signed by the party applying)* Ann Storm

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Archibald Veitch
being a (1) Bachelor of Medicine Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) The Anchorage, Newport Road, Tayport Fife. in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Storm, Marine Captain residing at The Anchorage, Tayport and that
the said Alexander Storm is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is restless, wanders about house rummaging. Is suspicious and has delusions of persecution States that "It is an awful thing for a man to allow another to be persecuted like this" or "Why should I employ you to make me commit suicide". He accuses his wife of stealing money and being unkind to him which are delusions. Refuses food for fear of being poisoned.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife Ann Storm, states that he threatened to commit Suicide by hanging himself in W.C. He is violent when said that they want to bury him at the room window.

*Name and Medical Designation,* Archibald Veitch M.B. Ch.B.

*Place of Abode,* William Street. Tayport.

DATED this fifth day of October One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Orr
being a (1) Bachelor of Medicine Master of Surgery, Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Anchorage Newport Road Tayport Fife in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Storm, marine Captain The Anchorage, Tayport and that
the said Alexander Storm is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His memory is very defective a He insists that he is at present in Greenock. b He declared in my presence that a man entered the house gripped him by the throat & stole his money c He declines to take food or medicine because he imagines he is being poisoned. All of which are delusions. He held out his foot & commanded his wife to shoe it for he was pressed.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
a Peter Brown, Cemetery keeper Tayport states that he threatened to shoot Mrs Storm & that he imagines that he has just returned from a voyage. b Mrs Rhodes 12 Laidley, 25 Pitt St. Glasgow states that he threatened to take her life & also his wife's mother & that he searched for a knife for that purpose

*Name and Medical Designation,* James Orr M.B.Ch.B.

*Place of Abode* Tayport Fife

DATED this fifth day of October One thousand nine hundred

17

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Archibald Veitch
being (1) a Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) The Anchorage Newport Road Tayport
in the County of Fife, seen and personally examined Alexander Storm, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Archibald Veitch.

DATED this fifth day of October One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Alexander Storm to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife.

*Signature* Ann Storm

*Address* The Anchorage. Tayport.

*Date* 5th October 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William George Scott Moncrieff Sheriff-Substitute of the (1) County of Lanark having had produced to me, with a Petition at the instance of (2) Ann Gray or Storm, The Anchorage, Newport Road, Tayport Certificates under the hands of Archibald Veitch and James Orr being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Alexander Storm, The Anchorage, Newport Road, Tayport, Petitioner's husband and that the said Alexander Storm is a (4) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Storm as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Storm which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Eighth day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] W. S. Moncrieff

10.245

Alexander Storm

Com$^{n}$ 6$^{th}$ Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes*—

The Petition of Frances Jolley

residing at 166 Wallgate. Wigan. Lancashire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Whittam Sister!

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Whittam to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

*(To be signed by the Party applying)* Frances Jolley X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 29th (4) day of September One thousand 900 ~~eight hundred and~~

---

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Mary Whittam |
| 2. Sex and Age, | Female 29 years |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Spinster. Housekeeper. |
| 5. Religious Persuasion, so far as known, | Roman Catholic |
| 6. Previous Place of Abode, | 8 Ashland Avenue. Wigan. |
| 7. Place where Found and Examined, | Hayflock Lodge. Newton le Willows |
| 8. Length of time Insane, | 12 months. |
| 9. Whether First Attack, | First attack. |
| 10. Age (if known) on First Attack, | 28 Years. |
| 11. When and where previously under Examination and Treatment (5) | at Hayflock Lodge. Newton le Willows. has been there. 4 months. admitted about 28th May/99 12 months. |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Some love affair. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Frances Jolley. 166 Wallgate Wigan. Sister & Caroline & Helena Whittam. 8 Ashland Avenue. Father is insane & a resident at Hayflock Lodge Private Asylum. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 29th day of September One thousand ~~eight hundred and~~ 900.

*(To be signed by the party applying)* Frances Jolley X

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Dru Blair
being a (1) Doctor of Medicine + Master of Surgery
and being in actual practice as a (2) Physician + Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Haydock Lodge
Newton le Willows, ~~Lancaster~~ in the County of
Lancaster, separately from any other Medical Practitioner,
visited and personally examined (4) Mary Whittam
Haydock Lodge, Newton le Willows, Lancashire and that
the said Mary Whittam is a (5) person of
unsound mind. and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She says she feels acutely the pain which might be felt (if they were alive) by persons who are being examined portentem. She claims these powers over lightning + electricity generally.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Stated by Dr H. A. Hawksley, Haydock Lodge.
She became very violent on the 26th inst. + attacked her own
pulling her hair + endeavoring to scratch her.

*Name and Medical Designation,* Dru Blair M.D.

*Place of Abode,* Bridge House, Wigan, Lancs.

DATED this 27th day of September One thousand ~~eight~~ ~~hundred and~~ nine hundred.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Lee Cobban
being a (1) Bachelor of Medicine + Master of Surgery
and being in actual practice as a (2) Physician + Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Haydock Lodge,
Newton le Willows in the County of
Lancaster separately from any other Medical Practitioner,
visited and personally examined (4) Mary Whittam, Haydock Lodge,
Newton le Willows, Lancashire, and that
the said Mary Whittam is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she is suffering from other people's complaints, which she feels to be very unjust: that the strangeness in her head is really her aunts complaint + that her aunt + bd. have been here instead of her. She says her father is dead, which I know to be untrue.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* A. L. Cobban, M.B., Cm.

*Place of Abode* Roslyn House, Ashton in Makerfield

DATED this 27th day of September One thousand ~~eight~~ ~~hundred and~~ nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Blair.
being (1) Doctor of Medicine Senior Physician
hereby certify, on soul and conscience, that I have this day, at (2) Haydock Lodge
in the County of Lancaster, seen and personally examined
Mary Whittam, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Blair M.D.

DATED this 27th day of September One thousand ~~eight~~ nine hundred and ~~and~~.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mary Whittam
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Sister

*Signature and Address* Frances Jolley X

*Date* 166 Wallgate Wigan.
September 29th 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyffe (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Frances Jolley
166 Wallgate Wigan Lancashire
Certificates under the hands of John Blair
and Alexander Mc Cobban being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Whittam Haydock Lodge Newton le Willows Lancashire (Patient's sister)
and that the said Mary Whittam is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Whittam
as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Whittam which accompanied the said Petition.

DATED [at Glasgow ] this Fifth day of October One thousand ~~eight~~ nine hundred and

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* T. A. Fyffe

10.246

Mary Whitham

admd 8th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Robert McCord residing at 71 Waterloo St, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Fraser or McCord your Petitioner's (3) Wife residing at 9. Rowallan Gardens, Glasgow. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Fraser or McCord to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Robert McCord X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 10th (4) day of October One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Annie Fraser or McCord |
| 2. Sex and Age, | Female 34 |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | — |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 9. Rowallan Gardens |
| 7. Place where Found and Examined, | Royal Asylum, Crow Road, Glasgow |
| 8. Length of time Insane, | Some months. |
| 9. Whether First Attack, | No record |
| 10. Age (if known) on First Attack, | 29. |
| 11. When and where previously under Examination and Treatment (5) | At Glasgow Royal Asylum in 1895 |
| 12. Duration of Existing Attack, | Some months. |
| 13. Supposed Cause, | Not known. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Robert McCord 71. Waterloo St Glasgow. No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 10th day of October One thousand nine hundred

(*To be signed by the party applying*) Robert McCord X

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Daniel McNicol
being a (1) Bachelor of Medicine & Master of Surgery

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Gartnavel Asylum Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Anne McOrd of 9 Rowallan Gardens Partick and that the said Mrs McOrd is a (5) of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She behaves in a very erratic manner and is highly excited without probable causes, She has absurd delusions about persons and things. Chiefly against her husband and her relations; shrieks and indulges in violent & excessive causeless laughter etc;

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mental condition was so bad some months ago, that She had to be detained at an asylum etc)

Name and Medical Designation, Daniel McNicol M.B.C.M.

Place of Abode, Glencaird Park Gardens N. Mordenhall

DATED this 10th day of Oct One thousand nine hundred & ~~two~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Malcolm Black
being a (1) M.D. of Glasgow University

and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) Gartnavel Asylum, Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs M. Ord, ~~of~~ of 9 Rowallan Gardens, and that the said Mrs M. Ord is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks in an excited rambling, incoherent, contrical manner of her wrongs and the wrongs of people generally and the inmates of asylums in particular. Says when she is thwarted she will put her foot down and scream. Says she is to have a course of electricity

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in an asylum before (information from Asylum Medical)

Name and Medical Designation, Malcolm Black M.D

Place of Abode 5 Canning Place, Glasgow

DATED this 10th day of October One thousand nine hundred & ~~two~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Thomas Goldie-Scot being (1) a Bachelor of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Glasgow Royal Asylum in the County of Lanark, seen and personally examined Annie Fraser or McCord, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

T. Goldie-Scot M.B.

DATED this Eighth day of October One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Annie Fraser or McCord to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Robert McCord

*Address* 71. Waterloo St Glasgow

*Date* 8th October 1907.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Robert McCord 141 Waterloo Street Glasgow. Certificates under the hands of Daniel McNicol and Malcolm Black being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Fraser or McCord, 9 Rowallan Gardens Glasgow (Petitioners wife) and that the said Annie Fraser or McCord is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Fraser or McCord as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Fraser or McCord which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Eleventh day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] T. A. Fyfe

10.247

Annie Fraser & McCord

Adm$^{d}$ 8$^{th}$ Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of James Wylie residing at Sallowberry Farm Stewarton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Steven Wylie your Petitioner's (3) brother residing at 12 Russell St, Falkirk is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Steven Wylie to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Wylie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 9th (4) day of October One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Thomas Steven Wylie |
| 2. Sex and Age, | Male 41 |
| 3. Married, Single, or Widowed, | ~~Single~~ Widower. |
| 4. Condition of Life, and previous Occupation (if any), | Solicitor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 12 Russell St Falkirk |
| 7. Place where Found and Examined, | Russell St Falkirk & Gartnavel. |
| 8. Length of time Insane, | Been drinking for 12 years but worse for past 3 or 4 weeks. |
| 9. Whether First Attack, | ~~Yes~~ no 2nd attack of D.T. |
| 10. Age (if known) on First Attack, | At 32 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Alcohol |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | yes |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | The Petitioner his brother<br>A maternal Uncle & Aunt committed suicide |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 9th day of October One thousand nine hundred

*(To be signed by the party applying)* James Wylie

T. & A. C.—Dec. 1890.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) John Thomson Prangnell Doctor of medicine (Univ Glasgow)

and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Russell St- Falkirk Stirling in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Stuart Wylie and that the said Thomas Stuart Wylie is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is a dipsomaniac, he has lost respect for himself goes way to filthy language, is careless in his habits and makes rash statements

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his sister informs me that he demands whisky in enormous quantities, threatens to drown himself or get on the window

Name and Medical Designation, J. J. Prangnell

Place of Abode, Falkirk

DATED this ninth day of October One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) The Glasgow Royal Asylum Gartnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Thomas Stewart Wylie Solicitor Cabl residing at 12 Russell St Falkirk and that the said Thomas Stewart Wylie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

He shows marked loss of memory, having no reasonable idea of time & place. For instance he does not know when he left Falkirk, although he left there early this forenoon, insists that he has been here seven or eight hours although he only came less than an hour ago

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He has repeatedly threatened to commit suicide & on one occasion actually took poison. He has had to be restrained by force on more than one occasion from throwing himself out of the canal Consumption tongue &

John Wylie Smith Ironmonger 12 Russell St Falkirk. J.D.C.

Name and Medical Designation, Jas. D. Cochran M.B.

Place of Abode 101 Oxford Drive Glasgow

DATED this ninth day of October, One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Thomson Prangnell being (1) Doctor of Medicine (Univ. Glasgow) hereby certify, on soul and conscience, that I have this day, at (2) Russell St— in the County of Falkirk Stirling, seen and personally examined Thomas Steven Wylie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J. T. Prangnell

DATED this ninth day of October One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Thomas Steven Wylie to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature* James Wylie

*Address* Gallowberry

*Date* Stewarton Oct. 9th 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Lyle (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Wylie Gallowberry Farm Stewarton Certificates under the hands of John Thomson Prangnell, and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Steven Wylie, 12 Russell Street Falkirk (Petitioners brother) and that the said Thomas Steven Wylie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Steven Wylie as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Steven Wylie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Tenth day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] T. A. Lyle

10248

Thos. Steven Wylie

Com. 9th Oct 1900

15,374. [Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

## APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY
8 OCT 1890
SCOTLAND

I, the undersigned Robert Reid
being desirous to transfer Margaret wrems.
at present a Patient in the abbey parish asylum, Paisley. and (1)

from the said Asylum to the

Royal asylum, Glasgow

beg to submit the subjoined Statement of Particulars regarding the said patient, and a Medical Certificate with respect to the mental and bodily condition of the said patient:—

(1) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

### STATEMENT OF PARTICULARS.

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret wrems |
| 2. Sex and Age, | female |
| 3. Married, Single, or Widowed, | Singll |
| 4. Condition of Life, and Previous Occupation (if any), | Fairly good : No occupation |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Parish to which the Lunatic (if a Pauper) is Chargeable, | abbey parish of Paisley |
| 7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane, | agnes wrems, Aldochlay, Luss. a sister who is also insane |

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(Signature of Applicant) Robt Reid, Solicitor, Johnstone

(2) Curator Bonis

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated this 5th day of October ~~One thousand eight~~ Nineteen hundred ~~and~~ years.

---

*N.B.*—The foregoing particulars, and those contained in the Medical Certificate which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

10.249
Margaret Weems
Admn 10th Oct 1900

MEDICAL CERTIFICATE.

I, the undersigned Thomas Graham M.D. Glasgow hereby certify that I have this day at (1) Paisley Asylum Craw Road personally examined Margaret Weems who has been a Patient in said Asylum since (2) 29 Dec 1893 and I certify that the said Patient is a person of unsound mind, (3) is not epileptic, (3) is not suicidal, (3) and is not dangerous to others. I also certify, with respect to the Mental State of the Patient, that (4) She is in a state of Dementia

(1) Name Asylum.
(2) Insert Date of Admission.
(3) Insert "is," or "is not," as the case may be.
(4) Describe Mental State.

and with respect to the Bodily State of the Patient, that (5) she is not strong but able to go about

(5) Describe Bodily State.

and that there is nothing in the Mental or Bodily State of the Patient to make removal to the (1) Glasgow Royal Asylum inadvisable; and I further certify that (6) there are no facts known to me as to the past history of the Patient, bearing upon risk of suicide or danger to others, which I think ought to be brought under the notice of those who are to have charge of the Patient:—

(6) Insert "the following are," or "there are no," as the case may be.

(Signature) Thomas Graham

(Medical Qualification) M.D.

(Date) 4th October 1900

---

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Margaret Weems, from Paisley Parochial Asylum, Craw Road, to Glasgow Royal Asylum, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J W d Reece Secretary.

DATED at Edinburgh, this 8th day of October One thousand ~~eight hundred and~~ nine hundred.

**Date of Sheriff's Order** [*to be inserted at the Office of Board*].

6th February 1874.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of James Campbell Denbridge Bearsden

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Emily Stewart~~ Emily Campbell your Petitioner's (3) ~~Emily Campbell (wife)~~ wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Emily Campbell to the Glasgow Royal Asylum for the Insane and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Campbell

(4) The date of the Petition must be within fourteen clear days ~~eight~~ following the dates of the Medical Certificates.

DATED this 14th (4) day of October One thousand nine ~~eight~~ hundred ~~and~~.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Emily Stewart Campbell |
| 2. Sex and Age, | female : 55 |
| 3. Married, Single, or Widowed, | married |
| 4. Condition of Life, and previous Occupation (if any), | ——— |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Denbridge, Bearsden |
| 7. Place where Found and Examined, | ~~two~~ days |
| 8. Length of time Insane, | second attack |
| 9. Whether First Attack, | 49 |
| 10. Age (if known) on First Attack, | Gartnavel Asylum |
| 11. When and where previously under Examination and Treatment (5) | two days |
| 12. Duration of Existing Attack, | ——— |
| 13. Supposed Cause, | no |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | ——— |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | James Campbell Denbridge Bearsden husband a visitor in an Asylum |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | none |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of October One thousand nine ~~eight~~ hundred and

*(To be signed by the party applying)* James Campbell

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Alex. Kennedy being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Dembridge Beaarsden Dumbarton in the County of separately from any other Medical Practitioner, visited and personally examined (4) Emily Stewart or Campbell and that the said Emily Stewart or Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Says she has just seen the Cross of Christ & that God told her to remain in bed as a punishment. Makes grimaces & laughs at us for no reason: talks incoherently.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* John A Kennedy M.D.

*Place of Abode,* The Lindens, Beaarsden

DATED this 17th day of October One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Reid being a (1) Bachelor of Medicine & Master of Surgery of University of Glasgow and being in actual practice as a (2) Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Dembridge Beaarsden Dumbarton in the County of separately from any other Medical Practitioner, visited and personally examined (4) Emily Stewart or Campbell and that the said Emily Stewart or Campbell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She refuses to speak on any subject on being spoken to, barking like a dog, thrusting her fingers into her ears & nose & ayont beating her head with both hands. While sitting up in bed she keeps her eyes shut & beats the hands together or strikes the body or legs with them. She wandering about the room in her night dress with the hands in attitude of prayer.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mustard says she has refused food today. She speaks incoherently & deals largely on religious topics when she does speak

*Name and Medical Designation,* John Reid MB CM

*Place of Abode* Cardross Milngavie

DATED this 17th day of October One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) John A Kennedy Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Denbridge, Bearsden in the County of Dumbarton, seen and personally examined Emily Stewart or Campbell, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Glasgow Royal asylum

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John A Kennedy

DATED this 17th day of October One thousand ~~eight~~ Nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Emily Stewart or Campbell to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature and Address* James Campbell Denbridge Bearsden

*Date* 17th October 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) James Campbell Denbridge, Bearsden Certificates under the hands of John A. Kennedy and John Reid being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emily Stewart or Campbell Denbridge Bearsden Petitioners wife and that the said Emily Stewart or Campbell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emily Stewart or Campbell as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Stewart or Campbell which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Eighteenth day of October One thousand ~~eight~~ nine hundred and years

*To the Superintendent of the* (7) Glasgow Royal Lunatic *Asylum of* Gartnavel

(7) Public, District, Parochial, or Private.

*[Signature]* T A Fyfe

10. 250

Emily Stewart or Campbell

aom 19th Oct 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Renfrew and Bute *and his Substitutes,*—

The Petition of John McLachlan, Spirit Merchant 70 Broomlands Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald McLachlan your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Archibald McLachlan to the Royal Asylum, Gartnavel, Glasgow and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John McLachlan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 18th (4) day of October One thousand eight hundred and nine hundred years

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Archibald McLachlan |
| 2. Sex and Age, | 30 years. Male |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Fair Spirit Salesman |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 70 Broomlands. Paisley |
| 7. Place where Found and Examined, | 70 Broomlands. Paisley |
| 8. Length of time Insane, | few days |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 30 years |
| 11. When and where previously under Examination and Treatment (5) | Never under treatment before |
| 12. Duration of Existing Attack, | few days |
| 13. Supposed Cause, | Alcohol. |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ✓ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Father John McLachlan, 70 Broomlands Paisley Brother James McLachlan was in Crichton Asylum, Dumfries 10 years ago |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of October One thousand nine hundred and eight hundred

(*To be signed by the party applying*) John McLachlan

T. & A. C.—May 1898.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Holmes
being a (1) Medical practitioner of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 40 Broomlands Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Archibald Mc Lachlan and that the said Archibald Mc Lachlan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Lo very restless
Has been disturbing neighbours
Thinks every one is plotting against him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister states that he attempted to jump over the window

Name and Medical Designation, John Holmes M.B. C.M.

Place of Abode, 50 High Street, Paisley.

Dated this 18th day of October One thousand ~~eight~~ nine hundred ~~and~~

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Wm Russell
being a (1) M.B. C.M. of Glasgow University
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 70 Broomlands St Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Archibald McLachlan and that the said Archibald McLachlan (Mc) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When I called today at 2 P.M. he was sitting in the Kitchen. He looked very suspicious at everything, constantly looking at my wife and then the other way as if he was watching or afraid of something when questioned he told me he could get no rest days or night as Wasps and Snakes were always trying to get at him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister Margaret McLachlan informs me that he goes about the house all night imagining he sees beasts. The rest of the family cannot get sleep for him. Today he assaulted her as he thinks she is against him, and then he jumped over the window into the back court.

Name and Medical Designation, W. Russell, M.B. C.M.

Place of Abode 52 High St. Paisley

Dated this Eighteenth day of October One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,*

*Signature and Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Edward Henderson Esquire Advocate Sheriff Substitute
of the (2) Renfrew West
having had produced to me, with a Petition at the instance of (3) John McLachlan Spirit Merchant, 70 Broomlands Paisley
Certificates under the hands of John Holms M.D Paisley
and William Russell M.B.C.M Paisley being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Archibald McLachlan and that the said
Archibald McLachlan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald McLachlan as a Patient into the (6) Public ~~Asylum~~ Royal Asylum Gartnavel Glasgow and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald McLachlan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Paisley] this Eighteenth day of October
One thousand ~~eight hundred and~~ nine hundred years - six words delete

*To the Superintendent of the* (7) Royal
*Asylum* Gartnavel Glasgow

(7) Public, District, Parochial, or Private.

WS

[Signature] Alexander Henderson

10.251

Archibald McLachlan

aorn$^{d}$ 18$^{th}$ Oct 1900

4,906.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, John macpherson, M.D.

one of the COMMISSIONERS OF THE GENERAL BOARD OF LUNACY, having duly considered the Application made by William Logan, Heatheryhaugh, moffat, for the liberation on trial of John ord Wallace a Patient in Glasgow Royal asylum, together with the accompanying Statement and Medical Certificate, do, by AUTHORITY OF THE BOARD, hereby sanction the liberation of the said Patient until 22nd April 1901.

J Rutherfurson
*Commissioner in Lunacy.*

DATED at Edinburgh, this twenty second day of October One Thousand ~~Eight Hundred and~~ nine hundred.

---

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

John Ord Wallace
Probation - 22 Oct 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Mary Stevenson. 3. Dudley Drive, Parkhead Hill Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Stevenson your Petitioner's (3) Husband. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Stevenson to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Mary Stevenson

DATED this 26th (4) day of October One thousand nine hundred

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Stevenson |
| 2. Sex and Age, | 42. |
| 3. Married, Single, or Widowed, | Married. |
| 4. Condition of Life, and previous Occupation (if any), | Analytical Chemist |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | 3. Dudley Drive Parkhead Hill |
| 7. Place where Found and Examined, | Glasgow, Caledonian Rd Saltmarket. |
| 8. Length of time Insane, | 2 or 3 days. |
| 9. Whether First Attack, | no: 3rd attack. |
| 10. Age (if known) on First Attack, | about 33. |
| 11. When and where previously under Examination and Treatment (5) | at Gartnavel in & at Claybury near London. |
| 12. Duration of Existing Attack, | 2 or 3 days.. |
| 13. Supposed Cause, | H. S. & previous attacks |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | possibly |
| 16. Whether Dangerous to others, | ~~no~~ possibly |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His wife Mary Stevenson 3. Dudley Drive Parkhead Hill Aunt of his father insane & in Gartnavel & uncle his. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of October One thousand nine hundred

*(To be signed by the party applying)* Mary Stevenson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Macdonald being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glenogle, Caledonia Road, Saltcoats Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Stevenson and that the said John Stevenson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is very exaggerated both in his manner & speech. Betrays excitement whenever a word touching on anything he values is spoken, requiring a considerable amount of persuasion before quieting down again.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother-in-law — William Love — informs me that he has been excited these last two days & difficult to control, talking nonsense all the time & never sleeping. He has taken

Name and Medical Designation, John Macdonald M.B., C.M.

in a lunatic asylum before.

Place of Abode, 69 Princes St., Ardrossan.

DATED this twenty-eighth day of October One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, David Birrell Campbell being a (1) Bachelor of Medicine and Master in Surgery of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) ~~47~~ Glenogle Caledonia Road, Saltcoats Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Stevenson and that the said John Stevenson & Unsound Mind is a (5) Person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great excitability of manner. Cannot sleep, will not be questioned and if you insist on answer burst out in loud excitement and threatens to throw every one out of the room. Require to be restrained by force

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His sister in Laws States: He knows his Soul and imagines that some one desires to come in and he desires to keep them out. He is in a very excited state, and it takes one or two to control him

Name and Medical Designation, David Birrell Campbell M.B. C.M.

Place of Abode 6 Ardrossan Road Saltcoats

DATED this twenty sixth day of October One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, John Macdonald being (1) Bachelor of Medicine & Master of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Saltcoats in the County of Ayr, seen and personally examined John Stevenson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Macdonald M.B., C.M.

DATED this Twenty-fifth day of October One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein John Stevenson to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Wife

*Signature and Address* Mary Stevenson 3 Dudley Drive Partick Hill

*Date* 26 October 1909.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Mary Stevenson 3 Dudley Drive Partick Hill Glasgow. Certificates under the hands of John Macdonald and David Burdell Campbell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Stevenson Glenogle Caledonia Road Saltcoats (Retrosubmitted) John Stevenson and that the said John Stevenson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Stevenson as a Patient into the (6) Glasgow Royal Asylum of Gartnavel and I authorize his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Stevenson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Twentyfifth day of October One thousand nine hundred years

*To the Superintendent of the* (7) Glasgow Royal *Lunatic Asylum of* Gartnavel

(7) Public, District, Parochial, or Private.

[*Signature*] T A Fyfe

10.252

John Stevenson

arm 26th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark. *and his Substitutes,—*

The Petition of Neil Buchanan residing at 13 Bannatyne Avenue, Dennistoun, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Duncan Buchanan your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Duncan Buchanan to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Neil Buchanan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 24 (4) day of October One thousand nine ~~eight~~ hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Duncan Buchanan |
| 2. Sex and Age, | Male 37 |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Sketchmaker Employed till beginning of illness |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | |
| 7. Place where Found and Examined, | Clarkston |
| 8. Length of time Insane, | 14 days. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | 37 |
| 11. When and where previously under Examination and Treatment (5) | — |
| 12. Duration of Existing Attack, | 14 days |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | Illness began with an apparent Epileptic attack |
| 15. Whether Suicidal, | Not to my knowledge |
| 16. Whether Dangerous to others, | occasionally violent |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Susan Buchanan (patients mother) none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24 day of October One thousand nine ~~eight~~ hundred ~~and~~

*(To be signed by the party applying)* Neil Buchanan

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Thomson
being a (1) Doctor of medicine Glasgow University.
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Bamatyne Avenue. Dennistoun Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Duncan Buchanan.
and that the said Duncan Buchanan is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His memory is deficient: he is at times emotional: his speech is incoherent: he has delusions. the most marked being that he has been & is being attacked by robbers: he is sleepless: last night just after a violent attack he threatened suicide.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
On several occasions he has become violent & threatening to his attendants & friends: I am informed that last night he rushed for the window in his excitement after leaving down the bed hangings &c.

Name and Medical Designation, James Thomson M. D.
Place of Abode, 298 Cumberland St. Dennistoun
Dated this 27th. day of October One thousand ~~eight~~ nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Leslie Valentine
being a (1) MB.CM. of Aberdeen University.
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 13 Bamatyne Avenue Dennistoun Glasgow in the County of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Duncan Buchanan
and that the said Duncan Buchanan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has frequent fits of crying about things which do not matter. He is continually chattering running from one subject to another. He is quite unable to fix his attention on any particular subject: He has delusions about being injured by robbers. He is so generally incoherent that he can only speak only a few words on one subject.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has been violent on one or two occasions not against any one in particular but whoever happened to be with him.

Name and Medical Designation, Leslie Valentine MBCM.
Place of Abode 7 Rosea Dr. Dennistoun.
Dated this 27th day of October One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Thomson
being (1) Doctor of medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 13 Bamatyne Avenue
in the County of Glasgow, seen and personally examined Duncan Buchanan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

James Thomson

DATED this 27th day of October One thousand ~~eight~~ nine hundred ~~and~~

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Duncan Buchanan to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother

*Signature and Address* Neil Buchanan 13 Bamatyne Avenue Glasgow

*Date* 27 October 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William George Scott Morren (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Neil Buchanan 13 Bamatyne Avenue, Dennistoun, Glasgow. Certificates under the hands of James Thomson and Archie Valentine being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Duncan Buchanan 13 Bamatyne Avenue Dennistoun Glasgow Petitioners Brother and that the said Duncan Buchanan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Duncan Buchanan as a Patient into the GLASGOW ROYAL ASYLUM AT GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Duncan Buchanan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty ninth day of October One thousand ~~eight hundred and~~ nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] W G Scott-Morren

10.253

Duncan Buchanan

adm° 27th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Duncan mac Rae residing at 42 Dover str Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Boyne or MacRae your Petitioner's (3) wife residing at above address is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Boyne or MacRae to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Duncan MacRae

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of October One thousand nine hundred

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Boyne or MacRae |
| 2. Sex and Age, | Female 43 |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | House keeper |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 42 Dover St |
| 7. Place where Found and Examined, | 42 Dover St |
| 8. Length of time Insane, | 14 days |
| 9. Whether First Attack, | yes |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | |
| 12. Duration of Existing Attack, | 14 days. |
| 13. Supposed Cause, | Confinement |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | Threatens to jump out Window |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | not a pauper |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Duncan MacRae 42 Dover St Husband No relatives Insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand nine hundred

*(To be signed by the party applying)* Duncan MacRae

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, John Wright.
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 42 Bath St
Glasgow
City of Glasgow in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Boyne or Macrae
and that
the said Elizabeth Boyne or Macrae is a (5) Person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Rambling & incoherent talk. Fancies that she
is a great singer & is singing to large audiences.
Acting in a wild & very excited manner.
Believes she is going to have a daughter & would be a

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse Adams—
~~Facts~~
going about in a nude state alternately
singing & crying. Threatened to go out window
has refused food for last two days

Name and Medical Designation, John Wright M.B.

Place of Abode, 23 Westminster Ter. W.

DATED this 23 day of October One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James J. Wallis
being a (1) Graduate in Medicine of Glasgow
University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 42 Bath St
Glasgow
City of Glasgow in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Boyne or
Macrae Elizabeth Boyne or Macrae
and that
the said Elizabeth Boyne or Macrae is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her whole appearance and behaviour
wild and foolish talk. Says she is passing
fish bones swallowed fourteen years ago and
going blind and that her whole mouth is
~~fourteen~~. Says she has taken no food for a long time

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
that she has torn her clothes into pieces
threatened to drown herself or jump out the
window. Going about in a nude state and
roaring & shouting.

Name and Medical Designation, James J. Wallis M.D.

Place of Abode 24 Kelvinside Terrace

DATED this 29th day of October One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned, John Wright
being (1) an M.B. & C.M. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 42 Dover St Glasgow
in the County of City of Glasgow, seen and personally examined Elizabeth Boyne or Macrae, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Wright M.B.

DATED this 29th day of October One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Elizabeth Boyne or Macrae
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Husband

*Signature* Duncan MacRae

*Address* 42 Dover St

*Date* 29 October 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Duncan MacRae 42 Dover Street Glasgow
Certificates under the hands of John Wright and James Wylie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Boyne or MacRae 42 Dover Street Glasgow (Petitioners wife)
and that the said Elizabeth Boyne or MacRae is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Boyne or MacRae as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Boyne or MacRae which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Thirtieth day of October One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

*[Signature]* T A Fyfe

10.254

Eliz.th Bozne or MacRae

com.d 29.th Oct 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,—*

The Petition of Maurice Faiwman residing at 11 St. Andrews Drive, Pollokshields, Glasgow. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Foster your Petitioner's (3) ~~Son~~ Mother residing at 11 St. Andrews Drive, Pollokshields, Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Foster to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Maurice Faiwman.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (4) day of November One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Elizabeth Foster |
| 2. Sex and Age, | Female, fifty years. |
| 3. Married, Single, or Widowed, | Married |
| 4. Condition of Life, and previous Occupation (if any), | Married lady |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 11 St. Andrews Drive, Pollokshields. |
| 7. Place where Found and Examined, | - do - do |
| 8. Length of time Insane, | 15th Oct. 1900 to present. |
| 9. Whether First Attack, | Yes. |
| 10. Age (if known) on First Attack, | — |
| 11. When and where previously under Examination and Treatment (5) | None |
| 12. Duration of Existing Attack, | Since 14th October, 1900 |
| 13. Supposed Cause, | Mental worry |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | — |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Husband, James Foster, Sons Maurice + Frank Faiwman at 11 St Andrews Drive, Pollokshields. None have been insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of November One thousand nine hundred

*(To be signed by the party applying)* Maurice Faiwman

T. & A. C.—Dec. 1899.

## MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Maclean being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 11 St Andrews Drive, Pollokshields, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Foster, 11 St Andrews Drive Pollokshields and that the said Mrs Elizabeth Foster is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She lies muttering & mumbling & takes no notice of her surroundings, except to start & be extremely suspicious of any one who comes near her. She resents all attempts to feed her or do anything for her. Her attention cannot be retained for more than a moment.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her nurses report that she gets no sleep except under the influence of drugs. That at times she refuses nourishment, at other times holds it in her mouth & then spits it out, & sometimes swallows it. That she is difficult to manage & can seldom be got to understand what is wanted of her.

*Name and Medical Designation,* Jas Maclean MB CM.

*Place of Abode,* 46 Leslie St, Pollokshields.

DATED this 30th day of October One thousand nine hundred .

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Adam Cornell being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 11 St. Andrews Road Pollokshields, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs. Elizabeth Foster, 11 St. Andrews Rd. Pollokshields and that the said Mrs. Elizabeth Foster is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is constantly giving utterance to disconnected phrases eg. "That ground lady" = obstructed refuses to take food is utterly indifferent to what is going on & to her surroundings

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Adam Cornell M.D.

*Place of Abode* 17 Woodside Place Glasgow

DATED this Thirtieth day of October One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Maclean
being (1) Bachelor of Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 11 St Andrews Drive, Pollokshields, Glasgow
in the County of Lanark, seen and personally examined Mrs Elizabeth Foster, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Jas Maclean.

DATED this first day of November One thousand nine hundred .

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Elizabeth Foster to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Son.

*Signature* Maurice Fairman.

*Address* 11 St Andrews Drive, Pollokshields.

*Date* 1st Nov. 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Lyle (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Maurice Fairman, 11 St Andrews Drive, Pollokshields, Glasgow Certificates under the hands of James Maclean and Samson Gemmell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Foster 11 St Andrews Drive, Pollokshields, Glasgow, Petitioners mother; and that the said Elizabeth Foster is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Foster as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Foster which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow ] this Second day of November One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] T. A. Lyle

10.255

Elizabeth Foster

com^d 1^st Nov 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Sheriffdom of Inverness Elgin and Nairn *and his Substitutes,—*

The Petition of Thomas McLean Innkeeper Corran Hotel by Onich

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Bella McLean residing at Fortwilliam your Petitioner's (3) Sister in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Bella McLean to the Gartnavel Asylum Glasgow and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Thomas McLean

(4) The date of the Petition must be within fourteen clear days ~~eight hundred and~~ following the dates of the Medical Certificates.

DATED this Thirtieth (4) day of October One thousand Nine Hundred years.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | ~~Helen~~ Bella McLean |
| 2. Sex and Age, | Female 56 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Dressmaker |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Corran Ardgour |
| 7. Place where Found and Examined, | Fortwilliam |
| 8. Length of time Insane, | 26 years |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 25 years |
| 11. When and where previously under Examination and Treatment (5) | none |
| 12. Duration of Existing Attack, | 26 years |
| 13. Supposed Cause, | Accident when driving |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ✓ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Mrs Thomas McLean Innkeeper Corran by Onich<br>No |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | ✓ |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of October Nineteen ~~One thousand eight~~ hundred ~~and~~ Years. Four words deleted

*(To be signed by the party applying)* Thos McLean

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Jamieson Miller being a (1) Doctor of medicine Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Fortwilliam in the County of Inverness separately from any other Medical Practitioner, visited and personally examined (4) Bella Maclean, Petitioners sister-in-law Fortwilliam and that the said Bella McLean is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Patient present a dishevelled aspect. with tangled hair, unwashed, dishevelled face; and talks most incoherently about possessions which she does not have and about fancied wrongs sustained. She has the typical ward of chronic melancholy and also its delusions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Wm Macleod, who lives in the same house, states that, Bella McLean is most difficult to control and at times becomes very passionate & unmanageable

*Name and Medical Designation,* Alexander Miller M.D.

*Place of Abode,* Fortwilliam

DATED this Thirtieth day of October One thousand ~~eight hundred and~~ nine hundred years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Donald Gregor MacArthur being a (1) Doctor of medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Fort. William in the County of Inverness separately from any other Medical Practitioner, visited and personally examined (4) Bella Maclean, Petitioners Sister-in-law Fort. William and that the said Bella Maclean is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Patients appearance is that of a lunatic. She is dishevelled and untidy. Her expression is vague. She talks incoherently and has delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Macleod with whom she lives, informs me that she is unreasonable, and talks nonsense to herself for sometimes half an hour at a time.

*Name and Medical Designation,* D. G. MacArthur M.D.

*Place of Abode* Fort-William

DATED this Thirtieth day of October One thousand ~~eight hundred and~~ nine hundred years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* }

*Signature and Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Nigel Banks Mackenzie (1) Sheriff Substitute
of the (2) Sheriffdom of Inverness Elgin and Nairn
having had produced to me, with a Petition at the instance of (3) Thomas McLean Innkeeper Corran Onich
Certificates under the hands of Alexander Cameron Miller M.D. Fortwilliam and Donald Gregor Macarthur M.D. Fortwilliam being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Bella McLean. Fortwilliam and that the said Bella McLean is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bella McLean as a Patient into the (6) Private Asylum of Gartnavel, Glasgow. and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Bella McLean which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED [at Fortwilliam] this Thirtieth day of October One thousand ~~eight hundred and~~ Nine hundred years.—
three words deleted.

*To the Superintendent of the* (7) Private
*Asylum of* Gartnavel, Glasgow.—

(7) Public, District, Parochial, or Private.

[Signature] N Mackenzie

10.256

Bill of Loans
acctd 1st Nov 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of William H. Oswald residing at Walden Colinslee Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~my Son~~ Andrew H Oswald your Petitioner's (3) Son residing at Walden Paisley is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Andrew H Oswald to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Wm H. Oswald

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ~~14th~~ W.W.O. 9th (4) day of November One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Andrew Hamilton Oswald |
| 2. Sex and Age, | Male 16 years & two months |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | apprentice |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Walden, Colinslee, Paisley |
| 7. Place where Found and Examined, | Paisley |
| 8. Length of time Insane, | about 2 years more lately. |
| 9. Whether First Attack, | yes. |
| 10. Age (if known) on First Attack, | 14. |
| 11. When and where previously under Examination and Treatment (5) | never. |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | unknown – masturbation |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no |
| 16. Whether Dangerous to others, | no |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | . |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | William H. Oswald his father. Uncle was insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this ~~14th~~ W.W.O. 9th day of November One thousand nine hundred

*(To be signed by the party applying)* Wm H. Oswald.

## MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Brownrigg C
being a (1) M.B. & C.M. of Glasgow University
Medical Practitioner
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) Walden
Colinton Paisley
Renfrew
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Andrew Hamilton Oswald
Walden Colinton Paisley
and that
the said Andrew Hamilton Oswald is a (5) just a
of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) At times he is sullen & taciturn, wont answer when spoken to, sometimes a silly idiotic grin on his face. at other times he takes periodic fits of boisterous glee - about once in 3 weeks, must get out of house - I dont know why he wants to go - has to be restrained at these times.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father tells me he goes off for 2 or 3 days at a time, always makes for Shaws, makes himself a nuisance to his friends when Boisterous times are on about 1 fingt, must get out if kept in threatens to jump the window. Is addicted to Masturbation.

Name and Medical Designation, Robert Brownrigg M.B. C.M.

Place of Abode, 1 Caithness Terrace Paisley

DATED this 5th day of November One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General Medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow
Royal Asylum Gartnavel
Lanark
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Andrew Hamilton Oswald
Lately residing at Walden Collinton Paisley
and that
the said Andrew Hamilton Oswald is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is silly & facile in manner & speech. Headmits that he has been running away from home & from his work but does not realise that in doing so he was acting foolishly or wrongly. He is infact mad minded & irresponsible & requires constant supervision & control

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. D. Cochran M.B.

Place of Abode 108 Oxford Dr. Glasgow

DATED this Ninth day of November One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Robert Brownridge
being (1) M.B. & C.M. of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Walden Colmslee Paisley
in the County of Renfrew, seen and personally examined Andrew Hamilton Oswald, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Robert Brownridge M.B. C.M.

DATED this 8th day of Nov. One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Andrew Hamilton Oswald to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father

*Signature* W. W. Oswald

*Address* Walden Colmslee Paisley

*Date* eighth November 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William George Scott Monteith (3) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William W. Oswald, Walden Colmslee Paisley Certificates under the hands of Robert Brownridge M.B. and Jas. D. Cochrane M.B. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Hamilton Oswald residing with his father Wm. W. Oswald at Walden Colmslee Paisley (Petitioners sons) and that the said Andrew Hamilton Oswald is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Hamilton Oswald as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Hamilton Oswald which accompanied the said Petition.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twelfth day of November One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[*Signature*] W. Scott Monteith

10.257

And. Hamilton Bonds

Adm. 8th Nov 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Renfrew *and his Substitutes,—*

The Petition of Helen S. Munro residing at Mount Pleasant, Barrhill Road, Gourock.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliza Jane Munro your Petitioner's (3) sister residing at Mount Pleasant, Gourock is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Eliza Jane Munro to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Helen S. Munro.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this the 6th (4) day of November One thousand nine hundred.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Eliza Jane Munro. |
| 2. Sex and Age, | Female. 32 (20th Jan. 1901). |
| 3. Married, Single, or Widowed, | Single. |
| 4. Condition of Life, and previous Occupation (if any), | Teacher, (principally Music) |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | Mount Pleasant Gourock. |
| 7. Place where Found and Examined, | Hazelbank, Albert Rd " |
| 8. Length of time Insane, | 4 months. |
| 9. Whether First Attack, | No. |
| 10. Age (if known) on First Attack, | 25 |
| 11. When and where previously under Examination and Treatment (5) | In 1894 first at home and then with relatives in Elgin. |
| 12. Duration of Existing Attack, | |
| 13. Supposed Cause, | Mental strain. |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | Slightly, at times. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Helen S. Munro & Kate A. Munro. Mount Pleasant, Gourock. Sisters. No. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this the 6th day of November. One thousand nine hundred.

*(To be signed by the party applying)* Helen S. Munro.

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Leitch being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Hazel Bank Albert Rd Govan in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Eliza Jane Munro Hazel Bank Govan and that the said Eliza J. Munro is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her disposition seems to have undergone a complete change: formerly quiet and reserved she has now become very excitable and she talks on subjects which before God no apparent concern of her. She is full of delusions a craving concerning death and marriage

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nurse Watt informs me that besides incoherent raving delusions she is at times violent and difficult to manage and that lately she has developed a tendency to destroy property: she has torn the bedding and has attempted to eat the bed clothes and the fire

Name and Medical Designation, A Leitch MB CM.

Place of Abode, Govan

DATED this sixth day of November One thousand nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Tom Moffat Holmes Glasgow Lunacy being a (1) Graduate in Medicine and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Hazel Bank Govock Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) Eliza Jane Munro — and that the said Eliza Jane Munro is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She looks excited & her conversation is at times incoherent. She is restless & jumps about her bed or hides under the bedclothes. She laughs foolishly & presently bursts into tears: asks ridiculous questions. Has the idea that she suffered from Diabetes & was dead Repeats that she is dying. Fancies some one is wishing to operate on her sisters

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The nurse in charge (Miss Watt) tells me that she is changeable & excitable laughs & cries without reason. At times violent & throws food & furniture into the fire & about the room Has struck out at the nurse

Name and Medical Designation, Tom Moffat Holmes MB CM

Place of Abode George Place Govock

DATED this Sixth day of November One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature* _____

*Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Henderson Begg (1) Sheriff Substitute
of the (2) counties of Renfrew & Bute
having had produced to me, with a Petition at the instance of (3) Helen B. Munro
Certificates under the hands of A. Leitch, M. B., C. M.
and W. Moffat Holmes, M.B., C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
the patient Eliza Jane Munro
and that the said Eliza Jane Munro
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Jane Munro
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Jane Munro which accompanied the said Petition.

DATED [at Greenock ] this 7th day of November 1900.
One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

J. Henderson Begg.
[*Signature*] _____

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

10.258

Eliza Jane Munro

adm$^{d}$ 8$^{th}$ Nov 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Renfrew & Bute *and his Substitutes,—*

*of*

The Petition of John McGlashan

residing at 3 Morton Terrace Greenock.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Mother-in-law Agnes Crawford or Brock residing at 2 Morton Terrace Greenock is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Crawford or Brock to the Glasgow Royal Asylum at Gartnavel, and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* John McGlashan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 14th (4) day of November One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Agnes Crawford or Brock |
| 2. Sex and Age, | F 42 |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Engineer's Wife |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 2 Morton Terrace, Greenock |
| 7. Place where Found and Examined, | " " " |
| 8. Length of time Insane, | About 3 months |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 42 |
| 11. When and where previously under Examination and Treatment (5) | No |
| 12. Duration of Existing Attack, | Nil. 8 |
| 13. Supposed Cause, | Death of Husband |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Home Residence Brock & McGlashan |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | her daughter Morton Terrace, Greenock. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of November One thousand nine hundred

*(To be signed by the party applying)* John McGlashan

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Wallace
being a (1) Grad. in Med. of the Univ. of Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) No. 2 Morton Terrace Renfrew in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Agnes Crawford or Brock, Widow and that the said Agnes Crawford or Brock is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Upon the visits of the husband I myself and my partner also Dr Jessop Reid have not been able to get any reliable information as to the illness of the deceased Mrs Brock, but it is reported in the town among the people that a meal has poisoned her daughter and that she is ill with the same illness, that she is raving & that the house is filled with the smell of Carbolic, that her daughter is nursing her & other symptoms, I do —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Mr. Joseph Crawford, Her daughter Mrs. M'Clelland Jessop Reid whose are absent.

*Name and Medical Designation,* James Wallace M.D.

*Place of Abode,* 3 Argyle St. Greenock.

DATED this thirteenth day of Nov. One thousand nine hundred

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, William Stewart Cook
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) No 2 Morton Terrace Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Agnes Crawford or Brock Widow and that the said Agnes Crawford or Brock is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She tells me that her son-in-law Mr McClelland is poisoning the atmosphere of the kitchen where she is sitting with poisonous vapours and she wants me my coming into another room to avoid them. She believes all her food is poisoned and showed me a piece of bread & from which the bread is all right. She has the delusion that she is in poverty.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter Mrs McClelland says she at times refuses food altogether, in case she be poisoned, and that she imagines she did not treat her husband well in his last illness a few months ago.

*Name and Medical Designation,* W. S. Cook M.B.

*Place of Abode* 3 Argyle Square Greenock

DATED this thirteenth day of November One thousand nine hundred.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* _____

*Signature* _____

*Address* _____

*Date* _____

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Edward Wilson Esq (4) Sheriff Substitute
of ~~the~~ (5) Renfrew and Bute of
having had produced to me, with a Petition at the instance of (6) John
Mc Lachan 3 Morton Terrace Greenock
Certificates under the hands of Agnes Fallad
and William Stewart Clerk being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (7)
Agnes Crawford or Brock
and that the said Agnes Crawford or Brock
is a (8) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Crawford or Brock
as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Crawford or Brock which accompanied the said Petition.

(4) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(5) State whether a County or Stewartry.
(6) Insert Name and Designation.
(7) Describe him, and if a Pauper, state so.
(8) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Greenock ] this Fourteenth day of November
One thousand nine hundred

*To the Superintendent of the Public*
*Glasgow Royal Asylum at Gartnavel.*

[*Signature*] Edward Wilson

10.259

Agnes Crawford or Brock

Adm$^{n}$ 14$^{th}$ Nov 1900

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

---

By Authority of the Board, I hereby sanction the admission of

Colin Campbell Rae Brown

as a Voluntary Patient into Glasgow Royal Asylum,

in accordance with the provisions of the Statute.

John Fraser

*Commissioner in Lunacy.*

*To*

Dr Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this twenty sixth day of November

One Thousand nine hundred.

M & G Ltd—300—1-00

E. Ernest Reith
Voluntary
Adm. 26th Nov 1900

# Glasgow Royal Asylum, Gartnavel.

*25 & 26 Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of Thomas Thomson residing at 45 Clincart Road, Mount Florida, Glasgow. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Thomson your Petitioner's (3) Brother residing at 45 Clincart Road, Mount Florida, Glasgow is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Thomson to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Thomas Thomson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2 [illegible] (4) day of December One thousand nine hundred [illegible]

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Thomson |
| 2. Sex and Age, | male ages 50 years. |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Warehouseman. |
| 5. Religious Persuasion, so far as known, | Protestant. |
| 6. Previous Place of Abode, | always lived in Glasgow |
| 7. Place where Found and Examined, | 45 Clincart Road. Mount Florida. Glasgow |
| 8. Length of time Insane, | Eight Months at least. |
| 9. Whether First Attack, | Yes: first attack |
| 10. Age (if known) on First Attack, | |
| 11. When and where previously under Examination and Treatment (5) | never previously under examination & treatment |
| 12. Duration of Existing Attack, | Eight months |
| 13. Supposed Cause, | unknown |
| 14. Whether subject to Epilepsy, | no. |
| 15. Whether Suicidal, | no. |
| 16. Whether Dangerous to others, | no. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Govan. |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Thomas Thomson, 45 Clincart Road, Mount Florida. Glasgow Brother. His sister is at present in Gartnaval asylum. |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that to the best of my knowledge, the above particulars are correctly stated.

DATED this 2 [illegible] day of December One thousand nine hundred [illegible]

*(To be signed by the party applying)* Thomas Thomson

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Wilson being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow. and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 45 Cleveden Road, Mount Florida, Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) James Thomson 45 Cleveden Road Glasgow and that the said James Thomson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He imagines he is suffering from diseases which have no existence. He is sullen. He won't work. He cannot be drawn into intelligent conversation. He follows his friends or myself about the house. He seems afraid to be alone.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is afraid to be left alone. He is very close-minded and his friends don't know whether he is afraid of others or of himself, if left alone.

Name and Medical Designation, John Wilson MB & C.M.

Place of Abode, 38 Monteith Row. Glasgow.

DATED this 29th day of November One thousand nine hundred .

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Archibald Brown being a (1) Doctor of Medicine of Glasgow University. and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 45 Cleveden Road Mount Florida Glasgow in the County of City of Glasgow separately from any other Medical Practitioner, visited and personally examined (4) James Thomson, Watchmaker. 45 Cleveden Road Mount Florida and that the said James Thomson is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says he suffers from great depression of spirits and always feels very uneasy, imagines he has various ailments; is afraid to be left alone. He looks very dejected; cannot reply intelligently to questions addressed to him but always refers to his brother or sister for replies. Wanders about house restlessly & uneasily.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother and sister say that he suffers from low spirits, imagines he has various complaints will not allow them to leave him alone, that he cannot eat will not work or do anything.

Name and Medical Designation, Archibald Brown M.D

Place of Abode Roselea Mount Florida Glasgow.

DATED this Second day of December One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned Archibald Brown
being (1) M.D. of Glasgow University.
hereby certify, on soul and conscience, that I have this day, at (2) Elmcarl Road Mount Florida Glasgow
in the County of City of Glasgow, seen and personally examined James Thomson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel. Glasgow

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Archibald Brown M.D.

DATED this Second day of December One thousand nine hundred

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein James Thomson to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Brother.

*Signature* Thomas Thomson

*Address* 45 Elmcarl Road mount Florida Glasgow

*Date* Dec. 2nd. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Thomas Thomson, 45 Elmcarl Road Mount Florida Glasgow Certificates under the hands of John Wilson — and Archibald Brown — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Thomson, 45 Elmcarl Road Mount Florida Glasgow (Petitioners Brother) and that the said James Thomson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Thomson as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Thomson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Third day of December One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

[Signature] T. A. Fyfe

10. 260

James Thomson

Admr 2nd Dec 1900

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire of Dumbarton & Clackmannan *and his Substitutes,—*

The Petition of John Horn residing at 8 Fernond Street Helensburgh. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Horn Junr. your Petitioner's (3) Son residing at 8 Fernond Street Helensburgh. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Horn Junr. to the Glasgow Royal Asylum at Gartnavel, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* John Horn

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Third (4) day of December One thousand Nine hundred ~~and~~

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | John Horn |
| 2. Sex and Age, | Male, Twenty two Years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Good, Plumber |
| 5. Religious Persuasion, so far as known, | Presbyterian |
| 6. Previous Place of Abode, | 8 Fernond Street |
| 7. Place where Found and Examined, | " " |
| 8. Length of time Insane, | Two days |
| 9. Whether First Attack, | First |
| 10. ~~Age (if known) on First Attack,~~ | |
| 11. ~~When and where previously under Examination and Treatment,~~ | |
| 12. Duration of Existing Attack, | Present Time |
| 13. Supposed Cause, | Unknown |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | No. |
| 16. Whether Dangerous to others, | No. |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | John Horn 8 Fernond Street Father None |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

---

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

* John Horn

Dated this Third day of December One thousand Nine hundred ~~and~~

* To be signed by the Party applying.

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, J. Fordyce Inglis being a (1) Doctor of Medicine and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 8 Townend Street Helensburgh N.B. in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) John Horn and that the said John Horn is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)

Taciturnity alternating with excitement with tearing clothes off the bed & requiring to be restrained from throwing himself about & refusal of food for long periods.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Same as above

*Name and Medical Designation,* J. Fordyce Inglis M.D. F.F.P.S.G.

*Place of Abode,* Helensburgh N.B.

DATED this Third day of December One thousand ~~eight~~ nine hundred ~~and~~ 93.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Alexander Gordon Inglis being a (1) Bachelor of Medicine & Master in Surgery of Aberdeen University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 8 Townend St. Helensburgh in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) John Horn, Painter residing there and that the said John Horn (Painter) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

His look is very suspicious

Absolutely refuses to answer questions

Smiles in a silly manner when spoken to

Same symptoms as the date

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His friends say that he has been constantly throwing off the bed clothes of the bed

Same symptoms

Recently threatened violence

Considerable excitement by hypodermic injection

*Name and Medical Designation,* Alexander Gordon Inglis M.B.C.M.

*Place of Abode* Helensburgh

DATED this third day of December One thousand ~~eight~~ nine hundred ~~and~~ years.

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, T. Fordyce Messer
being (1) a doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (2) 8 Lomond Street Helensburgh N.B.
in the County of Dumbarton, seen and personally examined John Horn Junr
& that the said person is of unsound mind, & a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T. Fordyce Messer

DATED this Third day of December One thousand ~~eight~~ nine hundred ~~and~~

(1) State medical qualification.
(2) State place of examination.

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*(The following should be filled up whenever a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein John Horn Junr to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father

*Signature and Address* John Horn 8 Lomond Street

*Date* 3/12/00. Helensburgh

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## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Tyffe (1) Sheriff Substitute of the (2) County of Lanark. having had produced to me, with a Petition at the instance of (3) John Horn 8 Lomond Street Helensburgh Certificates under the hands of T. F. Fordyce Messer and Alexander Gordon Ingram, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Horn Junior 8 Lomond Street Helensburgh (Pet^r's son) and that the said John Horn Junior is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Horn Junior as a Patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Horn Junior which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fourth day of December One thousand ~~eight~~ nine hundred ~~and~~

T. Tyffe

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

10261

John Horn Jr

adm 3rd Dec 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff ~~or Steward~~ of the (2) ~~County~~ Stirling. ~~or Dumbartonshire~~, and his Substitutes,—

The Petition of Hermann Schnake, Queens Hotel Helensburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Katherine W. Eissengarthen your Petitioner's (3) Niece is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Katherine W. Eissengarthen to the Asylum of Gartnavel and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) H. Schnake

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of December One thousand nine ~~eight~~ hundred ~~and~~

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Katherine, Wilhelmine Eissengarthen |
| 2. Sex and Age, | Female. 18 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Nursemaid |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Dransfeld, Germany |
| 7. Place where Found and Examined, | Queens Hotel Helensburgh |
| 8. Length of time Insane, | Four weeks |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | Eighteen years |
| 11. When and where previously under Examination and Treatment (5) | |
| 12. Duration of Existing Attack, | Three days |
| 13. Supposed Cause, | Sexual |
| 14. Whether subject to Epilepsy, | No. |
| 15. Whether Suicidal, | Yes - many attempts |
| 16. Whether Dangerous to others, | No |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | — |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | Carl, August, Hermann, Heinrich Eissengarthen (brother) in Waldesburg, Saxony none of the Family have been insane |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | — |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 3rd day of December One thousand nine ~~eight~~ hundred ~~and~~

(*To be signed by the party applying*) H. Schnake

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned,
being a (1) Bachelor of Medicine Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Queens Hotel Helensburgh in the County of Dumbartonshire separately from any other Medical Practitioner, visited and personally examined (4) Katherine W. Eisengarthen and that the said Katerina W. Eisingarthen is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When called in to see patient I found her lying on her bed in a helpless state crying & rolling about with her wrist bound up with a bloody cloth: superficial veins severed. Mr. Schnake informs me that she had tried to commit suicide by cutting the blood vessels in her wrist with the scissors. She says she does not want to live & will kill herself somehow. He caught her trying to climb over an attic window

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* J. Ewing Hunter M.B. C.M.

*Place of Abode,* Duncairn Helensburgh

DATED this Third day of December One thousand ~~eight~~ nine hundred ~~and~~

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned,
being a (1) Doctor of Medicine & Fellow of the Faculty of Physicians Glasgow
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Queens Hotel Helensburgh in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) Katherine W. Eisengarthen and that the said Katherine Wilhelmina Eisengarthen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Childish mental disposition, and defective intelligence for a person of her age. Obstinate refusal to communicate with me directly.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Repeated and determined attempts at suicide by swallowing laudanum, among other things (about 3½). Statement that she has no desire to live, and that though sorry for past attempts, the impulse is too strong for her. Six attempts in all have been made by various methods. Informant Dr. Hermann Schnake

*Name and Medical Designation,* William Robert Jack, M.D. F.F.P.S.G.

*Place of Abode* 43 Lansdowne Crescent, Glasgow

DATED this 3rd day of December One thousand ~~eight~~ nine hundred ~~and~~

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand eight hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* }

*Signature and Address*

*Date*

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Francis Jobbé. Esquire. Advocate. Sheriff Substitute
of ~~the~~ (3) Stirling. Dumbarton and ~~a~~ Clackmannan
having had produced to me, with a Petition at the instance of (2) Hermann
Schnake before designed
Certificates under the hands of J. Cuming Hunter
and William Robert Lee before designed being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Katherine W. Essengarthen, before designed and that the said
Katherine W. Essengarthen is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Katherine W. Essengarthen — as a Patient into the (6) Public — Asylum of Gartnavel, Glasgow and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Katherine W. Essengarthen which accompanied the said Petition.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumbarton] this Fourth day of December
One thousand ~~eight hundred and~~ nine hundred. And was sealed.

*To the Superintendent of the* (7) Public
*Asylum of* Gartnavel. Glasgow

(7) Public, District, Parochial, or Private.

[*Signature*] Francis Jobbé

10.262

Katherine Wilhelmina Eissingarthen

Adm^d 5^th Dec 1900

---

admd
Ob. signed
Male Z 60
Ny

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

# PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Sheriffdom of ~~Renfrew~~ Lanark *and his Substitutes.*

The Petition of Miss Margaret Wright
Balmoral Port Bannatyne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Maryann Turnstone Wright your Petitioner's (3) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Maryann Turnstone Wright to the Glasgow Royal Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* Margaret Wright

DATED this Eighth (M.W.) (4) day of December One thousand Nine hundred Years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Maryann Turnstone Wright |
| 2. Sex and Age, | Female 43 years |
| 3. Married, Single, or Widowed, | Widow |
| 4. Condition of Life, and previous Occupation (if any), | Housewife |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Balmoral Port Bannatyne |
| 7. Place where Found and Examined, | Balmoral Port Bannatyne |
| 8. Length of time Insane, | Several weeks |
| 9. Whether First Attack, | No |
| 10. Age (if known) on First Attack, | 35 years or so |
| 11. When and where previously under Examination and Treatment (5) | 8 yrs ago Murray House and since Overgilkhead 3 years ago. |
| 12. Duration of Existing Attack, | Several weeks |
| 13. Supposed Cause, | Not known |
| 14. Whether subject to Epilepsy, | No |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | Private |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Miss Margaret Wright Balmoral Port Bannatyne None known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | None known |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth (M.W.) day of December One thousand Nine hundred Years

*(To be signed by the party applying)* Margaret Wright

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Andrew Johnston Hall
being a (1) Doctor of Medicine of Glasgow University,
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Balmoral Port Bannatyne ~~Bute~~ Bute in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Fernstone or Wright, Balmoral, Port Bannatyne and that
the said Mary Ann Fernstone or Wright is a (5) insane person and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her conduct is outrageous. She talks utter nonsense there being no coherance in thought. Is violent and cannot be controlled except by force. Sleeps badly & cannot control herself talks out & gesticulates with meaning.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughters Margaret Wright & Elspeth Wright told me this has gone on with intervals for a considerable time.

*Name and Medical Designation,* Andrew J. Hall.

*Place of Abode,* Rothesay

DATED this seventh day of December One thousand nine hundred years

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran
being a (1) Bachelor of Medicine of Glasgow University
and being in actual practice as a (2) General Medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Mary Ann Fernstone or Wright,
Called resident at Balmoral Port Bannatyne and that
the said Mary Ann Fernstone or Wright is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance is disordered & dishevelled & she is very much excited. She talks in a rambling disconnected fashion. Speaks of having terrible secrets. Tongues she is in a Conspiracy altogether talks in an incoherent manner.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 101 Oxford Dr Glasgow

DATED this seventh day of December One thousand nine hundred years

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, being (1) Andrew Johnston Hall Doctor of Medicine of Glasgow, hereby certify, on soul and conscience, that I have this day, at (2) Balmoral in the County of Bute, seen and personally examined Mary Ann Armstrong or Wright, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Andrew J. Hall M.D.

DATED this Seventh day of December One thousand nine hundred and [illegible]

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein Mary Ann Armstrong Wright to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Daughter

*Signature and Address* Margaret Wright, Balmoral, Port Bannatyne.

*Date* December seventh. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Fyfe (1) Sheriff Substitute of the (2) County of Lanark, having had produced to me, with a Petition at the instance of (3) Miss Margaret Wright Balmoral Port Bannatyne Certificates under the hands of Andrew Johnston Hall and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Maryann Armstrong or Wright Balmoral Port Bannatyne petitioners mother Maryann Armstrone or Wright is an insane person or a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Maryann Armstrong or Wright as a Patient into the (5) Glasgow Royal Asylum at Gartnavel and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Maryann Armstrone or Wright which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Glasgow] this Eighth day of December One thousand nine hundred

*To the Superintendent of the* (6) Glasgow Royal *Lunatic Asylum of* Gartnavel

[Signature] Thos. Alex. Fyfe

10.263

Mary Ann Firmstone or Wright

Adm^r 7th Dec 1900

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(2) Sheriff or Steward. (3) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff of the (2) Shire of Lanark. *and his Substitutes*—

The Petition of Margaret Binnie Kerseveis Grangemouth

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Binnie your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Binnie to the Glasgow Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Margaret Binnie

DATED this Seventh (4) day of December One thousand eight hundred ~~and~~ June.

(1) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | James Binnie |
| 2. Sex and Age, | Male 24 years |
| 3. Married, Single, or Widowed, | Single |
| 4. Condition of Life, and previous Occupation (if any), | Good, Solicitor |
| 5. Religious Persuasion, so far as known, | Protestant |
| 6. Previous Place of Abode, | Kerseview, Grangemouth |
| 7. Place where Found and Examined, | Carriden Mt Kilbride |
| 8. Length of time Insane, | from October |
| 9. Whether First Attack, | First attack |
| 10. Age (if known) on First Attack, | 24 years |
| 11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*], | Three weeks at home |
| 12. Duration of Existing Attack, | Business |
| 13. Supposed Cause, | No |
| 14. Whether subject to Epilepsy, | yes |
| 15. Whether Suicidal, | No |
| 16. Whether Dangerous to others, | |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Date of becoming Chargeable, | |
| 19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | His Mother Margaret Binnie Kerseview Grangemouth His Maternal Grandfather for three months |
| 20. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of Dece One thousand ~~eight hundred and~~ Nine Hundred

(*To be signed by the party applying*) Margaret Binnie

P. p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Ingham Macarthur being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Carriden Caldwell Road West Kilbride in the County of Ayr. separately from any other Medical Practitioner, visited and personally examined (4) James Binnie Solicitor Camden. Caldwell Road West Kilbride and that the said James Binnie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Patient acknowledges saying & doing things not compatible with a sound mind. He is decidedly in a morbid frame of mind anticipating a gloomy future. Believes he has ruined his late employer.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Mother informs me he has attempted to drown himself & regrets he was unsuccessful in the attempt; also he attempted to hang himself having been found with a rope round his neck.

Name and Medical Designation, James Ingham Macarthur M.D.

Place of Abode, Bernal West Kilbride

DATED this 7th day of December One thousand ~~eight~~ nine ~~hundred~~ and

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General & medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum Gartnavel Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Binnie Solicitor Lately Residing at Camden Caldwell Rd West Kilbride and that the said James Binnie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He is morbidly depressed. Has delusions that he is going to be prosecuted for imaginary crimes against his late employers. His mental condition therefore is one of very considerable confusion.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas D. Cochran M.B.

Place of Abode 101 Oxford Dr Glasgow

DATED this Seventh day of December One thousand ~~eight~~ nine hundred ~~and~~ years

111

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, James Ingham MacArthur M.D.
being (1) a Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) West Kilbride
in the County of Ayr. , seen and personally examined
James Birnie , and that the said (James Birnie)
person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

James Ingham MacArthur M.D.

DATED this 7th day of December One thousand eight nine hundred and

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the Glasgow Royal Asylum to receive therein James Binnie to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Mother

*Signature and Address* Margaret Binnie Kerse end Grangemouth

*Date* 7th Dec 1908

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Alexander Tyre (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Margaret Binnie Kerseview Grangemouth Certificates under the hands of James Ingham MacArthur and James Duncan Lochdan , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Binnie Carriden Caldwell Road West Kilbride (Pauper) and that the said James Binnie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Binnie as a Patient into the (6) Glasgow Royal Asylum at Gartnavel and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Binnie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this Eighth day of December One thousand ~~eight~~ nine hundred ~~and~~

To the Superintendent of the (1) Glasgow Royal Lunatic Asylum of Gartnavel

(1) Public, District, Parochial, or Private.

Thos Alex Tyre

10.264

James Binnie

Aom 7th Dec 1900

4,929.

**SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.**

---

I, John Fraser, M.B. C.M.

one of the COMMISSIONERS OF THE GENERAL BOARD OF LUNACY, having duly considered the Application made by Mrs Mary Arnot Arbuckle, Broomhill Terrace, Partick, Glasgow, for the liberation on trial of James Arbuckle ——— a Patient in Glasgow Royal Asylum, ——— together with the accompanying Statement and Medical Certificate, do, by AUTHORITY OF THE BOARD, hereby sanction the liberation of the said Patient until 30th June 1901.

John Fraser
*Commissioner in Lunacy.*

DATED at Edinburgh, this fifteenth day of December One Thousand ~~Eight Hundred and~~ nine hundred.

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Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) Notice of Patient leaving Asylum.

(2.) Notice of Patient returning to Asylum, if replaced.

(3.) Notice of any Sanction not acted on.

**See Rules on other side.**

M & G Ltd—500—8-98

James Arbuckle
Probation. 15 Dec 1900

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

# RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

*The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable them to apply for the removal of Patients from Asylums on trial; to point out the steps which the Board of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the course to be adopted on the expiry of the period.*

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper, on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Probation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners, and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the patient was liberated.

9. In the event of the death of a patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board of Lunacy, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

# Glasgow Royal Asylum, Gartnavel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

## PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of James Tierney residing at 38 Randolph Gardens Partick Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Eliz. Hamilton or Tierney your Petitioner's (3) wife residing at where with him is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marg[t] E Hamilton or Tierney to the Glasgow Royal Asylum at Gartnavel, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* James Tierney ×

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty third day of December One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Margaret Elizabeth Hamilton or Tierney |
| 2. Sex and Age, | female - 35. |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | wife of marble cutter |
| 5. Religious Persuasion, so far as known, | United Free Church |
| 6. Previous Place of Abode, | 38 Randolph Gardens Partick |
| 7. Place where Found and Examined, | ditto |
| 8. Length of time Insane, | four months & fully |
| 9. Whether First Attack, | Yes |
| 10. Age (if known) on First Attack, | 35 |
| 11. When and where previously under Examination and Treatment (5) | nowhere |
| 12. Duration of Existing Attack, | as above |
| 13. Supposed Cause, | Puerperal |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | Has threatened repeatedly |
| 16. Whether Dangerous to others, | Yes |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane, | Wm Hamilton. The Elms. Lawriston. Falkirk none known |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | none |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 23rd day of December One thousand nine hundred

*(To be signed by the party applying)* James Tierney ×

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, J. Anderson Robertson, M.A. M.B., C.M.
being a (1) Graduate in Medicine and Surgery of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 38 Randolph Gardens
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Margaret Hamilton or Tierney
and that
the said Mrs Margaret Hamilton or Tierney is a (5) person of unsound mind
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(1). Mrs Tierney has suffered from Puerperal Mania for 4 months.
(2). She has brought all sorts of wild, unfounded charges against her Husband.
(3). She has, in my hearing, threatened to "do for" a servant maid.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Nurse states that
(1). She has on more than one occasion pursued a maid with a knife.
(2). She has kept her Husband in a state of constant anxiety for weeks and constantly brings false charges against him.

(2) Information derived from Husband

Name and Medical Designation, J. Anderson Robertson

Place of Abode, 6 Saint James Terrace,

DATED this twenty-third day of December One thousand nine hundred

---

## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Thynhar Pacis M.B. Ch.
being a (1) Graduate in Medicine & Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 38 Randolph Gardens
in the County of Lanark
separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Margaret Elizabeth Hamilton or Tierney
and that
the said Mrs Margaret Elizabeth Hamilton or Tierney is a (5) person of unsound mind.
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dull and melancholic in appearance, impulsive in her movements and at times excitable. She accuses her husband contriving to go away with her present nurse (with) whom she has also formed affairs: She says that he calls her an "old man". and other such statements which in my opinion no sane person would make

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her nurse states that she is at times very excitable and has rushed after her maid flourishing an open knife: that she makes many false charge against her husband and others

Name and Medical Designation, Thynhar Pacis

Place of Abode Clydesdale Ho. Parkhead West

DATED this twenty third day of December One thousand nine hundred

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, J. Anderson Robertson being (1) a Graduate in Medicine and Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 38 Randolph Gardens in the County of Lanark, seen and personally examined Mrs Hamilton, or Tierney, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

J. Anderson Robertson

DATED this 23rd day of December One thousand nine hundred.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Mrs Margt. E. Hamilton or Tierney to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* James Tierney, Husband.

*Signature* James Tierney

*Address* 38, Randolph Gardens.

*Date* 23rd Dec. 1900.

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) James Tierney 38 Randolph Gardens Partick Glasgow. Certificates under the hands of J. Anderson Robertson and Farquhar Grace being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Elizabeth Hamilton or Tierney 38 Randolph Gardens Partick Glasgow (Petitioner) and that the said Margaret Elizabeth Hamilton or Tierney is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Elizabeth Hamilton or Tierney as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Elizabeth Hamilton or Tierney which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this Twenty-fourth day of December One thousand nine hundred

*To the Superintendent of the Public Glasgow Royal Asylum at Gartnavel.*

D D Balfour

[*Signature*]

10.266

Mary Eliz. Hamilton v Tierney

Admr 23rd Dec 1900

# Glasgow Royal Asylum, Gartnabel.

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

*Unto the Honourable the* (1) Sheriff *of the* (2) Shire *of* Lanark *and his Substitutes,—*

The Petition of William Hudswell Lovelock residing at Heatherside Midhurst Sussex humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Emily Mary Lovelock your Petitioner's (3) Daughter residing at St Andrews School Fort William Scotland is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Emily Mary Lovelock to the GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*(To be signed by the Party applying)* W Hudswell Lovelock X

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of Dec. One thousand nine hundred

## STATEMENT.

*If any of the Particulars in this Statement be not known, the fact to be so stated.*

| | |
|---|---|
| 1. Christian Name and Surname of Patient at length, | Emily Mary Lovelock |
| 2. Sex and Age, | Female about 32 |
| 3. Married, Single, or Widowed, | |
| 4. Condition of Life, and previous Occupation (if any), | Has lived with me and kept my house |
| 5. Religious Persuasion, so far as known, | Church of England. |
| 6. Previous Place of Abode, | Midhurst Sussex |
| 7. Place where Found and Examined, | Fort William. Scotland |
| 8. Length of time Insane, | Cannot say, has been very peculiar for some two years |
| 9. Whether First Attack, | |
| 10. Age (if known) on First Attack, | First serious attack last August |
| 11. When and where previously under Examination and Treatment (5) | Under Dr Eastwick Freed at Midhurst |
| 12. Duration of Existing Attack, | since August last |
| 13. Supposed Cause, | |
| 14. Whether subject to Epilepsy, | no |
| 15. Whether Suicidal, | no sign of it as far as I know |
| 16. Whether Dangerous to others, | Do Do Do |
| 17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, | ✓ |
| 18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, | W Hudswell Lovelock Heatherside Midhurst Father. No member of family known to be insane— |
| 19. Special circumstances (if any) preventing the insertion of any of the above particulars, | |

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of Dec One thousand nine hundred

*(To be signed by the party applying)* W Hudswell Lovelock X

T. & A. C.—Dec. 1899.

P p.

## MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, Donald Creyr MacArthur, being a (1) Doctor of Medicine and Master in Surgery of the University of Edinburgh — and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) St. Andrew's School, Fort-William in the County of Inverness separately from any other Medical Practitioner, visited and personally examined (4) Emily Mary Lovelock and that the said Emily Mary Lovelock is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She says some unknown persons constantly speak to her by means of some instrument of the nature of a telephone; that they pass disagreeable remarks about her; and that they have designs on her life and that of her father.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Thompson, St. Andrew's School informs me that the patient says that unknown persons at a great distance try to poison her; also that she is frequently sullen and taciturn for hours at at time, and that she is subject to uncontrollable fits of temper.

*Name and Medical Designation,* D. G. MacArthur. M. D. ✕

*Place of Abode,* Fort-William

DATED this twentieth day of December One thousand nine hundred years.

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## MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

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

I, the undersigned, James Duncan Cochran being a (1) Bachelor of Medicine of Glasgow University and being in actual practice as a (2) General Medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Glasgow Royal Asylum, Gartnavel in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Emily Mary Lovelock (said to be residing at Fort William) and that the said Emily Mary Lovelock is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She is full of delusions of persecution. Says that her thoughts are being read by people who wish to do her harm & that they act upon her by means of telephones & unknown telegraphy. Says she hears voices saying disagreeable things to her about herself.

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

*Name and Medical Designation,* Jas. D. Cochran M.B.

*Place of Abode* 10 Rosebank Dr Glasgow

DATED this 22nd day of December One thousand nine hundred

5/-

## CERTIFICATE OF EMERGENCY.

*(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)*

I, the undersigned, Donald Gregor MacArthur
being (1) Doctor of Medicine, and Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Fort-William
in the County of Inverness, seen and personally examined Emily Mary Lovelock, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Gartnavel, Glasgow

And I further certify that the case of the said person is one of Emergency.

D. G. MacArthur. M.D. +

DATED this twentieth day of December One thousand nine hundred years.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

*(The following should be filled up in every case in which a Certificate of Emergency is acted on.)*

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive therein Emily Mary Lovelock to whom the foregoing Certificate of Emergency refers.

*Relationship or other capacity in which Applicant stands to Patient,* Father

*Signature* W Hudswell Lovelock x

*Address* Heatherside Midhurst

*Date* Dec. 21. 1900

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Davidson Balfour (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William Hudswell Lovelock, Heatherside, Midhurst, Sussex Certificates under the hands of Donald Gregor macarthur and James Duncan Cochran being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emily Mary Lovelock, St. Andrews School, Fort William, Petitioner's daughter and that the said Emily Mary Lovelock is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emily Mary Lovelock as a patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Mary Lovelock which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Glasgow] this twenty-second day of December One thousand nine hundred

5/- pd
P.S.

*To the Superintendent of the Public Asylum, Glasgow Royal Asylum at Gartnavel.*

[Signature] D D Balfour

10.265

Emily Mary Lovelock

Admr 21st Dec 1900

Rule 40

NOTE.—In the event of this Sanction not being acted upon within twenty-eight days from date, it is requested that intimation of the fact be given to the Board.

## SANCTION BY THE GENERAL BOARD OF LUNACY FOR THE ADMISSION OF A VOLUNTARY PATIENT.

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**By Authority of the Board**, I hereby sanction the admission of

William Barrowman Junr.

as a Voluntary Patient into Glasgow Royal Asylum

in accordance with the provisions of the Statute.

J. Rin Macpherson M.D.

*Commissioner in Lunacy.*

*To* D. Yellowlees,
Royal Asylum,
Glasgow.

GIVEN at Edinburgh, this Twenty Eighth day of December,

One Thousand Nine Hundred.

M & G Ltd—300—1-00

Wm. Barrowman Jr

Voluntary

Com$^{d}$ 28$^{th}$ Dec 1900