Sheriff's Warrants

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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~~ of Dumfries & Galloway and his Substitutes,

The Petition of Robert Grierson, Inspector of Poor, Kirkpatrick Durham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Edgar, your Petitioner's (3) Pauper, 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 Edgar to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

Robt. Grierson

DATED this Second (4) day of January One thousand eight hundred and Eighty Sixth 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,	George Edgar
2. Sex and Age,	Male 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	In the Steel & Iron Trade
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Village of Inn
8. Length of time Insane,	8 Days
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	8 days
12. Duration of Existing Attack,	Reduced in circumstances
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No appearance
15. Whether Suicidal,	Not apparently dangerous
16. Whether Dangerous to others,	At Kirkpatrick Durham at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	2 Jany 1886
18. Date of becoming Chargeable,	Wife Margaret Copland or Edgar, Bridge of Ulr Mill, No Kirkpatrick Durham,
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,	
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 2nd day of January One thousand eight hundred and 86

(*To be signed by Party applying*) Robt. Grierson

Office Parochial Board, Kirkpatrick Durham Inspector 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 Meggat, being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Bridge of Urr Kirkpatrick Durham in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George Edgar, Pauper and that the said George Edgar 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 cannot get sleeping at night for people coming into room & disturbing him. Talks about things & places which have no existence

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is always going away to places where he says he has business & has none whatever. He wanders up & down his room the whole night.

Name and Medical Designation, John Meggat

Place of Abode, Kirkpatrick Durham

DATED this 2nd day of January One thousand eight hundred and 86

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, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Bridge of Urr Mill Kirkpatrick Durham in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) George Edgar, Pauper and that the said George Edgar 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 without intermission - this conversation is a mixture of facts & delusions

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His friends say he labours under delusions respecting situations, money &c - He sleeps little & very unstable restless

Name and Medical Designation, Walter Lorraine

Place of Abode Castle Douglas

DATED this 2nd day of January One thousand eight hundred and 86

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Young Henry Shoutts (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Robert Grierson, Inspector of Poor, Kirkpatrick-Durham,
Certificates under the hands of John Meggat
and Walter Lorraine, 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 Edgar, Bridge of Urr Mill, Kirkpatrick-Durham (a Pauper) and that the said George Edgar, 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 Edgar as a Patient into the (6) Public Asylum of Southern Counties 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 George Edgar, which accompanied the said Petition.

DATED this Sixth day of January, One thousand eight hundred and eighty six.

W H Shoutts

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

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

N° 1880.

George Edgar

Kirkpatrick-Durham

Admitted 6th January 1886

7

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 Dumfries *and his Substitutes,—*

The Petition of Thomas Sheenan Son of James Blacksmith Kirkbride Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Sheenan 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 Thomas Sheenan to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

Thomas Sheenan

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

Dated this Fifth (4) day of January One thousand eight hundred and Eighty Six

(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,	Thomas Sheenan
2. Sex and Age,	Male aged 39 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkbride Smithy
7. Place where Found and Examined,	Kirkbride Smithy
8. Length of time Insane,	Since 30th Dec/85
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	39 Years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Since 30th Dec/85
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,	Father is nearest Relation Thomas Sheenan Kirkbride Patients Grandmother & Grand Uncle were both insane of unsound mind for a short time
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 Fifth day of January One thousand eight hundred and Eighty Six

Thomas Sheenan

(To be signed by 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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh & a Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkbride Smithy, Kirkcolm in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Shennan, blacksmith, residing at Kirkbride, Kirkcolm and that the said Thomas Shennan 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 very wild and excited appearance, and talks in a very rambling manner. On asking him what was the matter with his finger he replied that wee Vulcan from hell had smashed it. Appears to be viewing persons in the bed

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) William McGhee who has been in attendance since yesterday morning states that he has been in a very excited state & required to be tied with ropes. that he has turns of whistling and singing & weeping. attempts to vary his ideas in poetry.

Name and Medical Designation, } Hugh Cochrane S.R.C.P.E. L.F.P.S. Glas

Place of Abode, Strawraer

DATED this Fifth day of January One thousand eight hundred and eighty - six.

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 Scott being a (1) M.B. and C.M. of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Kirkbride Smithy Kirkcolm in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Sheenan and that the said Thomas Sheenan 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) Thomas Sheenan is very restless in his manner, talks incoherently, & mutters away to himself. Imagines that he has done something far wrong & talk of hearing squeaking noises & of annoyances which keep him from sleeping. Does not sleep at night

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father speaks of him having a raised or "fleysome" [illegible] William McGhee says he has come for him during the night [illegible] with him & see his father who was in his usual health but he said was sorrowing asking that he talks of seeing lights about [illegible] & that he put him out of the house several times always asking

Name and Medical Designation, } George Scott M.B.C.M.

Place of Abode 23 Church St. Strawraer

DATED this Sixth day of January One thousand eight hundred and Eighty Six

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Shennan ~~Senior~~ Junr.
Blacksmith, Kirkbryde, Kirkcolm
Certificates under the hands of Hugh Cochrane Surgeon Stranraer
and George Scott Surgeon there , 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 Shennan, Blacksmith, Kirkbryde aforesaid and that the said Thomas Shennan 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 Shennan as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Thomas Shennan which accompanied the said Petition.

DATED this Sixth day of January One thousand eight hundred and eighty six

W. McGibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

Thomas Sherman,

Admitted 7 January

1886.

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) Dumfries and Galloway *and his Substitutes.*

The Petition of Kate McInnes, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alice Kellochan or Kelah,

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

your Petitioner's (3) Pauper, 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 Alice Kellochan or Kelah, to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two medical certs.

(*To be signed by the Party applying*) Kate McInnes

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

DATED this Ninth (4) day of January One thousand eight hundred and Eighty Six 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,	Alice Kellochan or Kelah,
2. Sex and Age,	Female - 33 years.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	13 Friars Vennel Dumfries
7. Place where Found and Examined,	Do Do Do
8. Length of time Insane,	a few days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	31 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	D.C. Asylum July 1885
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes might be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries — meantime
18. Date of becoming Chargeable,	8th Jany 1886
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,	William Kelah, Husband, Rateatcher, supposed to be in Rutherglen
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 Eighth day of January One thousand eight hundred and Eighty Six years

(*To be signed by the Party applying*) Kate McInnes

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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine 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) 13 Friars Vennel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alice Kellochan or Welsh and that the said Alice Kellochan or Welsh 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 refuses to speak much but sings to herself sometimes in a loud voice & when checked for singing so loud states she has a message from [illegible] to sing as loud as she likes. I asked her how long she had lived [illegible] Dumfries she said 7 years & on the question being repeated she [illegible] 2 mos. This was the only question I could get her to answer.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Several people living in the ~~house~~ close state that she danced and sang all night, broken only by sudden fi[illegible] of crying & that she had a message from the Lord [illegible] save all people

Name and Medical Designation, J G Marshall M B C[illegible]

Place of Abode, Dumfries

DATED this Eighth day of January One thousand eight hundred and eighty ~~five~~ six.

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, T Houghton Mitchell being a (1) Licentiate of the Royal College of Surg[illegible] of Edinburgh & a Licentiate of the Royal College of Physicians and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 13 Friars Ven[illegible] in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alice Kellochan or Welsh and that the said Alice Kellochan or Welsh 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) She suffers from delusions. - States that poison is to be sent to her as a sign [illegible] her husband's death. States that her husband left her five years [illegible] that something is going to happen to her children. She [illegible] incoherently at times, & sings & weeps at intervals in an irrational manner. She is sleepless & maniacally excited.

(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, T Houghton Mitche[illegible]

Place of Abode 14 Castle St Dumf[illegible]

DATED this Eighth day of January One thousand eight hundred and Eighty six

Two corrections in name made by me T H Mitchell

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 Houghton Mitchell being (1) an LRCP & LRCSE hereby certify, on soul and conscience, that I have this day, at (2) 13 Friars Vennel in the County of Dumfries, seen and personally examined Alice Kellochan or Welsh, 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.

Thomas Houghton Mitchell MCPhy

DATED this Eighth day of January One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, — (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of Joseph Garibaldi Marshall, and Thomas Houghton 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) Alice Kellochan or Welsh, 13 Friars Vennel, Dumfries, and that the said Alice Kellochan or Welsh, is a (5) person of unsound mind, a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alice Kellochan or Welsh as a Patient into the (6) Public — Asylum of Southern Counties, 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 Alice Kellochan or Welsh, which accompanied the said Petition.

DATED this Ninth — day of January, — One thousand eight hundred and eighty six years.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

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

Alice Kellochar or
Welsh
Dumfries
Admitted 8 January 1886

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 Dumfries & Galloway *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor, Penninghame

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jones, Seamstress, Crichton Royal Institution, Dumfries your Petitioner's (3) pauper, ——— 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 Jones, — to the Crichton Royal Institution, Dumfries — and to sanction her admission into the said Asylum.

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

John Johnston

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

Dated this ~~Fourteenth~~ (4) Fifteenth day of January, One thousand eight hundred and Eighty six 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,	Mary Jones.
2. Sex and Age,	Female 31 ½ years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, Seamstress.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Crichton Royal Institution, Dumfries
7. Place where Found and Examined,	Crichton Royal Institution, Dumfries
8. Length of time Insane,	One week
9. Whether First Attack,	Not first attack. — Seventh attack.
10. Age (if known) on First Attack,	23 yrs.
11. When and where previously under Examination and Treatment,	29th Sept 1883 & 3/10 Dec 1883; 25th Nov 1885 & 30th June 1885. Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Menstrual excitement.
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,	Penninghame
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,	Illegitimate.
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 Fifteenth day of January One thousand eight hundred and Eighty six years

(To be signed by Party applying) John Johnston
Inspector of Poor
Parish of Penninghame

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 Houghton Mitchell being a (1) Licentiate of the Royal College of Phys[illegible] & Surgeons of Edinburgh and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Ro[illegible] Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones Seamst[illegible] pauper and that the said Mary Jones 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) She laughs weeps in an irrational manner. Expressed the delusion that she lived in hell is restless [illegible] & maniacally excited.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Bruce Matron states that she broke [illegible] windows last night & rolls about the flo[illegible] shouting incoherently

Name and Medical Designation, T H Mitchell [illegible]

Place of Abode, 14 Castle St.

DATED this fifteenth day of January One thousand eight hundred and eighty six.

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, Joseph Garibaldi Marsh[illegible] being a (1) Graduate of Medicine of Gla[illegible] University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones and that the said Mary Jones 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 weeps and laughs in a wild fashion. Re[illegible] ing the Lord's Boyers in a loud manner Sing[illegible] ing hymns &c. –

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Miss Bruce states she is very viole[illegible] breaking windows &c

Name and Medical Designation, J. G. Marshall

Place of Abode Dumfries

DATED this fifteenth day of January One thousand eight hundred and eighty six

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 Houghton Mitchell being (1) LRCP&SE hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal in the County of Dumfries, seen and personally examined Mary Jones, 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.

T H Mitchell LRCP&SE

DATED this fifteenth day of January One thousand eight hundred and 86

(1) State medical qualification. (2) State place of examination.

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

I, William Young Harris Shorth (1) Honorary Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Johnston, Inspector of Poor Penninghame Certificates under the hands of Thomas Houghton Mitchell and Joseph Garibaldi Marshall, 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 Jones Seamstress Crichton Royal Institution Dumfries (or Pauper) and that the said Mary Jones is a (5) person of unsound mind, a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Jones as a Patient into the (6) Public Asylum of Southern Counties 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 Jones, which accompanied the said Petition.

DATED this Sixteenth day of January One thousand eight hundred and 86.

W H Shorth

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

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

Mary Jones.

Penninghame

Admitted 15 January 1886.

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* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Hamilton, Inspector of Poor, Torthorwald,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Bell, Collin, Torthorwald, Pauper

(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 James Bell to the Southern Counties Asylum, and to sanction his admission into the the said Asylum.

John Hamilton

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

Dated this 22d (4) day of January — One thousand eight hundred and 86 —

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 Bell
2. Sex and Age,	Male. 16 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Collin Torthorwald
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	
8. Length of time Insane,	Second
9. Whether first Attack,	14 years
10. Age (if known) on first Attack,	S.C. Asylum
11. When and where previously under Examination and Treatment,	four or five days
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	Torthorwald
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	22d Jany
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 Bell, Collin, Torthorwald (Father)
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 22d — day of January — One thousand eight hundred and 86

(*To be signed by Party applying*) John Hamilton,
Inspector of Poor,
Torthorwald

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 Smith Kerr
being a (1) graduate of Glasgow University
and being in actual practice as a (2) Physician,
hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Bell, a pauper Collin, Torthorwald and that the said James Bell 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 greatly excited. in fact quite Maniacal, and can only be controlled by force

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

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

Father and sister say he has got beyond his control, and quite mad. He was a patient [illegible]

Name and Medical Designation, W S Kerr M D &c

Place of Abode, Dumfries

DATED this 22nd day of Jany One thousand eight hundred and Eighty six 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, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Bell, a pauper from Collin, Lorthorwald and that the said James Bell 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 expression of face & general demeanour indicate mental disorder. He refuses to speak or answer questions.

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

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

Mr Smith, Head attendant informs me that Bell has had previous residence in this asylum

Name and Medical Designation, J Hunter Dryden M

Place of Abode, 39 Castle Street, Df

DATED this 23rd day of January One thousand eight hundred and eighty six

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 Smith Kerr ——— being (1) Graduate of Glasgow University, Physician & hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries ———, seen and personally examined James Bell ———, 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.

W S Kerr M.D.

DATED this 22nd day of January — One thousand eight hundred and Eighty Six years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Stoke (3) Sheriff Substitute, of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John Hamilton, Inspector of Poor, Torthorwald, Certificates under the hands of William Smith Kerr, ——— and James Hunter Dryden ———, 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 (6) James Bell, Collin, Torthorwald, (a pauper) and that the said James Bell, ——— is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Bell ——— as a Patient into the (8) Public — Asylum of Southern Counties 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 Bell, ——— which accompanied the said Petition.

DATED this Twenty fifth day of January, One thousand eight hundred and eighty six years.

David Boyle Stoke

To the Superintendent of the (9) Asylum of Public Southern Counties Dumfries

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

No 1887.

James Bell,

Forthorwald.

Admitted 22 January 1886

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) Counties of Dumfries & ~~Galloway~~ *and his Substitutes,—*

The Petition of Peter Galloway Inspector of Poor of Mochrum

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Thorburn Blacksmith your Petitioner's (3) Pauper 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 Thorburn to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

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

Peter Galloway

DATED this Twenty fifth (4) day of January One thousand eight hundred and eighty six

(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 Thorburn
2. Sex and Age,	Male, 34 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Croctown, Parish of Kirkmabreck
7. Place where Found and Examined,	Fort William
8. Length of time Insane,	four weeks
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	34 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	four weeks
13. Supposed Cause,	not known
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,	not yet known
18. Date of becoming Chargeable,	21st January 1886
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,	David Thorburn Fort William Father of John Thorburn a woman in straitened circumstances 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.

DATED this 25th day of January One thousand eight hundred and eighty six

(To be signed by Party applying) Peter Galloway Inspector of Poor Parish of Mochrum

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, Robert Bird Selley being a (1) Doctor of Medecine of Edinburgh University a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Thorburn, Blacksmith Portwilliam a pauper and that the said John Thorburn 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 will dethrone the Queen & he will become King and his wife Queen of England. that he will get any quantity of money out of the Mi

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

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

He would get twenty horses from Sir Herbert Maxwell & dri by paisley and Glasgow to London and make McKowean his coachman at a salary of £50.000 a year. from Police Constable McKowean portwilliam

Name and Medical Designation, Robert B. Selley MD & L.R.C.

Place of Abode, Portwilliam

DATED this 24th day of January One thousand eight hundred and eighty six.

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 Dohie being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John Thorburn, Blacksmith Portwilliam and that the said John Thorburn 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 a stupefatuous look, talks about being King of World - has control of the mint - that he will present me with anything I want - offer to take me to Paris & buy splendid horses.

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

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

David Thorburn his father says he talks about great things. If he is restrained he becomes violent, and he did strike a person who attempted to restrain him.

Name and Medical Designation, John Robert Dohie (Mdn)

Place of Abode Whithorn.

DATED this 24th day of January One thousand eight hundred and eighty six.

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 Bird Selby being (1) a Doctor of Medicine Edinburgh and licentiate of Royal College of Surgeons. hereby certify, on soul and conscience, that I have this day, at (2) Portwilliam in the County of Wigtown, seen and personally examined John Thorburn, Blacksmith, 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.

Robert B. Selby M.D. & L.R.C.S.E.

DATED this 24th day of January One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, John Doig Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Galloway Inspector of Poor of Mochrum Certificates under the hands of Robert Bird Selby M.D. & L.R.C.S.Ed. Portwilliam and John Robert Dobie M.B. & C.M. Wigtown, 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 Thorburn, Blacksmith (Pauper) and that the said John Thorburn 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 Thorburn as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Thorburn which accompanied the said Petition.

DATED this twenty fifth day of January — One thousand eight hundred and eighty six

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

John Doig L.S.

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

John Thorburn,
Mochrum.
Admitted 25 Janry. 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Henry Cardwell. Brewer. Tithebarn St Preston

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Cardwell

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

your Petitioner's (4) 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 Mary Cardwell to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Henry Cardwell

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

DATED this twenty Sixth (5) day of January One thousand eight hundred and Eighty 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,	Mary Cardwell
2. Sex and age,	53
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Her Husband is a Brewer
5. Religious Persuasion, so far as known,	Catholic
6. Previous place of abode,	Tithe Barn St., Preston.
7. Place where found and examined,	
8. Length of time Insane,	Twelve months or more or less
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	52
11. When and where previously under Examination and treatment,	Nowhere
12. Duration of Existing Attack,	Twelve months
13. Supposed Cause,	None can be assigned
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes. She has threatened several times to destroy herself
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,	Henry Cardwell. Husband No
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 26 day of January One thousand eight hundred and 86

(To be signed by the Party applying) Henry Cardwell

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Preston
2. Character of Education.	Imperfect
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful. frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None that I am aware of
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?	Father died from rupture of a bloodvessel during violation Cause of Mothers death not known
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Mental depression, and the notion that the bailiffs were coming to take possession of the house
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.?	Pain in head, sleeplessness, loss of appetite & loss of flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Has lowe gradually got worse
13. What changes have taken place in his bodily symptoms?	do
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	She has threatened to drown herself and she has been seen with a knife in her hand
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Twelve months more or less

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 Hunter Dryden being (1) Licentiate of the Royal Colleges of Physicians, Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Mary Cardwell, 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.

J Hunter Dryden M.R.C.P.S.E.

DATED this twenty sixth day of January One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Richard Bell Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Cardwell
Preston Lancashire and that
the said Mrs Mary Cardwell 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)
looks dull & melancholy - Says she
once threatened to drown herself - Fancies
She is very poor whereas she has plenty

(6) *State the Facts.*

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

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

Name and Medical Designation, Richard Bell Lorraine MRCSEm

Place of Abode, 16 Castle St Dumfries

DATED this twenty eight day of January One thousand eight
hundred and eighty six

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
and Surgeons of Edinburgh
and being in actual practice as a (2) general medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the
Dumfries Railway Station in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Cardwell,
of Preston, Lancashire and that
the said Mrs Mary Cardwell 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 dull &
depressed & is melancholic. She
admits having threatened to destroy
herself -

(6) *State the Facts.*

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

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

Name and Medical Designation, J Hunter Dryden RCP & SEd

Place of Abode, 39 Castle Street, Dumfries

DATED this twenty-eighth day of January One thousand eight
hundred and eighty six years

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 Stewartry.
(3) Insert Name and Designation.

(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.

I, William Herries Shortt (1) Hon Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Henry Cardwell, Brewer, Tithebarn Street, Preston — Certificates under the hands of Richard Bell Lorraine — and James Hunter Dryden —, 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 Cardwell (wife of Petitioner) and that the said Mary Caldwell 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 Cardwell — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Cardwell which accompanied the said Petition.

DATED this twenty eighth day of January One thousand eight hundred and eighty six years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W H Shortt

No. 4826

Name, Mary Cardwell

Date of Admission, 26th Jany 1886.

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 Dumfries & Galloway *and his Substitutes,*—

~~Forthorwald~~ The Petition of John Hamilton, Inspector of Poor, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hellen Kirkpatrick your Petitioner's (3) Pauper 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 Hellen Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

John Hamilton

(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 January One thousand eight hundred and eighty 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,	Hellen Kirkpatrick
2. Sex and Age,	Female. 43
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agricultural day labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	D.
8. Length of time Insane,	
9. Whether first Attack,	first
10. Age (if known) on first Attack,	43
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	a week
13. Supposed Cause,	Scrofulous diathesis, Pleuro-pneumonia &c
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,	Forthorwald
18. Date of becoming Chargeable,	15th January 1886
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,	William Kirkpatrick, Collin, Father not known
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 29th day of January One thousand eight hundred and Eighty six

(*To be signed by Party applying*) John Hamilton
Inspector of Poor

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, William Smith Kerr being a (1) Graduate of Glasgow University or and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 20 Castle Street Dumfries in the Cou Dumfries separately from any other Medical Practit visited and personally examined (4) Helen Kirkpatrick, a pauper Collin, Torthorwald and the said Helen Kirkpatrick is a (5) person of unsound mind, and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a pa restless, excited condition, sleepless and refuses food — talking and singing songs and psalms mixed, constantly and incoherently.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Inspector and her friends state that she has in the state as above for days, and cannot control at home.

Name and Medical Designation, W S Kerr MCD &c

Place of Abode, Dumfries.

DATED this 29th day of Jany. One thousand eig hundred and Eighty Six 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.*

(6) *State the facts.*

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

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Codgr of Physicians of Edinburgh and being in actual practice as a (2) general praditioner hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County o Dumfries separately from any other Medical Practitione visited and personally examined (4) Helen Kirkpatrick, a paupe from Collin, Torthorwald and the said Helen Kirkpatrick 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 excited, noisy and restless. She talks incoherently & is constantly talking or singing — Attimes she becomes violent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By the Inspector Mr Hamilton — That for the past week she has been in an excited & deterious condition

Name and Medical Designation, J Hunter Dryden M

Place of Abode, 39 Castle Street D.F.

DATED this 30th day of January One thousand eight hundred and eighty six 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 Smith Kerr
being (1) Physician
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Helen Kirkpatrick, 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.

W. S. Kerr M.D.

DATED this 29th day of Jany. One thousand eight hundred and Eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope Esquire, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Hamilton
Inspector of Poor Torthorwald
Certificates under the hands of William Smith Kerr
and James Hunter Dryden, 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 Kirkpatrick, Collin, Torthorwald (pauper), and that the said
Helen Kirkpatrick 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 Helen Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties 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 Helen Kirkpatrick which accompanied the said Petition.

DATED this 2nd day of February One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

---

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

Helen Kirkpatrick

Admitted 29th Jany 1886

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

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 Dumfries & Galloway at ~~of~~ Kirkcudbright *and his Substitutes,—*

The Petition of John Watson, Inspector of Poor of Twynholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McCartney, on the Poor's Roll of Twynholm 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 McCartney to the Southern Counties Asylum and to sanction ~~the~~ admission into the said Asylum.

(SIGNED) John Watson, Insp.r of Poo

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

DATED this Thirteenth (*) day of January one thousand eight hundred and eighty 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,	Janet McCartney.
2. Sex and Age,	Female, 79 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Hodsholder — No occupation.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Twynholm Village.
7. Place where Found and Examined,	Twynholm Village
8. Length of time Insane,	8 days.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	79 years.
11. When and where previously under Examination and Treatment,	never.
12. Duration of existing Attack,	8 days
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not at present
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	A Pauper on Twynholm 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 his Family known to be or to have been Insane,	Sister, Mrs Mary Bland in Kirkmabreck Parish. Brother, James, Insane — dead many years ago.
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.

(SIGNED)* *Name,* John Watson

DATED this Thirteenth day of January one thousand eight hundred and eighty Six

* To be Signed by the Party applying.

[4.]

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 Moffat being a (1) Bachelor of Medicine and Master of Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Twynholm Village in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet McCartney, residing in Twynholm Village - Pauper and that the said Janet McCartney 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 believes and possesses that some one unknown to her, and as soon as she retires to bed sets a going some kind of infernal Machine which floods her with steam and drenches her bed clothes and ~~bed~~ clothing with the and touches all the flesh of her body; and that owing to the boo and snoring of this Machine she cannot sleep and is thereby bringing by inches.

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

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

(2) She believes that the Inspector and myself are conspiring together to murder her, and positively refuse to take any Medicine from me because she thinks we want to poison her.

(SIGNED) *Name and Medical Designation,* James Moffat M.B., C.M.

Place of Abode, Church Place - Kirkcudbright

DATED this Thirtieth day of January One thousand eight hundred and eighty six.

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 MacMyn being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Twynholm Village in the County of Kirkcudbright Shire separately from any other Medical Practitioner visited and personally examined (4) Janet McCartney, Twynholm Village, a Pauper and that the said Janet McCartney 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 has been annoyed for the last few days by her neighbours showering down steam upon her. She cannot sleep at night for this.

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

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

The Inspector informs me, that she thinks that, he (the Inspector) and the Medical Officer, together, have a design to kill her.

(SIGNED) *Name and Medical Designation,* John MacMyn M.B., C.M.

Place of Abode Kirkcudbright

DATED this thirtieth day of January one thousand eight hundred and eighty-six.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

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

I, John Williamson (1) Esqr. Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Watson Certificates under the hands of James Moffat and John Hastings, 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 McCartney Pauper, — and that the said Janet McCartney 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 McCartney — as a Patient into the (6) Southern Counties Asylum of Dumfries — 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 Janet McCartney which accompanied the said Petition.

(SIGNED) John Williamson J.P.

DATED this Thirtieth day of January one thousand eight hundred and eighty six

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

---

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

Janet McCartney

Admitted 1st Feby 1886

insert date
age of patient.

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)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Paterson, your Petitioner's (3) Pauper, 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 Paterson, to the Southern Counties Asylum, and to sanction his admission into the said Asylum. Two words deleted.

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

(*To be signed by the Party applying*) Miles McInnes

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

Dated this Second (4) day of February, One thousand eight hundred and Eighty Six 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,	David Paterson.
2. Sex and Age,	Male — 28
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Coachsmith.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Coach & Horses Close Dumfries
7. Place where Found and Examined,	Burgh Police Office
8. Length of time Insane,	Some considerable time
9. Whether First Attack,	yes
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*],	no where
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No I don't think so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	1st Feby 1886.
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,	Thomas Paterson, Father, resides at Coach & Horses Close, Dumfries 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.

Dated this First day of February, One thousand eight hundred and Eighty Six years.

(*To be signed by the Party applying*) Miles McInnes

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, Thomas Houghton Mitchell
being a (1) Licentiate of the Royal College of Surgeons of Physicians Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Police
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) David Paterson, Coach & Horse Ho
and that the said Pauper David Paterson 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 delusions that he has not slept at all for more than four months; that nerve cords run through him and that he has lost all sensation. His appearance & actions are indicative of mental melancholia.

(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 endeavored to drown himself in the Nith this morning.

Name and Medical Designation, T Houghton Mitchell

Place of Abode, 14 Castle St.

DATED this first day of February One thousand eight hundred and Eighty six

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, Joseph Garibaldi Marshall,
being a (1) Graduate in Medicine of the Univ 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) The Police Office Dumfries
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) David Paterson
and that the said David Paterson 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 states that he has not slept for several weeks. That he is afraid he is not saved and that the Almighty will damn him for ever; and that this along with pains in his head was the cause for attempting

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Sergeant (Gibson) of Police states he attempted to drown himself the night and after being rescued struggled to get into the water again

Name and Medical Designation, J G Marshall M

Place of Abode, 27 Buccleuch Street

DATED this First day of February One thousand eight hundred and Eighty Six

David Boyle Sheriff

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. Houghton Mitchell
being (1) a LRCP&SE
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Police Office
in the County of Dumfries, seen and personally examined
David Paterson, 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.

T Houghton Mitchell LRCP&SE

DATED this first day of February, One thousand eight hundred and Eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries of
having had produced to me, with a Petition at the instance of (3) Miles Mc Innes Inspector of Poor, Dumfries,
Certificates under the hands of Thomas Houghton Mitchell,
and Joseph Garibaldi Marshall, 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 Paterson, Coach Horses Close, Dumfries (a pauper) and that the said David Paterson, is a (5) furious of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Paterson, as a Patient into the (6) Public Asylum of Southern Counties 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 Paterson, which accompanied the said Petition.

DATED this Second day of February, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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

David Paterson.

Dumfries

Admitted 1st February 1886

1

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)
of Renfrew & Bute *and his Substitutes,—*
The Petition of Patrick Corletto Spirit Merchant Paisley
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Corletto 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 John Corletto to the Crichton Institution or Asylum Dumfries 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) Pat^{k} Costello

DATED this tenth (4) day of February One thousand eight hundred and Eighty six 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,	John Corletto
2. Sex and Age,	Male - Aged 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	12 Gilmour St Paisley
7. Place where Found and Examined,	do do do
8. Length of time Insane,	On this occasion for ~~one~~ a Month or two
9. Whether First Attack,	no - Second
10. Age (if known) on First Attack,	about 30 years of age
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	about 4 years in Argyle District Asylum from which he was discharged about two years ago.
12. Duration of Existing Attack,	a Month or two
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	yes.
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,	Father Patrick Corletto Spirit Merchant 12 Gilmour St Paisley. no
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 tenth day of February One thousand eight hundred and Eighty six years.

(To be signed by the Party applying) Pat^{k} Costello

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. Hon 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) 12 Elmore Street of Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) John Costello and that the said John Costello 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 standing up in bed with hands clapped looking cautiously around as if seeing something wonderful and muttering do you hear and talking incoherently about Hallowe'en &c &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Parents say he stood all night as seen and could not be prevailed to lie down — that he has become recently unmanageable — and that he was previously an inmate of a Lunatic Asylum

Name and Medical Designation, J. B. Hunter M.D.

Place of Abode, 31 St James St Paisley

DATED this tenth day of February One thousand eight hundred and Eighty six 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, John Macdougall
being a (1) Licentiate of the Royal College of Physicians & and a Licentiate of the Faculty of Physician & Surgeons of
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 12 Elmore Street Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) John Costello and that the said John Costello 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 of speech & conversation. Cannot answer a single question rationally

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father states that this man has been up all night praying.

Name and Medical Designation, John Macdougall L.R.C.P. & L.F.P.S.

Place of Abode 12 St James St Paisley

DATED this tenth day of February One thousand eight hundred and eighty-six 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Hugh Cowan, advocate (1) Sheriff substitute,
of ~~the~~ (2) Renfrew & Bute ~~of~~
having had produced to me, with a Petition at the instance of (3) Patrick
Costello Spirit Merchant Paisley
Certificates under the hands of John Baird Physician & Paisley
and John Macdonald Surgeon 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)
John Costello and that the said
John Costello 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 Costello as a Patient into the (6) ~~Royal Lunatic~~ Asylum of Crichton Institution Dumfries 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 Costello which accompanied the said Petition.

DATED this Tenth day of February One thousand eight hundred and Eighty six Two words delete.

Hugh Cowan

To the Superintendent of the Asylum at (7) Crichton Institution or Dumfries.

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

John Costello

Admitted 11 February 1886

8547

[FORM B²]

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

GENERAL BOARD OF LUNACY 12 FEB 86 SCOTLAND

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

I, the undersigned John Irving, Inspector of Poor, of Cummertrees being desirous to transfer Margaret Murphy or Flynn at present a Patient in Roxburgh & District Asylum, and (1) a Pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Margaret Murphy or Flynn and a Medical Certificate with respect to her mental and bodily condition.

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

John Irving

(2) Inspector of Poor,

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

DATED at Cummertrees this 12th day of February One thousand eight hundred and Eighty-Six years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Margaret Murphy or Flynn
2. Sex and Age,	Female 37/4 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	20 May 1884
7. Length of time Insane,	1 year 9 months about
8. Whether first Attack,	No
9. Age (if known) on first Attack,	23 years
10. Duration of existing Attack,	See No. 7
11. Supposed Cause,	Lactation
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Slightly
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
16 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,	Sister Mrs Lennan Coffee Close Dumfries. No.

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

(*To be signed by the Applicant*) John Irving

DATED this 12th day of February One thousand eight hundred and Eighty-Six years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

John Costello

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned D. Carlyle Johnstone being (1) a Bachelor of Medicine of Glasgow University hereby certify that I have this day at (2) the District Asylum, Melrose personally examined Margaret Murphy or Flynn at present a Patient in said Asylum, and with respect to her Mental State that

She is a lunatic being unusually irritable excitable & discontented, subject to outbursts of violence, & unable to work steadily;

; and with respect to her

Bodily Health and Condition that

They are somewhat unsound;

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of The Southern Counties at Dumfries.

D. Carlyle Johnstone, M.B.

Dated this eleventh day of February One thousand eight hundred and eighty six years.

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 Murphy or Flynn from Roxburgh District Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

Commissioner.

Dated at Edinburgh, this 12th day of February One thousand eight hundred and – eighty - six.

No 1831.
Margaret Murphy or Flynn
Summoned.
Admitted 15 February 1886

Date of Sheriff's Order.

22nd May, 1884.

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) Dumfries & Galloway of _____ *and his Substitutes,—*

The Petition of Mrs Isabella Milligan of Govan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Milligan your Petitioner's (3) daughter 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 Milligan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

× Isabella Milligan

DATED this Sixteenth (4) day of February One thousand eight hundred and eighty six

(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,	Jessie Milligan
2. Sex and Age,	Female . 28.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Shakspere Terrace Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	about 6 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	a fortnight
13. Supposed Cause,	Weakness
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Yes
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,	Isabella Milligan of Govan Shakspere Terrace Dumfries
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 Sixteenth day of February One thousand eight hundred and eighty six

(*To be signed by Party applying*) × Isabella Milligan

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, Joseph Garibaldi Marsha being a (1) Graduate in Medicine of the Uni of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Shakespea Terrace, Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jessie Milligan Dress and that the said Jessie Milligan is a (5) person of un 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 has a gen al insane appearance. Breaks out into fre bursts of laughter. without any cause. complai of great sleeplessness &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Mother states she broke the Gas pipe. tore dow pictures, and smashed Glass, all last night without any cause. When not sleeping she stand with her feet at the wall when in bed

Name and Medical Designation, J Marshall MB C

Place of Abode, Dumfries

DATED this Fourteenth day of February One thousand eight hundred and eighty six

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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 Smith being a (1) Graduate in Medicine of Edinburgh Univers and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Shakespeare Terrace, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jessie Milligan, Dress Shakespeare Terrace. Dumfries and that the said Jessie Milligan 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) Her insane appearance. & statements regarding her acts States that she could not control herself from attempting to break the furniture. also that she could not get out & had to work although she was

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that she is at times & at times unmanageable. She attempts to & break the furniture. She also laughs & cries unaccountably without cause.

Name and Medical Designation, John Smith MD

Place of Abode 14 Castle St Dumf

DATED this Fourteenth day of February One thousand eight hundred and eighty six.

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, Joseph Garibaldi Marshall being (1) in practice as a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Shakespeare Terrace Dumfries in the County of Dumfries, seen and personally examined Jessie Milligan, 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.

J G Marshall M.B.C.M.

DATED this Fourteenth day of February One thousand eight hundred and Eighty Six

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Isabella Milligan or Bowan, Shakespeare Terrace Dumfries, Certificates under the hands of Joseph Garibaldi Marshall and John Smith, 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 Milligan Dressmaker Shakespeare Terrace Dumfries, Sister to daughter, and that the said Jessie Milligan 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 Milligan as a Patient into the (6) Public Asylum of Southern Counties 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 which accompanied the said Petition.

DATED this Sixteenth day of February One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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

Jessie Milligan.

Admitted 16 February
1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) Sheriff of (2) The County of Lanark

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) William McCallum Clow Minister residing at Cambuslan the Manse, Wishaw humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Andrew Clow

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

your Petitioner's (4) brother residing with petitioner 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 Clow to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

W. M. Clow

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

DATED this 17th (5) day of February One thousand eight hundred and eighty 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,	Andrew Clow
2. Sex and age,	Male 31
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,	At Wishaw
7. Place where found and examined,	at Wishaw
8. Length of time Insane,	Imbecile since birth
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	Educated at Larbert Imbecile Institution
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
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,	None
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,	William McCallum Clow 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.

DATED this 17th day of February One thousand eight hundred and eighty six

(To be signed by the Party applying) W. M. Clow

ADDITIONAL STATEMENT

For the Information of Physician.

1. Birthplace,	Glasgow
2. Character of Education,	Mr Good at Latin h
3. Is the natural disposition cheerful or melancholy—reserved or frank,	cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	—
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Non
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?	Mother died of Heart disease & at age 250. Father died of Inflam. Chimp
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Probably caused by convulsion in infancy
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Has been so from birth
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.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Non
13. What changes have taken place in his bodily symptoms?	Non
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	—

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Cowan
being a (1) Bachelor of Medicine & of Edin. University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) Wishaw
in the County of Lanark separately from any other Medical Practitioner,
visited and personally examined (4) Andrew Clow
F. C. Mason, Cambusnethan and that
the said Andrew Clow 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)
Inability to manage his own affairs. Childish habits, totally unable to converse with any one.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Constantly requires attendance, by his brother.

Name and Medical Designation, John Cowan M.B. Chm.

Place of Abode, Wishaw

DATED this Twelfth day of February One thousand eight hundred and Eighty five.

(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, William Duff
being a (1) Bachelor of Medicine of Edin. University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Wishaw
in the County of Lanark. separately from any other Medical Practitioner,
visited and personally examined (4) Andrew Clow F. C.
Mason Cambusnethan and that
the said Andrew Clow 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) Inability to conduct himself properly in Company — Unable to manage any business for himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Requires constant attendance & supervision by his brother.

Name and Medical Designation, William Duff M.B. Ch.

Place of Abode, Wishaw

DATED this Twelfth day of February One thousand eight hundred and Eighty six.

(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.*

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 Stewartry.
(3) Insert Name and Designation.

I William Ludovic Mair Esquire Advocate Sheriff Sub of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) William McCal Clow Minister residing at Cambusnethan Free Ma Wishaw Certificates under the hands of John Cowan M.B.C.M. and William Duff 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 Andr Clow, residing at Wishaw brother of the Petitioner and that the said Andrew Clow 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 Clow as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Andrew Clow 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 this Nineteenth day of February One thousand eight hundred and eighty six

Wm Ludovic Mair

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

the should be passed through the Booking at Hamilton, Sheriff of Mid Lan Defined like warrant Sheriff

No. 4833.

Name, Andrew Clow

Date of Admission, 22 February 1886

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) Dumfries & Galloway *of* _____ *and his Substitutes*

The Petition of Charles Finlayson Insp. of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Douglas or Gourlay your Petitioner's (3) a Pauper 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 Douglas or Gourlay to the Southn Counties Asylum and to sanction her admission into the said Asylum.

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

C Finlayson

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

Dated this 23rd (4) day of February One thousand eight hundred and Eighty 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,	Jane Douglas or Gourlay
2. Sex and Age,	female - 43.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High Street
7. Place where Found and Examined,	2" days
8. Length of time Insane,	No
9. Whether First Attack,	38
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southn Counties Asylum
12. Duration of Existing Attack,	2 days
13. Supposed Cause,	—
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,	Kirkcudbright
18. Date of becoming Chargeable,	23rd Feby 1886
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,	George Gourlay, Husband High St Kirkcudbt
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 23d day of Feby One thousand eight hundred and

(*To be signed by Party applying*) C Finlayson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Johnstone
being a (1) M. D. of Edin.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Douglas or Gourlay a Pauper
and that
the said Janet Douglas or Gourlay 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) that she is out
in her conduct and language. has been frequently
found in an asylum.

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

(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.*

Name and Medical Designation, Wm Johnstone M. D

Place of Abode, Kirkcudbright

DATED this 23d day of February One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Macmyn
being a (1) M. B. C. M. of Edinburgh
and being in actual practice as a (2) General Practioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Kirkcudbright
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Douglas or Gourlay
a Pauper and that
the said Janet Douglas or Gourlay 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 out-
rageous in conduct, and rambling
and incoherent in manner

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

(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.*

Name and Medical Designation, John Macmyn M.B. C.M.

Place of Abode Kirkcudbright

DATED this 23d day of February One thousand eight hundred and-86

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Alexander Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Inspector of the Poor for the Parish of Kirkcudbright
Certificates under the hands of William Johnstone
and John Macleyn , 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 Douglas or Gourlay and that the said
Janet Douglas or Gourlay 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 Douglas or Gourlay as a Patient into the (6) ~~Poorhouse~~ Asylum of Dumfries 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 Janet Douglas or Gourley which accompanied the said Petition.

DATED this Twenty third day of February One thousand eight hundred and Eighty Six

Robt Gordon S S

To the Superintendent of the (7)
Asylum of Dumfries

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

James Douglas or Gourlay

Kirkcudbright

Admitted 23 February 1886

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) of Dumfries & Galloway *and his Substitutes,—*

The Petition of Peter Galloway, Inspector of Poor, of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anthony Shilland, Blacksmith, Eldrig Village your Petitioner's (3) Pauper 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 Anthony Shilland - Blacksmith to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

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

Peter Galloway, Inspector of Poor

(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 February One thousand eight hundred and Eighty six

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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,	Anthony Shilland
2. Sex and Age,	Male - 70 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Eldrig Village
7. Place where Found and Examined,	Eldrig Village
8. Length of time Insane,	about 3 weeks
9. Whether First Attack,	Fourth attack
10. Age (if known) on First Attack,	About 45 years
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of Existing Attack,	about 3 weeks
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	possibly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18. Date of becoming Chargeable,	24th Feby 1886
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,	Mary Shilland, Glasgow - Daughter of the Patient - Some members of his family died in the Asylum.
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 Twenty eighth day of February One thousand eight hundred and eighty six years

(*To be signed by Party applying*) Peter Galloway, Inspector of Poor
Parish of Mochrum

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, Robert B. Selby being a (1) Doctor of Medecine, Edinburgh University and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Elrig Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Anthony Shilland and that the said Anthony Shilland 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 on incoherently about various subjects
Wants to go to Dumfries to release some one who is suffering the torments of hell

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

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

Mrs Davidson — his landlady — says he has been going to farm houses in the neighbourhood to settle up things before the place, as he has got the power from the almighty to do. Is dirty in his habits — wetting & soiling his clothes & the bed

Name and Medical Designation, Robert Bird Selby M.D. & L.R.C.S. Ed.

Place of Abode, Portwilliam

DATED this 27th day of February One thousand eight hundred and eighty six

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 Dobie being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Elrig Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Anthony Shilland and that the said Anthony Shilland 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 incessantly talking incoherently about religious subjects says he is the roaring lion of the tribe of Judah — the prince of all power. Restless.

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

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

Mrs Margaret Dickson, residing in Elrig village says that he told her he had a special mission from the almighty — that all people elected by him must follow him wherever he

Name and Medical Designation, John Robert Dobie M.B. Cen. Edinr.

Place of Abode Whitborn.

DATED this 28th day of February One thousand eight hundred and eighty six.

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 Bird Selby being (1) Doctor of Medicine Edinburgh University & Graduate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Drug Village in the County of Wigtown, seen and personally examined Anthony Shilland, 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.

Robert B. Selby

DATED this 27th day of February One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Galloway Inspector of Poor of Mochrum Certificates under the hands of Robert Bird Selby, M.D. & L.R.C.S.E. Portwilliam and John Robert Dodds M.B. C.M. Whithorn, 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) Anthony Shilland (Pauper) and that the said Anthony Shilland 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 Anthony Shilland as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anthony Shilland which accompanied the said Petition.

DATED this first day of March One thousand eight hundred and eighty-six

Wm Mackie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

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

Anthony Shilland

Mochrum

Admitted 3 March 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Sheriff of Dumfries & Galloway

_____ *and his Substitutes.*

(3) Insert Name and Designation.

The Petition of (3) H. M. Archdale of Willow Bank Kingstown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Montgomery Archdale,

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

your Petitioner's (4) 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 Montgomery Archdale to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

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

DATED this 6th X H. M. Archdale X (5) day of March Father One thousand eight hundred and Eighty 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,	Montgomery Archdale
2. Sex and age,	28
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Solicitor
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous place of abode,	Kingstown Ireland
7. Place where found and examined,	Crichton Royal Institution Dumfries
8. Length of time Insane,	
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	28 years
11. When and where previously under Examination and treatment,	no where
12. Duration of Existing Attack,	3 or 4 years
13. Supposed Cause,	Sedentary life, & Religious depression
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,	H. M. Archdale, Willow Bank Kingstown - Ireland. Father
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 fourth day of March One thousand eight hundred and Eighty six

(To be signed by the Party applying) X H. M. Archdale X

Father

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Bryden
being (1) Licentiate of the Royal College of Physicians Edinr
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Mr Montgomery Archdale, 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.

J Hunter Bryden M.R.C.S.

DATED this fourth day of March One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mr. Montgomery Archdale of Willow Bank, Kingstown, Ireland and that the said Montgomery Archdale 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) His expression of countenance & general bearing indicate mental disorder. He is very indecisive in his conversation and frequently contradicts himself. He imagines that by eating & drinking, he injures those who sit at the same table.

(6) *State the Facts.*

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

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

Dr. Keay informs me that Mr. Archdale has been a voluntary patient in this Institution for several months.

Name and Medical Designation, J. Hunter Dryden L.R.C.P.

Place of Abode, 39 Castle Street Dumfries

DATED this fourth day of March One thousand eight hundred and eighty six years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Fred. H. Clarke, being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mr. Montgomery Archdale of Willow Bank, Kingstown, Ireland, and that the said Mr. Montgomery Archdale 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) The general expression of the patient's countenance and bearing. His answers to the same questions are very contradictory within short intervals. ~~That~~

(6) *State the Facts.*

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

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

That he has been a voluntary patient in the Asylum for some time (4½ months) (communicated by Dr. Keay)

Name and Medical Designation, Fred. H. Clarke M.B. C.M.

Place of Abode, 37 Castle Street Dumfries

DATED this Sixth day of March One thousand eight hundred and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) A. M. A. of Willow Bank, Kingstown, Ireland Certificates under the hands of James Hunter Dryden and Frederick A. Clarke, 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) Montgomery Archdale of Willow Bank, Kingstown, Ireland (Petitioners son) and that the said Montgomery Archdale (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Montgomery Archdale as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 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 this Sixth day of March, One thousand eight hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4836.

Name, Montgomery Archdale

Date of Admission, 4 March 1886

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)~~ Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McJames, Inspector Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Thomson,

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

your Petitioner's (3) pauper, 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 Southern Counties Asylum and to sanction his admission into the said Asylum. two words deleted

(*To be signed by the Party applying*) Miles McJames

(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 March, One thousand eight hundred and Eighty five 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,	James Thomson
2. Sex and Age,	Male 83 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Gardener
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Moorhead's Hospital Dumfries
7. Place where Found and Examined,	"
8. Length of time Insane,	about three weeks
9. Whether First Attack,	=
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*],	no other
12. Duration of Existing Attack,	—
13. Supposed Cause,	old age
14. Whether subject to Epilepsy,	no it might be
15. Whether Suicidal,	"
16. Whether Dangerous to others,	"
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	10th March 1886
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,	Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	yes
	none

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

DATED this 10th day of March One thousand eight hundred and Eighty five years.

(*To be signed by the Party applying*) Miles McJames P. P.
Inspector Poor
Dumfries.

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 Scott
being a (1) Graduate of the University 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) Moorhead Hospital Dumfries
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Thomson residing in Moorhead Hospital a Pauper and that the said James Thomson 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) He is furious and endeavours to escape from the Hospital. He is restless. Has delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) similar to the above. The Matron and other inmates of the Hospital

Name and Medical Designation, Wm Scott MD &c

Place of Abode, 26 Castle St Dumfries

DATED this Tenth day of March One thousand eight hundred and 86

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, Joseph Garibaldi Marshall
being a Graduate in Medicine 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) ~~Lunatic~~ Asylum Mo~~rhead~~ Hospital Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Thomson
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 is very delirious. States that people are waiting to hang him, and talks in a general rambling way

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

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

Name and Medical Designation, J. G. Marshall MB

Place of Abode Dumfries

DATED this Eighth day of March One thousand eight hundred and Eighty six

2 words delete

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 Scott, being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Moorheads Hospital in the County of Dumfries, seen and personally examined James Thomson, 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.

Wm Scott M.D.

DATED this Tenth day of March One thousand eight hundred and 86

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor, Dumfries, Certificates under the hands of William Scott and Joseph Garibaldi Marshall 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 Moorhead Hospital, Dumfries and that the said James Thomson is a (5) person of unsound mind (a Pauper) 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 (6) Public Asylum of Southern Counties 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 Thomson, which accompanied the said Petition.

DATED this Eleventh day of March, One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

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

James Thomson

Dumfries

Admitted 10 March 1886

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) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Peat your Petitioner's (3) Pauper 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 Peat to the Southern Counties Asylum, and to sanction her admission into the said Asylum. Two words delete

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

(*To be signed by the Party applying*) Miles McInnes

(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 March — One thousand eight hundred and Eighty Six 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,	Mary Peat
2. Sex and Age,	Female — 17 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Swans Vennel, Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	No
10. Age (if known) on First Attack,	15 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	S.C. Asylum Left it 30 Jany 1884
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
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,	Dumfries
18. Date of becoming Chargeable,	11th March 1886
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,	Mrs Peat, her mother resides at Swans Vennel Dumfries no
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 11th day of March One thousand eight hundred and Eighty Six years.

(*To be signed by the Party applying*) Miles McInnes P. p.

Insp. of Poor
Dumfries

James 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, Joseph Garibaldi Marsh being a (1) Graduate in Medicine of 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) Swans Vennel in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Peat and that the said May Peat 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 laughs without any cause. Has certain delusions not too well marked. Patient has a general insane appea

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mother states she suffers from sleeplessness and takes fits of very bad [illegible] and threatens to kill herself by jumping of the window. Shews very filthy in her habits

Name and Medical Designation, J G Marshall M

Place of Abode, Dumfries

DATED this Eleventh day of March One thousand eight hundred and Eighty six

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 Smith being a (1) Graduate in 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) Swans Vennel Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Peat. Swans Vennel a Pauper and that the said Mary Peat 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 insane ideas & method of conversation. States that she would like to return to the asylum where she had formerly been: want of sane realization

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that she is quite unmanageable wandering about the house at night & disturbing everybody near her.

Name and Medical Designation, John Smith M

Place of Abode, 14 Castle St. Dumfries

DATED this 11th day of March One thousand eight hundred and eighty six 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, Joseph Garibaldi Marshall
being (1) Graduate in Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Swan's Hotel
in the County of Dumfries, seen and personally examined
Mary Peat, 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.

J G Marshall MB CM

DATED this Eleventh day of March One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff-substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of Joseph Garibaldi Marshall
and Alan Smith, 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 Peat Swan's Hotel, Dumfries (a Pauper) and that the said
Mary Peat 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 Peat as a Patient into the (6) Public Asylum of Southern Counties 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 Peat, which accompanied the said Petition.

DATED this Twelfth day of March One thousand eight hundred and eighty six.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

Mary Peat.

Dumfries

Admitted 11 March 1886

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 Dumfries & Galloway, *and his Substitutes*,—

The Petition of James Brown, Inspector of Poor, Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Mitchell ———

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

your Petitioner's (3) Pauper ——— 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 Ann Mitchell, ——— to the Southern Counties Asylum, Dumfries — and to sanction her admission into the said Asylum.

James Brown Inspector of Poor

(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 March — One thousand eight hundred and Eighty 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,	Ann Mitchell
2. Sex and Age,	F. 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wanlockhead. Sanquhar
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	A few days.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	43 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	Not Known
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,	Sanquhar
18. Date of becoming Chargeable,	First in May 1872 and continuously since.
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,	James Mitchell, Brother, residing at Wanlockhead, Sanquhar.
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 Fifteenth day of March — One thousand eight hundred and Eighty six

(*To be signed by Party applying*) James Brown

P P

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Wilson
being a (1) Licentiate of Royal College of Physicians
Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Wanlockhead
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ann Mitchell. Wanlockhead
Pauper.
and that the said Ann Mitchell 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) General rattlesn
delusions, thinks says I am Mitchell sisters.
herself on my legs and prayed without ceasing
compares me with Rev. Dr Porteous

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
threatens to stab her niece. Hands all
will not stay in the house.

Name and Medical Designation, John Wilson L.R.C.P.

Place of Abode, Wanlockhead

Dated this fifteenth day of March One thousand eight hundred and eighty six

(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, Wm Kay
being a (1) Licentiate of the Faculty of Physi
and Surgeons Glasgow
and being in actual practice as a (2) General Practioner
hereby certify, on soul and conscience, that I have this day, at (3) Sanquhar
Railway Station
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ann Milchell of Want
Head, a pauper
and that the said Ann Mitchell 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 much
excited talks at times incohere
and is restless.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She cries loudly the most of the n
and has threatened to slat her n

Name and Medical Designation, Wm Kay, Surgeon.

Place of Abode Sanquhar

Dated this 16th day of March One thousand eight hundred and eighty six

(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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, —, having had produced to me, with a Petition at the instance of (3) James Brown, Inspector of Poor, Sanquhar, Certificates under the hands of John Wilson — and Wm Kay, —, 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) Ann Mitchell, Wanlockhead, Sanquhar — and that the said Ann Mitchell, — is a (5) lunatic and a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Mitchell, — as a Patient into the (6) Public — Asylum of Southern Counties, — 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 Ann Mitchell, — which accompanied the said Petition.

DATED this Sixteenth — day of March — One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

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

Ann Mitchell,

Sanquhar.

Admitted 16 March 1886

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 Dumfries & Galloway *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor for Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gibson your Petitioner's (3) pauper 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 Gibson to the Dumfries 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.

John Johnston
Inspector of Poor

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

DATED this Seventeenth (4) day of March — One thousand eight hundred and Eighty six 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,	Mary Gibson
2. Sex and Age,	female 31 years.
3. Married, Single, or Widowed,	Single - 31 years
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Queen Street Newton Stewart
7. Place where Found and Examined,	Queen Street Newton Stewart
8. Length of time Insane,	ten weeks ill
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	ten weeks
13. Supposed Cause,	Health was ruined & depressed since a young man to whom she was to be married ran away on the day before that fixed for the ceremony
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	She has struck her father who has however taken his stick to her previously
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	17 Feby 1886
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 the Family known to be or to have been Insane,	James Gibson, tailor Queen Street Newton Stewart
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no

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

DATED this Seventeenth day of March One thousand eight hundred and Eighty six years

(*To be signed by Party applying*) John Johnston
Inspector of Poor P. P.
for Penninghame

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 68 Lumsden Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Gibson, Seamstress. 68 Lumsden R. Newton Stewart, Wigtown, Pauper and that the said Mary Gibson 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 very much altered in her countenance expressing a good deal of paleness, which is strongly detrimental to her parents. Supposes that her present illness has been brought upon her by them; that they have neighbours and others conspiring against her. She imagines that her power is passing away from her.

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her parents state that when she is very noisy disposed to tear her clothes to pieces, to go about naked and to abuse them &c.

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

Name and Medical Designation, James Clark, L.R.F.P.S.

Place of Abode, Newton Stewart

DATED this Sixteenth day of March One thousand eight hundred and eighty six Years

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gibbons Dickson
being a (1) Doctor of Medicine - University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) 68 Lumsden Street Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Gibson, Seamstress. 68 Lumsden Street, Newton Stewart. Pauper and that the said Mary Gibson 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)
Expression of countenance and behaviour unnatural. Memory and other intellectual faculties impaired: incoherent raving: dull dejection, seemingly without cause. Obstinate and refuses to do what she is requested.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother says that some weeks ago she had calm and lucid intervals, but now none: that she has frequent fits of excitement during which she tears her clothes: that she often lies and addresses imaginary persons

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

Name and Medical Designation, James G. Dickson. M.D.

Place of Abode Woodlea. Newton Stewart.

DATED this Sixteenth day of March One thousand eight hundred and Eighty Six 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor for Penninghame
Certificates under the hands of James Clark L.F.P.S. Newton Stewart
and James G. Dickson M.D. Newton Stewart, 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 Gibson seamstress Newton Stewart (Pauper) and that the said
Mary Gibson 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 Gibson as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Gibson which accompanied the said Petition.

DATED this seventeenth day of March One thousand eight hundred and eighty six

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

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

No 1840.
Mary Gibson,
Pennington.
Admitted 14 March
1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Susan Woodcock of 7 Mount Verdon Terrace, Cork

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Joseph Woodcock, Commission agent, Cork

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

your Petitioner's (4) 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 William Joseph Woodcock to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

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

DATED this ~~Twentieth~~ Twenty-fourth (5) day of March, One thousand eight hundred and Eighty six.

Susan Woodcock

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 Joseph Woodcock
2. Sex and age,	Male - Age Thirty six
3. Married, Single, or Widowed,	married
4. Condition of Life and previous Occupation (if any),	Commission Agent
5. Religious Persuasion, so far as known,	Wesleyan methodist
6. Previous place of abode,	Cork. 7 Mount Verdon Terrace Cork
7. Place where found and examined,	Cork
8. Length of time Insane,	About eight months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	At home - and at Osborne's private Asylum. Blackrock. Cork for three months (and last three months at home)
12. Duration of Existing Attack,	
13. Supposed Cause,	overwork
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. 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,	His brother. John James Woodcock. 2 Everleigh Villas. Blackrock. Cork no
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 ~~Twentieth~~ Twenty-fourth day of March, One thousand eight hundred and Eighty six

(To be signed by the Party applying) Susan Woodcock

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Youghal. Co Cork
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	~~Rather~~ reserved. but rather cheerful in business.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady, industrious and strictly temp
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Father died at 64. hastened by a fall Mother of failing health at 67 or 8 Sister of consumption at 23.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	None known of
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	not known of
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression
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.?	Complained of sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	First very dull and depressed Now rather violent
13. What changes have taken place in his bodily symptoms?	Has got stouter
14. Is he dirty, destructive, untidy, or obscene?	His language has got objectionable
15. Has he threatened or attempted violence to himself? If so, in what way?	Cannot say that he has
16. Has he threatened or attempted violence to others? If so, in what way?	His shown a disposition to violence to his wife
17. How long has he been insane?	about eight months

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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Ed hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined William Joseph Woodcock, 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.

J Hunter Dryden LRCSE

DATED this 18th day of March One thousand eight hundred and eighty ~~[illegible]~~ six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden ——— being a (1) Licentiate of the Royal College of Physicians & Surgeons, Edinburgh & ——— and being in actual practice as a (2) physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day at (3) Dumfries Railway Station, ——— in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) William Joseph Woodcock - Commissariat Agent, Cork - and that the said William Joseph Woodcock 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) His expression of face & general demeanour is that of an insane person. He says that he died in June last & was buried in the old churchyard at Cork. He says that he knows me well, that I stayed with his sisters, in Cork twelve years ago.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his brother in law - Alfred Nicholson - He has been very violent, has threatened his wife - Has had previous residence in an asylum

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

Name and Medical Designation, } J Hunter Dryden MRCS.

Place of Abode, 39 Castle Street Dumfries

DATED this 18th day of March One thousand eight hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) William Joseph Woodcock, Commissariat Agent 7 Mount Verdon Terrace Cork and that the said William Joseph Woodcock 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) His depressed appearance; refusal to answer any questions put to him except very much, then swears & becomes violent.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by William Davies - Attendant that he refuses food, and swears and becomes violent if urged to take it.

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

Name and Medical Designation, } Alex. Thomson MD &c
Castle St Dumfries

Place of Abode,

DATED this Nineteenth day of March One thousand eight hundred and eighty six years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Stoke, — (1) Sheriff Substitute, —
of the (2) County of Dumfries, ——
having had produced to me, with a Petition at the instance of (3) Susan Woodcock
of 7 Mount Verdon Terrace Cork, ——
Certificates under the hands of James Hunter Dryden, ——
and Alexander Thomson ——, being two Medical Person
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care an
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat
Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Joseph Woodcock Commission Agent Cork, and that the sai
William Joseph Woodcock, is a (5) person of unsound mind (Petitioner's husband)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t
receive the said William Joseph Woodcock, as a Patient into th
Crichton Royal Institution for the Insane at Dumfries, and I authorize his —
Transmission to the said Asylum accordingly; and I transmit you herewith the sai
Medical Certificates, and a Statement regarding the said William Joseph Wood
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 this Twentieth day of March, One thousand eigh
hundred and eighty six.

David Boyle Stoke

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 11011.

Name, William Joseph Woodcock

Date of Admission, 19 March 1886

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway *of the* (2) Sheriffdom and his Substitutes for the County of Kirkcudbright

The Petition of James Dunsmore, Inspector of Poor, Lochar

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anna Stimming your Petitioner's (3) Pauper 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 Anna Stimming to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

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

James Dunsmore

(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 eight hundred and Eighty Six

STATEMENT.

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

Christian Name and Surname of Patient at length,	Anna Stimming
Sex and Age,	Female, 38 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Gatlestown
Place where Found and Examined,	Do
Length of time Insane,	about three weeks
Whether First Attack,	yes
Age (if known) on First Attack,	–
When and where previously under Examination and Treatment,	–
Duration of Existing Attack,	about three weeks
Supposed Cause,	Always more or less excitable
Whether subject to Epilepsy,	–
Whether Suicidal,	–
Whether Dangerous to others,	Rather
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochar
Date of becoming Chargeable,	March 25th 1886
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
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 Twenty Fifth day of March One thousand eight hundred and Eighty Six

(*To be signed by Party applying*) James Dunsmore

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 Robert Dobie, being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Extreme point Garliestown in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Skinning, Pauper and the said Ann Skinning 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 very excitable, does everything in an aimless way, chatters incessantly, threatens violence to imaginary persons — and also she has no children avers that she has and they

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Eliza Lawson, neighbour says that she is very restless and at times frame threatens to set the house on fire. She whistle and sing at one time and curse at another

Name and Medical Designation, John Robert Dobie

Place of Abode, Whithorn

DATED this 25th day of March One thousand eight hundred and eighty-six.

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 Charles Douglas being a (1) Doctor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Extreme point in the village of Garliestown in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Skinning, dorn seventh Garliestown, pauper and the said Ann Skinning 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) Excitable & talkative, imagines people many years dead are still in the house. Says she has a husband & family, altho' she never was married & has had no children.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Agnes Skinning, her nephew says the morning she threatened to burn the house and at the same time lifting an axe said she would cleave the skull of her niece

Name and Medical Designation, John C. Douglas M.D.

Place of Abode St. Ninians Whithorn

DATED this Twenty fifth day of March One thousand eight hundred and eighty six 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dunsmore Inspector of Poor, Sorbie
Certificates under the hands of John Robert Dobie M.B. and John Charles Douglas M.B. both of Whithorn, 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)
Ann Shimming (Pauper) and that the said
Ann Shimming 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 Ann Shimming as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Ann Shimming which accompanied the said Petition.

DATED this twenty seventh day of March One thousand eight hundred and eighty six

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

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

Ann Skinning,
Sorbie
Admitted 24 March
1886

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) Dumfries & and Galloway *and his Substitutes,—*

The Petition of William Sproat, Inspector Poor Balmaghie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Mitchel

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

your Petitioner's (3) pauper, 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 Mitchel to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying). William Sproat

(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 eight hundred and eighty 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,	Agnes Mitchell.
2. Sex and Age,	Female 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Milliner & maid Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glenlochar
7. Place where Found and Examined,	North Lodge - Balmaghie
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	26
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Now previously under treatment
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Severe attack of illness
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Slight so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaghie
18. Date of becoming Chargeable,	29th March 1886.
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,	Mother Mrs Mary Mitchell - North Lodge - Balmaghie No member of family 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 30th day of March — One thousand eight hundred and eighty six

(To be signed by the Party applying) William Sproat

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 Nivison
being a (1) Graduate 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) North Lodge Balmaghie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Mitchell and that the said Agnes Mitchell 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 - frequently rocking herself in her [illegible] in an absent or pre-occupied manner - sometimes fusing to answer questions - fancies her mother [illegible] witch and that her brother is plotting against and in some way got possession of her heart &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother says that she on one occasion [illegible] her mother - seizing her by the throat & knocking down - calls her brother a blackguard and he murdered some of his neighbours

Name and Medical Designation, John Nivison M.B.C.M.

Place of Abode, Castle Douglas

DATED this Twenty eight day of March One thousand eight hundred and eighty six

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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, Walter Lorraine
being a (1) Graduate of Edin. Univer
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) The Lodge Balmaghie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Mitchell Pauper and that the said Agnes Mitchell 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 & peevish - Has unreasonable dislike to those with whom she lives & expresses it in the most violent ma[illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother & brother say she is dangerous to them threatening & actually struck[illegible] & does outrageous action in the house

Name and Medical Designation, Walter Lorraine M[illegible]

Place of Abode Castle Douglas

DATED this Twenty ninth day of March One thousand eight hundred and eighty six

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Young Herries Sproat Hy Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Sproat Inspector of Poor Balmaghie Kirkcudbright
Certificates under the hands of John Nivison
and Walter Lorraine, 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 Mitchell North Lodge Balmaghie (a pauper) and that the said Agnes Mitchell 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 Mitchell as a Patient into the (6) Public Asylum of Southern Counties 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 Mitchell, which accompanied the said Petition.

DATED this Thirtieth day of March One thousand eight hundred and eighty six.

D H Sproat

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

Agnes Mirehill

Balmaghie

Admitted 30 March 1886

8618

[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.

I, the undersigned John Graham Senr,
being desirous to transfer John Graham Junr.
a present a Patient in Murray Royal Asylum, and (1) whose name is known as John Graham Junr, from the said Asylum to the Crichton Institution Dumfries. I hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Graham Junr, and a Medical Certificate with respect to his mental and bodily condition.

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

GENERAL BOARD OF LUNACY 25 MAR 86 SCOTLAND

John Graham Senr
(2) Father.

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

DATED at Elgin this 23rd day of March one thousand eight hundred and eighty six years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Graham Junr.
2. Sex and Age,	Male. ~~Twent~~ thirty years of age.
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. Date of Admission into Asylum,	19 June 1885.
7. Length of time Insane,	Since 19th June 1885.
8. Whether first Attack,	yes.
9. Age (if known) on first Attack,	Twenty nine years of age.
10. Duration of existing Attack,	nine months.
11. Supposed Cause,	unknown.
12. Whether subject to Epilepsy,	no.
13. Whether Suicidal,	no.
14. Whether Dangerous to others,	no.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	not chargeable,
16. 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 Graham Senr. Father. Inverkeilor Callander Perthshire. - No member of Family ever been insane.

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

(*To be signed by the Applicant*) John Graham Senr

DATED this 23rd day of March One thousand eight hundred and eighty six years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned A. Urquhart.

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Md. Inns. Aberd.
hereby certify that I have this day at (2) Perth Royal Asyl
personally examined John Graham at present
Patient in said Asylum, and with respect to his Mental State that
he is excitable and demonstrative
generally weak minded ?
; and with respect to his
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

A. Urquhart. Md.

Dated this 22 day of March One thousand eight hundred and 86

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
John Graham Junior
from Perth Royal Asylum
to Crichton Royal Institution
, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald *Commissioner.*

Dated at Edinburgh, this 25th day of March One thousand eight hundred and - eighty - six.

No 1884 H.
John Graham Junior
Admitted 30th March 1886

Date of Sheriff's Order.

June 19. 1886. in date.

8606.

[FORM B.]

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

GENERAL BOARD OF LUNACY 22 MAR 86 SCOTLAND

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

I, the undersigned George Hutchison residing at Hyde Park Cottage Greenock being desirous to transfer Alexander Mackie Hutchison at present a Patient in Perth Royal Asylum and detained at my instance the Patient being my Son from the said Asylum to the Crichton Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Alexander Mackie Hutchison and a Medical Certificate with respect to his mental and bodily condition.

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

George Hutchison

(2) Father of Patient

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

DATED at this day of One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alexander Mackie Hutchison
2. Sex and Age,	Male. Age 43.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Shipman & Boatbuilder
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	in 1871
7. Length of time Insane,	nearly 17 years
8. Whether first Attack,	first
9. Age (if known) on first Attack,	about 27
10. Duration of existing Attack,	ever since
11. Supposed Cause,	cannot say
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	At times
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. 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 George Hutchison Hyde Park Cottage Greenock No

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

(To be signed by the Applicant) George Hutchison

DATED this day of One thousand eight hundred and

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alexander Reid Urquhart being (1) M.D. University of Aberdeen hereby certify that I have this day at (2) Perth Royal Asylum personally examined Alexander Moodie Hutchison at present a Patient in said Asylum, and with respect to his Mental State that he is suffering from dementia, and is of dangerous habits

; and with respect to his Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Alex Urquhart M.D.

Dated this 19 day of March One thousand eight hundred and 86

(1) State Medical Qualifications.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (1) George Hutchi to authorize the transfer of Alexander Moodie Hutchi from Perth Royal asylum to Dumfries Royal asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alexander Moodie Hutchison as requested.

John Sibbald *Commissioner.*

Dated at Edinburgh, this 22nd day of March One thousand eight hundred and eighty-six.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Date of Sheriff's Order:-
24th July 1871.

No 1816.
Alexander Moodie Hutchison
Admitted 31 March 1886

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

No. 4846.
John McGhie,
Balmaclellan
Admitted 31 March 1886

(Copies.)

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) ~~Stewartry~~ Dumfries &c
of ~~Kirkcudbright~~ and the Substitutes,—

The Petition of George Cottart Inspr of Poor Balmaclellan Parish Kirkcudbrightshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Ghie, under-dresser

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

your Petitioner's (3) Pauper 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 Mc Ghie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

George Cottart. Inspr of Poor

(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 March — One thousand eight hundred and Eighty 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,	John Mc Ghie
2. Sex and Age,	Male - 46 -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Molecatcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High park Cottage Born here
7. Place where Found and Examined,	do do
8. Length of time Insane,	Fourteen days -
9. Whether First Attack,	— First Attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Fourteen days.
13. Supposed Cause,	Want of Work.
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,	Balmaclellan.
18. Date of becoming Chargeable,	29th March 1886.
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,	Mrs James Coates. Longues Kirkcudbrightshire - Sister None Insane as far as Known.
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 30th day of March — One thousand eight hundred and Eighty

(*To be signed by the Party applying*) George Cottart
Inspr of Poor
Balmaclellan

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Arthur
being a (1) Bachelor of Medicine, and Master of Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High Park Cottage, Balmaclellan in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John McGhie, Pauper, Mole-Catcher, High Park Cottage Balmaclellan and that the said John McGhie 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) *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)

Refuses to take food from his wife thinking that it is poisoned.

(6) *State the facts.*

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

John Aitken, Policeman, New Galloway. tells me ~~that~~ the said John McGhie is wandering about the district, picking up whatever he sees under the belief that it belongs to himself. numerous complaints have been lodged against him.

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

Name and Medical Designation, David Arthur M.B. & Ch.

Place of Abode, New Galloway.

DATED this Thirteth day of March One thousand eight hundred and eighty six

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 35 Buccleuch Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John McGhie, Mole Catcher High Park Cottage, Balmaclellan, Pauper, and that the said John McGhie 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) He imagines his wife is going to poison him with arsenic. His facial expression indicates mental disorder.

(6) *State the facts.*

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

John Aitken, Policeman, New Galloway informs that he squeezed his body into such a small space that the flooring had to be removed to get him out.

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

Name and Medical Designation, Hugh Cunningham M.R.C. Edin. &c.

Place of Abode 25 Castle Street, Dumfries

DATED this thirty first day of March One thousand eight hundred and eighty six years

(*Copies.*)

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 Arthur
being (1) a Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) High Park Cottage, Bal
in the County of Kirkcudbright, seen and personally examined
John Mc'Ghie, 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.

David Arthur M.B.

DATED this thirtieth day of March One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, Norman Macpherson (1) Sheriff
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) George Bollart, Inspector of Poor, Balmaclellan,
Certificates under the hands of David Arthur,
and Hugh Cunningham, 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 McGhie Mole Catcher High Park Cottage, Balmaclellan (a pauper)
John McGhie, and that the said
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 McGhie as a Patient into the (6) Public Asylum of Southern Counties 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 McGhie which accompanied the said Petition.

DATED this thirty first day of March One thousand eight hundred and eighty six.

Norman Macpherson

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

---

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

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) Peebles & Bute and his Substitutes,—

The Petition of Allan Pinkerton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Phillips Pinkerton 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 Phillips Pinkerton to the Crichton Institution Dumfries 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) Allan Pinkerton

DATED this 2nd (4) day of April One thousand eight hundred and Eighty six.

(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 Phillips Pinkerton
2. Sex and Age,	Female Age 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	56 Brownlow St Pauls
7. Place where Found and Examined,	do do do
8. Length of time Insane,	Nine Months
9. Whether First Attack,	yes - but has previously shown Symptoms of Insanity
10. Age (if known) on First Attack,	49 years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never under treatment previously about Nine Months
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,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	2 April 1886 -
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,	Allan Pinkerton Grant Merchant 56 Brownlow St Pauls
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 2nd day of April One thousand eight hundred and Eighty six

(To be signed by the Party applying) Allan Pinkerton 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 Holms
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) 43 Broomlands
in the County of Renfrew Paisley separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Philips
and that
the said Margaret Philips Pinkerton 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. Has a melancholy look
2nd. Cries often without cause
3rd. Has delusions — thinks her brother supper from Canada

(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 Holms

Place of Abode, 44 High St. Paisley

DATED this 31st day of March One thousand eight hundred and Eighty Six.

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, Francis Rhenan
being a (1) Bachelor 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) 5-6 Broomlands
in the County of Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Philips or Pinkerton
and that
the said Margaret Philips or Pinkerton 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) From my Character both attitude & behaviour I am suffering from melancholy which is together with delusions connected mind: that is shall I find any explanation. In my opinion think that she has some fear hanging over

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband informs me that she is the thing attacks: that the first began as a fear I cannot [illegible] thoughts & then extended to [illegible] thoughts [illegible] suffering from [illegible] Canada. I now [illegible] she is they [illegible] strangers at present residing from [illegible]

Name and Medical Designation, Francis Rhenan Med. Pr.

Place of Abode 95 High St. Paisley.

DATED this 2nd day of April One thousand eight hundred and eighty six.

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 Holms
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 43 Broomlands, Paisley
in the County of Renfrew, seen and personally examined
Margaret Phillips Pinkerton, 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.

John Holms M. D.

DATED this 31st day of March One thousand eight ~~hundred~~ and eighty seven

(1) State medical qualification. (2) State place of examination.

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

I, James A Dunn (1) Sheriff Substitute
of ~~the~~ (2) Renfrew & Bute of
having had produced to me, with a Petition at the instance of (3) Allan Pinkerton
Jewellery Merchant 56 Broomlands Paisley
Certificates, under the hands of John Holms M.D. Paisley
and Frank Shearer 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)
Margaret Phillips or Pinkerton and that the said
~~Margaret Phillips~~ Pinkerton 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 Phillips or Pinkerton as a Patient into the (6) ~~Asylum~~ Crichton Institution Dmfs, 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 Phillips or Pinkerton which accompanied the said Petition.

DATED this Second day of April One thousand eight hundred and eighty seven

James A Dunn

To the Superintendent of the (7) Crichton
~~Asylum of~~ Institution Dmfries

---

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

Mrs Margaret Phelps
Pinkerton

Admitted 3 april 1886

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 (2) ~~Lothians and Peebles~~ County Sheriffdom of Midlothian and Haddington, *and his Substitutes,*— The Petition of Archibald Constable, of 11 Thistle Street, Edinburgh, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Gilchrist, spinster, ——, your Petitioner's (3) intimate friend ——, 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 Gilchrist —— to the —— 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) Archibald Constable

DATED this eighth 12th (4) day of April, —— One thousand eight hundred and eighty-six.

(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 Gilchrist
2. Sex and Age,	female — about 71.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	member of the Established Church of Scotland
6. Previous Place of Abode,	24 Pitt Street, Edinburgh
7. Place where Found and Examined,	24 Pitt Street, Edinburgh.
8. Length of time Insane,	— about a week as far as known.
9. Whether First Attack,	— no
10. Age (if known) on First Attack,	— about 50 to 60 —
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Both at Morningside and at the Crichton Institution Dumfries, — at Morningside some seven or eight years ago —
12. Duration of Existing Attack,	about a week
13. Supposed Cause,	unknown to the petitioner
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,	Anne Gilchrist, c/o Mr. Edwin Reynolds, Bessbrook, Co. Armagh — sister — more or less insane for a number of years —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this eighth day of April, —— One thousand eight hundred and eighty-six.

(To be signed by the Party applying) Archibald Constable

P. p.

MEDICAL CERTIFICATE, No. 1.

I, the undersigned, James Foules
being a (1) Docta 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) 24 Pitt St
Edinburgh
in the County of Edinburgh, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Gilchrist
and that the said Mary Gilchrist 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: (4)
says her room is occupied by women of bad cha
one of whom is illiterate and a swindler &c
that they have involved her (Mrs Gilchrist) in their wicke
conversation very incoherent — great confusion as to date and p

2. Other facts (if any) indicating Insanity communicated to me by others: (4)
Does not sleep at night time. — will not go
bed for fear the women in her room. Has con
delusions as to persons &c very suspicious

Name and Medical Designation, James Foules MB

Place of Abode, 34 Henry Row Edinb.

DATED this eighth day of April One thousand eight hundred and eighty two

(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.

(4) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians Edinb.
and being in actual practice as a (2) General practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Mary Gilchrist
24 Pitt Street, Edinburgh
and that the said Mary Gilchrist 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: (4) She is confused as to time & place — is incoherent — frequently she imagines that she is suffering from blood-poisoning, and in consequence will not allow any one to touch her, &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (4)

Name and Medical Designation, J Hunter Dryden LRCP Ed

Place of Abode 39 Castle Street Dumfries

DATED this twelfth day of April One thousand eight hundred and eighty six years.

(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.

(4) *State the facts.*

(4) *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, James Foulis. M.D.
being (1) a Physician
hereby certify, on soul and conscience, that I have this day, at (2) 24, Pitt St, Edinburgh.
in the County of Edinburgh, seen and personally examined
Miss Mary Gilchrist, 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 Foulis. M.D. F.R.C.P.E.

DATED this Ninth day of April One thousand eight hundred and Eighty Six.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Herries Shortt, (1) Esquire, Honorary Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Archibald Constable,
of 11 Thistle Street, Edinburgh,
Certificates under the hands of James Foulis,
and James Hunter Dryden, 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 Gilchrist, Spinster, of 24 Pitt Street, Edinburgh, (petitioners friend) and that the said
Mary Gilchrist, 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 Gilchrist, as a Patient into the
(6) Public Asylum of Crichton Royal Institution 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
which accompanied the said Petition.

DATED this Twelfth day of April, One thousand eight hundred and eighty six.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution

W. H. Shortt

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

No 4878

Miss Mary Gilchrist

Admitted 9th April

1886

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 (1) County of Dumfries and Galloway~~ *and his Substitutes.*

The Petition of Peter Agnew Crofter Greyhill Aldince

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that peter Agnew son of 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 peter Agnew to the Southern Asylum Dumfries and to sanction his admission into the the said Asylum.

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

Peter Agnew

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

Dated this ninth (4) day of April One thousand eight hundred and Eighty six 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,	Peter Agnew
2. Sex and Age,	Male 36
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	crofter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Grey Hill Aldince Prestonpans
7. Place where Found and Examined,	Grey Hill Aldince
8. Length of time Insane,	1 month
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	35 years
11. When and where previously under Examination and Treatment,	0
12. Duration of existing Attack,	one month
13. Supposed Cause,	Intemperance and over fatigue
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	slight he as he has to be restrained
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,	Peter Agnew. his Father Greyhill none ever 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 ninth day of April One thousand eight hundred and Eighty six years

(*To be signed by Party applying*) Peter Agnew

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 McConnach
being a (1) Licentiate of the Royal College of
Edinburgh
and being in actual practice as a (2) a general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Greyhill
Parish of old Luce
in the County of
Wigtown
separately from any other Medical Practitioner
visited and personally examined (4) Peter Agnew
and that
the said Peter Agnew
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)
Thinks the house was on fire that he was
used as the people round him that they is
Last Day Gabbly sickness and is so
And ejected that he requires Constant wat
and restraint

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father informs me that three men
themselves on the ceiling of the Room
And keep him Nauseated. &c

Name and Medical Designation, Wm McConnach LRCS

Place of Abode, Glenluce Wigtownshire

DATED this Ninth day of April One thousand eight
hundred and Eighty six 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, David Matthews
being a (1) Bachelor of Medicine and Master in Surgery
of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Graphael
Highlown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Peter Agnew
and that
the said Peter Agnew
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 a wild deranged expression makes
attempts to get out of the house Today he broke a
in the attempt says he signed the wrong paper and the
day has come wants people to get away as the sea is
He is very violent and requires 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 mother states that he is always wanting
would go through the window unless restrained
Is continually talking about the Last Day of the
requires to be held by force. Today he attempted
to scratch her &c &c

Name and Medical Designation, David Matthews MB

Place of Abode, Glenluce

DATED this Ninth day of April One thousand eight
hundred and eighty six 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William M'Gibbon Esquire (1) Sheriff Substitute of ~~the (2)~~ Dumfries and Galloway having had produced to me, with a Petition at the instance of (3) Peter Agnew Crofter residing at Greyhill Parish of Old Luce Certificates under the hands of William M'Cormack Surgeon Glenluce and David Matthew Surgeon there, 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) Peter Agnew the petitioner sor and that the said Peter Agnew Junior is a (5) Lunatic or person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Agnew Junior as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Peter Agnew Junior which accompanied the said Petition.

DATED this tenth day of April One thousand eight hundred and eighty six

W. M'Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

No 4849

Peter Agnew

Admitted 13th April

1886

35 & 36 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William A. Morton Cashier 12 West Cumberland St Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Caroline Georgina Cavendish Morton your Petitioner's (4) 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 Caroline Georgina Cavendish Morton to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

Wm A Morton

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

DATED this 12th (5) day of April One thousand eight hundred and eighty six 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,	Caroline Georgina Cavendish Morton
2. Sex and age,	Female 32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Member of Church of Scotland
6. Previous place of abode,	12 West Cumberland St Glasgow
7. Place where found and examined,	12 West Cumberland St Glasgow
8. Length of time Insane,	about eight months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	about six or eight months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatens to become so
16. Whether Dangerous to others,	Not at all.
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,	Isabella Hyde Morton Mother of the Patient 12 West Cumberland St Glasgow. None
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 12th day of April One thousand eight hundred and eighty six years

(To be signed by the Party applying) Wm A Morton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Norton
being a (1) Physician & M.D.

and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 12 West Cumberland St, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Caroline G. C. Norton and that the said Caroline G.C. Norton 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) *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)
Asserts that she has polluted the whole world and ought to be poisoned – that she is in hell and wicked spirits are

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Continually speaking to her &c.

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

2 Mother is becoming alarmed as her daughter is shewing ~~symptoms of~~ suicidal tendencies

Name and Medical Designation, James Norton M.D.

Place of Abode, 5 Newton Terrace, Glasgow

Dated this 12th day of April One thousand eight hundred and eighty six

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Greenhill
being a (1) Dr Phy & Professor of Surgery Glasgow

and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 12 West Cumberland Street, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Caroline Georgina Sheridan Norton and that the said Caroline Georgina Sheridan Norton 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) Evil, her raving under the belief of having to drink the fatal cup which is both deep and is dark, her voices speaking within her

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mother Brother Sister that she has expressed desire to strangle herself, & must be watched or she will

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

Name and Medical Designation, James Greenhill M.D.

Place of Abode, 204 Bath Street, Glasgow

Dated this 12th day of April One thousand eight hundred and eighty six

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Guthrie (1) Sheriff Substitut
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) William A
Morton, 12 West Cumberland Street Glasgow.
Certificates under the hands of James Stirton
and Samson Grammell, being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined (
Caroline Georgina Cavendish Morton Petitioner
Sister & residing at 12 West Cumberland St. Glasgow and that the sa
Caroline Georgina Cavendish Morton is a (5) Lunatic & person of
unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Caroline Georgina Cavendish Morton as a Patient into th
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the sa
Medical Certificates, and a Statement regarding the said Caroline Georgina Cavendish Morton
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 this Twelfth day of April One thousand eigh
hundred and eighty six

B.O.J.

W Guthrie

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Caroline G. C. Morton,

Date of Admission, 13th April 1886.

No. 3100

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) Dumfries and of Galloway and his Substitutes,—

The Petition of John Maxwell. Insp.r of Poor, Irongray.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Hughes, Garden-Labourer, your Petitioner's (3) Pauper,

(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 Henry Hughes, to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Maxwell.

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

DATED this Nineteenth (4) day of April One thousand eight hundred and eighty six 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,	Henry Hughes
2. Sex and Age,	Male. 53 past on the 9th of August.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Garden Labourer long time
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	same house. long time
7. Place where Found and Examined,	Mitchells Lane. Maxwelltown
8. Length of time Insane,	a few days.
9. Whether First Attack,	First attack.
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*],	Never under Treatment before.
12. Duration of Existing Attack,	a few days.
13. Supposed Cause,	Ord Mental Exertion. great Reader of books.
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,	Parish of Irongreer.
18. Date of becoming Chargeable,	19. April 1886
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,	Has a sister Roseann Hughes. resides in Church street Maxwelltown, and a brother Foster at the Roman Catholic Chapel-House. Dumfries. Father slightly deranged-before he died.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None,

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

DATED this Nineteenth day of April One thousand eight hundred and eighty six years.

(*To be signed by the Party applying*) John Maxwell. Insp.r of Poor. Parish of Irongreer.

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 Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians, Edinburgh
and being in actual practice as a (2) general practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Mitchell's Lane, Maxwelltown, Dumfries in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Henry Hughes, Labourer, a Pauper and that the said Henry Hughes, 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 and at times excited. He talks incoherently, and is suspicious of those nearhim —

(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 on Sunday last he paraded the streets nearly all day, and read lessons, from a book to the crowd accompanying him, —

Name and Medical Designation, J Hunter Dryden LRCP.

Place of Abode, 39 Castle Street, Dumfries

DATED this nineteenth day of April One thousand eight hundred and eighty six 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, John Cunningham
being a (1) Licentiate of the Royal Colleges of Physicians Surgeons Edinburgh & 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) Mitchell's Lane, Maxwelltown, Dumfries — in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Henry Hughes, Labourer, Pauper, Mitchell's Lane and that the said Henry Hughes — 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 facial appearance indicates mental disorder He talks incoherently.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
was running about the streets yesterday in a very excited state. Mrs Steel, Market St. was informing me that he has been in this state for some considerable time.

Name and Medical Designation, John Cunningham M.D. C.M. Edin.

Place of Abode Dumfries

DATED this nineteenth day of April One thousand eight hundred and eighty six 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 Hunter Dryden, being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Maxwelltown in the County of Kirkcudbright, seen and personally examined Henry Hughes Labourer, 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.

J Hunter Dryden Lrcpsl

DATED this 19th day of April One thousand eight hundred and 86 years

(1) State medical qualification. (2) State place of examination.

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

I, William Harries Shortt (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Inspector of Poor, Troqueer John Maxwell, Certificates under the hands of James Hunter Dryden and John Cunningham, 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 Hughes Labourer, McClelle Lane, Maxwelltown (a Pauper) and that the said Henry Hughes, 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 Hughes as a Patient into the (6) Public Asylum of Southern Counties 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 Hughes, which accompanied the said Petition.

DATED this Nineteenth day of April, One thousand eight hundred and eighty six years.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

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

Newry Hughes

Iroquois,

Admitted 19th April 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries ~~[illegible]~~ and Galloway, ——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Robert Ferguson Farmer, Hawclenghside, by Sanquhar, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Ferguson, ——— your Petitioner's (4) 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 David Ferguson, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

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

Robert Ferguson

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

DATED this eighteenth (5) day of April — One thousand eight hundred and eighty 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,	David Ferguson
2. Sex and age,	Male 52
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Anchenson
7. Place where found and examined,	Hawclengh side
8. Length of time Insane,	2 weeks.
9. Whether First Attack,	first
0. Age (if known) on First Attack,	—
1. When and where previously under Examination and treatment,	—
2. Duration of Existing Attack,	3 weeks
3. Supposed Cause,	—
4. Whether subject to Epilepsy,	—
5. Whether Suicidal,	—
6. Whether Dangerous to others,	Threatening
7. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private
8. Date of becoming Chargeable,	—
9. 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 Ferguson, above designed. No other member affected.
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 eighteenth day of April — One thousand eight hundred and eighty six.

(To be signed by the Party applying) Robert Ferguson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Mennock Toll Sanquhar
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No -
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?	"Apoplexy" father Ld age mother
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not known.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Alteration of conduct fancy & more depressed
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.?	First - Want of appetite sleepness - occasionally giddiness falling off in flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None mentally ~~but appetite ravenous~~
13. What changes have taken place in his bodily symptoms?	Appetite ravenous
14. Is he dirty, destructive, untidy, or obscene?	Sometimes in bed
15. Has he threatened or attempted violence to himself? If so, in what way?	Threatened to strike the servant
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	3 weeks.

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 Davidson ——— being (1) Master of Surgery and Bachelor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Hackleigh side in the County of Dumfries ———, seen and personally examined David Ferguson ———, 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.

Andrew Davidson

DATED this eighteenth day of April One thousand eight hundred and eighty six.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Anstruther Davidson,
ng a (1) Master of Surgery and Bachelor of Medicine of Glasgow University,
l being in actual practice as a (2) Physician
eby certify, on soul and conscience, that I have this day at (3) Hacleughside, in the County of Dumfries, separately from any other Medical Practitioner, ited and personally examined (4) David Ferguson, Hacleughside, and that said David Ferguson, is a (5) person of unsound mind and a proper person to be detained ler Care and Treatment, and that I have formed this opinion upon the following unds, 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)

(6) *State the Facts.*

He has become taciturn & irritable & continually muttering and restless.

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

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

He has threatened to knock the brains out of the servant. Refuses to go to bed. has broken part of the furniture because he thought he had not enough food

Brother & sister in law

Name and Medical Designation, Anstruther Davidson M.B. Chs.

Place of Abode, Langrahan

DATED this eighteenth day of April — One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Thomas Davidson,
ng a (1) Bachelor of Medicine & Master of Surgery of Glasgow University,
l being in actual practice as a (2) Physician & Surgeon
eby certify, on soul and conscience, that I have this day, at (3) Hacleughside, in the County of Dumfries, separately from any other Medical Practitioner, ited and personally examined (4) David Ferguson and that said David Ferguson, is a (5) person of unsound mind, and a proper Person to be detained ler Care and Treatment, and that I have formed this opinion upon the following unds, 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)

(6) *State the Facts.*

efuses to speak when spoken to. Refuses to leave his chair, to go to bed. alks of having had a call from the Lord &c.

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

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

Defaecates in bed. Eats enormous quantities of bread cheese eggs &c generally stealing them. Has broken furniture although formerly good natured he now refuses to obey.

Brother and Sister-in-law

Name and Medical Designation, Thomas Davidson M.B. C.M.

Place of Abode, Thornhill

DATED this eighteenth day of April — One thousand eight hundred and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Stevenson Shortt Esq (1) Sheriff Substitute, of the (2) County of Dumfries, ——— having had produced to me, with a Petition at the instance of (3) Robert Ferguson, Farmer, Hawelinghside by Langnhar, ——— Certificates under the hands of Archibald Davidson, ——— and Thomas Davidson, ———; 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 Ferguson, Farmer, Hawelinghside by Langnhar, and that the said David 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 David Ferguson, ——— as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Ferguson 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 this Twenty first day of April, — One thousand eight hundred and eighty six.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. S. Shortt

Name, David Ferguson

Date of Admission, 19 April 1886

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 Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander Leith Davidson, Inspector of Poor Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Sewright a pauper in charge of Inspector of Poor.

(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 David Sewright, to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

Alex. L. Davidson

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

DATED this Nineteenth (4) day of April —One thousand eight hundred and Eighty 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,	David Sewright.
2. Sex and Age,	Male. 25 year.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Outpatient sanctioned by Board of Lunacy formerly Agricult Labourer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ruthwell from Southern Counties Asylum.
7. Place where Found and Examined,	Ruthwell.
8. Length of time Insane,	Six years
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	19
11. When and where previously under Examination and Treatment,	From 19 Dec. 1883 to 14 June 1884. Southern Counties Asylum
12. Duration of Existing Attack,	Continuous.
13. Supposed Cause,	Creeping paralysis.
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,	Ruthwell.
18. Date of becoming Chargeable,	7th February 1884.
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 Beck. Ruthwell Village Grandmother Every member of the Family have become 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 Nineteenth day of April — One thousand eight hundred and Eighty six

(*To be signed by Party applying*) Alex. L. Davidson

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, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Ruthwell
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) David Seivewright Pauper
and that the said David Seivewright
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) An imbecile look & manner, a want of control over his physical & mental condition.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Means confinement in an asylum, he threaten to injure his neighbours &c.

Name and Medical Designation, D Mackenzie MB. CM.

Place of Abode, Annan.

DATED this nineteenth day of April One thousand eight hundred and eighty six 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, A Baillie Macbean
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Ruthwell Village
in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) David Seivewright, Pauper
and that the said David Seivewright
is an idiot
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 am Medical attendant on the patient Board of Lunacy, & have been cognisant of his insanity for years.

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

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

Name and Medical Designation, A Baillie Macbean MB

Place of Abode The Moat Annan

DATED this Nineteenth day of April One thousand eight hundred and eighty six

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Young Harries Shortt Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Leith Davidson Inspector of Poor Ruthwell
Certificates under the hands of Daniel Mackenzie
and R. Baillie Macbean, 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 Seivwright Ruthwell Village (a Pauper) and that the said David Seivwright is a (5) Lunatic an Idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Seivwright as a Patient into the (6) Public Asylum of Southern Counties 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 Seivwright which accompanied the said Petition.

DATED this Twentieth day of April One thousand eight hundred and eighty six.

D H Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

David Deiwright
Rutherell.

Admitted 20 April 1886

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) Counties~~ *of* Dumfries Shire & Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor, Urr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Maxwell, your Petitioner's (3) ~~Patient~~ Pauper 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 Maxwell to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

John Lowden Inspector

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

Dated this 23d — (4) day of April, — One thousand eight hundred and 86

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 Maxwell
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	about two years
9. Whether First Attack,	no
10. Age (if known) on First Attack,	Was for a Short time in the S. C. Asylum
11. When and where previously under Examination and Treatment,	about two years ago
12. Duration of Existing Attack,	
13. Supposed Cause,	
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,	Urr
18. Date of becoming Chargeable,	chargeable since first attack
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,	
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 23d day of April — One thousand eight hundred and 86

John Lowden Insp.

(*To be signed by Party applying*)

Rewrite Pewwright

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 M'Clachan
being a (1) Graduate of the University of Edinburg
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 17 High
Dalbeattie — — — in the Cou
Kirkcudbright — separately from any other Medical Practitio
visited and personally examined (4) Mary Maxwell — Pau
— — — — and
the said Mary Maxwell — — is a (5) Person
unsound mind — and a proper Person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Is restless
& excited, tells me that she is disturbed
by people during the night — abusive

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Is at present in Probation —

Name and Medical Designation, Robert M'Clachan

Place of Abode, Dalbeattie —

DATED this twenty second day of April One thousand ei
hundred and eighty six —

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 Paterson Ferris MD —
being a (1) Graduate of the University of Glasg
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 17 High
Dalbeattie — — — — — in the County
Kirkcudbright — separately from any other Medical Practitione
visited and personally examined (4) Mary Maxwell. pauper
— — — — — —

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, ~~William Kerr Smith~~, (1) Honorary Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Howden, Inspector of Poor, Urr, Certificates under the hands of Robert Mc Kerchar, and John Paterson Lewis, 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 Maxwell, 17 High St Dalbeattie Widow (a pauper) and that the said Mary Maxwell, 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 Maxwell, as a Patient into the (6) Public Asylum of Southern Counties, 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 Maxwell which accompanied the said Petition.

DATED this Twenty third day of April One thousand eight hundred and eighty six.

W. H. Smith

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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

Mary Maxwell,

Urr.

Admitted 23 April 1886

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (1)~~ Dumfries and Galloway and his Substitutes,—

The Petition of George Drysdale Inspector of Poor, Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Fairies

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's (2)~~ your Petitioners Pauper 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 Fairies to the Southern Counties Asylum and to sanction his admission into the said Asylum.

George Drysdale, Inspector of Poor Whithorn

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

DATED this twenty ~~third~~ second (3) day of April One thousand eight hundred and eighty six.

STATEMENT.

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

Christian Name and Surname of Patient at length,	William Fairies
Sex and Age,	Male 60 years
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Isle of Whithorn
Place where Found and Examined,	
Length of time Insane,	Seven weeks
Whether First Attack,	No Previously in asylum
1 Age (if known) on First Attack,	51 years
1 When and where previously under Examination and Treatment,	Southern Counties Asylum
1 Duration of Existing Attack,	seven weeks
1 Supposed Cause,	
1 Whether subject to Epilepsy,	no
1 Whether Suicidal,	says so
1 Whether Dangerous to others,	No
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1 Date of becoming Chargeable,	
1 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 Kennedy or Fairies Isle of whithorn Mother
2 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 twenty ~~third~~ second day of April One thousand eight hundred and eighty six

(*To be signed by Party applying*) George Drysdale

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 Charles Douglas. being a (1) Doctor of Medicine of Glasgow Univer[illegible] & Licentiate of the Royal Coll. of Surgeons of Edin[illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Isle of W[illegible] Parish of Whithorn in the County Wigtown separately from any other Medical Practitione[illegible] visited and personally examined (4) William Fairies. Labor[illegible] Isle of Whithorn. Pauper and th[illegible] the said William Fairies is a (5) person of unsound mind and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless and [illegible]citable, will not sit down. Says the devil incites him to destroy himself by drowning

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Helen Fairies, his sister, says he has slep[illegible] little these seven weeks. always excited [illegible] terrified he may do something on himself

Name and Medical Designation, John C. Douglas M.D.

Place of Abode, St. Ninians, Whithorn

DATED this Nineteenth day of April One thousand eigh[illegible] hundred and eighty six 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, John Robert Dobie being a (1) Bachelor of Medicine and a Master in Surgery of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician and Surg[illegible] hereby certify, on soul and conscience, that I have this day, at (3) Isle of Whithorn, Parish of Whithorn in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) William Fairies, [illegible] Isle of Whithorn a pauper and that the said William Fairies 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) Nervous [illegible] manner, walks up & down muttering himself — says he has a burning pain [illegible] the top of his head — has a fear that he will [illegible] himself.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Peter Milroy, Blacksmith, Isle of Whi[illegible] says he has been my restless for two [illegible] sleeps badly at night — gets excitable at [illegible] and threatens his relatives.

Name and Medical Designation, John Robert Dobie [illegible]

Place of Abode Main Street, Whith[illegible]

DATED this Twentieth day of April One thousand eight[illegible] hundred and eighty six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor Whithorn
Certificates under the hands of John B. Douglas M.D. Whithorn
and John Robert Dobie M.B. Whithorn , 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 Fairies, Pauper and that the said
William Fairies 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 Fairies as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Fairies which accompanied the said Petition.

DATED this Twenty second day of April One thousand eight hundred and eighty six

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

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

No 4855.

William Fairies

Whitburn

Admitted 23 April 1886

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County of~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Hume Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Shannon your Petitioner's (3) Pauper 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 Shannon to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Robert Hume

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

Dated this 27th (4) day of April One thousand eight hundred and eighty six

(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.

Christian Name and Surname of Patient at length,	Agnes Shannon
Sex and Age,	Female 54
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	No Occupation
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Flat Stair Gatehouse
Place where Found and Examined,	Flat Stair Gatehouse
Length of time Insane,	4 years
Whether First Attack,	First attack
Age (if known) on First Attack,	47 years
When and where previously under Examination and Treatment,	Albert St. Dalbeattie
Duration of Existing Attack,	4 years
Supposed Cause,	Unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Offensive
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Anwoth
Date of becoming Chargeable,	27th August 1872
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 Shannon or Hairston Sister. Father considered to be insane
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 twenty seventh April One thousand eight hundred and eighty

(*To be signed by Party applying*) Robert Hume

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, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Shannon (a pauper) and that the said Agnes Shannon (Pauper) 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 dull and melancholy - her furniture was sold against her will a year ago and she states says is the cause of her melancholy. . Is very sleepless at night

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Dumfries William Hume. says girls who live with her could not get any [illegible] in the house - also the [illegible] mentioned [illegible]

Name and Medical Designation, Richard B Lorraine MB

Place of Abode, 16 Castle St Dumfries

DATED this twenty eighth day of April One thousand eight hundred and eighty six

---

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 Nichol M.D. being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Fleet St, Lochmaben - 7 Fleet St Rockcleugh in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Shannon, (a pauper) and that the said Agnes Shannon of unsound Mind 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, at times very excited - Leaves her home & is about aimlessly - At times mischievous & troublesome - Has been previously in the Asylum

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister with whom she resides has to leave the house on account of her & she gets no sleep on account of her noise during the night

Name and Medical Designation, J Nichol Esq L.M.

Place of Abode Lochmaben - 7 Fleet

DATED this 26th day of April One thousand eight hundred and Eighty-six.

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, Richard B. Lorraine
being (1) a Graduate of Edinburgh University (MB CM)
hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Agnes Shannon a pauper, 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.

Richard B. Lorraine

DATED this twenty eighth day of April One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macartney Gordon, Esq. (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Robert Hume
Certificates under the hands of Richard B. Lorraine
and James Isidore Cox, 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 Shannon, pauper, and that the said
Agnes Shannon 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 Shannon as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Shannon which accompanied the said Petition.

DATED this twenty seventh day of April One thousand eight hundred and eighty six.

Robt Gordon S.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

---

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

Agnes Shannon
Anwoth
Admitted 26 April 1886

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. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— of ~~the (1) Counties~~ *of Dumfries and Galloway and his Substitutes,—*

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Peters A Pauper —— your Petitioner's (2) Pauper 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 Peters to the Southern Counties Asylum Dumfries and to sanction Her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

C Finlayson

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

DATED this 26th (3) day of April One thousand eight hundred and Eighty 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,	Mrs Mary Simpson or Peters
2. Sex and Age,	Female 43
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Atkinson's Place
7. Place where Found and Examined,	"
8. Length of time Insane,	Two Days
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Kirkcudbright
12. Duration of Existing Attack,	Two Days
13. Supposed Cause,	——
14. Whether subject to Epilepsy,	——
15. Whether Suicidal,	——
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	St Cuthbert Carlisle
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,	Sister in Liverpool
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 26th day of April One thousand eight hundred and Eighty Six

(*To be signed by Party applying*) C Finlayson

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, Wm Johnstone being a (1) graduate of the Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Atkinson's Place Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Peters, Atkinson's Place, Kirkcudbright a pauper. and that the said Mrs Peters 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 yours fr[illegible] declines to answer questions and takes [illegible] interest in her children.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The neighbours state that she threatens her children. has already been in an Asylum

Name and Medical Designation, Wm Johnstone M.B.

Place of Abode, Kirkcudbright

DATED this twenty third day of April One thousand eight hundred and Eighty six.

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 Macmyn being a (1) Bachelor of medicine and master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Atkinson's Place Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Peters, Atkinson's Place Kirkcudbright, Pauper. and that the said Mrs Peters 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 take food and medicine, lies in a despondent state and won't speak, sometimes, when spoken

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been, previously, in a Lunatic Asylum Inspector of Poor, Kirkcudbright.

Name and Medical Designation, John Macmyn M.B.

Place of Abode Kirkcudbright

DATED this 24th day of April. One thousand eight hundred and eighty-six.

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, 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.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macarthur Sudor (1) Esquire Sheriff Substitute of the (2) Stewartry of Kirkcudbright, having had produced to me, with a Petition at the instance of (3) Charles Finlayson Certificates under the hands of William Johnstone and John Macqyn, 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 Peters, Pauper and that the said Mary Peters 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 Peters as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Peters which accompanied the said Petition.

Dated this twenty Sixth day of April One thousand eight hundred and eighty Six

Rob Gordon DD

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

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

Mary Simpson or
Peters.
Kirkcudbright
Admitted 26 April
1886.

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County Dumfries of Galloway at Kirkcudbright *and his Substitutes.*

The Petition of Robert Hume Inspector of Poor Parish of Urr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth M'Lauchlan or Kirkpatrick your Petitioner's (2) ~~Mother~~ Pauper 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 M'Lauchlan or Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

~~James M'Lauchlan~~ Robert Hume

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

DATED this Twenty sixth (3) day of April One thousand eight hundred and Eighty Six

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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 M'Lauchlan or Kirkpatrick
2. Sex and Age,	Female — 49 years
3. Married, Single, or Widowed,	Married & deserted 20 years ago
4. Condition of Life, and previous Occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Maxwelton - Dumfries
7. Place where Found and Examined,	Garden Street - Gatehouse of Fleet
8. Length of time Insane,	Three weeks
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	49 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Three 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,	Parish of liability undetermined
18. Date of becoming Chargeable,	24th April 1886
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,	James M'Lauchlan. Labourer Garden Street, Gatehouse Son — No
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 Twenty sixth day of April One thousand eight hundred and Eighty Six

(*To be signed by Party applying*) Robert Hume Inspector of Poor Parish of Urr

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 Nichol Cox being a (1) Licentiate of the Royal College of Surg[illegible] of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Garden St Gatehouse Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth McLauchlan or Kirkpatrick (Pauper) and that the said Elizabeth McLauchlan or Kirkpatrick 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) Quite mo[illegible] & rambling in her talk - restlessness - Ca[illegible] give a correct answer to the simplest qu[illegible] - Does not know that she is in her own h[illegible]

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I maxines she is drugged or poisoned. She kindles fires on the middle of the fl[illegible] Has taken a dislike to her Mother

Name and Medical Designation, } J Nichol Cox, L.R.C.S.

Place of Abode, Gatehouse of Fleet

DATED this 24th day of April One thousand eight hundred and Eighty-Six

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 Johnstone being a (1) Graduate of the Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Gatehouse Kirkcudbright Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McLauchlan or Kirkpatrick a pauper and that the said Elizabeth McLauchlan or Kirkpatrick 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That she is unable to answer the simplest question - believes her father to be alive (has been dead 12 years) - believes she has been poisoned &c.

(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, } Wm Johnstone M.D.

Place of Abode, Kirkcudbright.

DATED this Twenty fourth day of April One thousand eight hundred and Eighty Six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macartney Gordon Jr. (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Robert Hume

Certificates under the hands of Jn Nichol Cos
and William Johnstone, 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 McLachlan or Kirkpatrick Pauper, and that the said Elizabeth McLachlan or Kirkpatrick 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 McLachlan or Kirkpatrick as a Patient into the Southern Counties Asylum of Dumfries 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 Elizabeth McLachlan or Kirkpatrick which accompanied the said Petition.

DATED this Twenty Seventh day of April One thousand eight hundred and eighty Six.

Robert Gordon

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

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

Elizabeth McLauchlan
or Kirkpatrick
Anwoth

Admitted 29 April 1886.

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)~~
of Dumfries & Galloway *and his Substitutes,*—
The Petition of Alexander Cameron Inspector of Poor,
Dryfesdale
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Elvin, after designed,
your Petitioner's (3) Pauper
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 Elvin to the Southern Counties asylum and to sanction his admission into the said Asylum.

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

Alex. Cameron

DATED this Fourth (4) day of May One thousand eight hundred and eighty six.

(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 Elvin
2 Sex and Age,	Male. 22
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Labourer
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Townhead Lochenbie
7 Place where Found and Examined,	Blue Bell Close Lochenbie
8 Length of time Insane,	Four months
9 Whether First Attack,	First attack
10 Age (if known) on First Attack,	22
11 When and where previously under Examination and Treatment,	Non previously under Treatment
12 Duration of Existing Attack,	Unknown
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,	Dryfesdale.
18 Date of becoming Chargeable,	4th May 1886.
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,	Daniel Elvin, Blue Bell Close Lochenbie. (Brother) Mother was 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 Fourth day of May One thousand eight hundred and eighty Six.

(*To be signed by Party applying*) Alexander Cameron

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, George Irving being a (1) Bachelor of Medicine & Master in Surgery (Edinburgh) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Blue Bell Cl Lockerbie, Parish of Dryfesdale in the County Dumfries separately from any other Medical Practition visited and personally examined (4) John Elvin, Labourer and th the said John Elvin is a (5) Person of unsound mind and a proper Person to be detain under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very d & unwilling to do anything, cant remember days of the week, & he thinks that there is nothing the matter with him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Daniel Elvin his brother, informs me that sometimes he (John) thinks that his food is poison won't take it. & that people are going to lo life.-

Name and Medical Designation, George Irving M.B. C.M.

Place of Abode, Lockerbie

DATED this Fourth day of May One thousand eig hundred and eighty six

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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 Maclachlan being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Blue Bell Cl Lockerbie, Parish of Dryfesdale in the County Dumfries separately from any other Medical Practition visited and personally examined (4) John Elvin, Labourer, and th the said John Elvin is a (5) person of unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the followi grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is dull and depressed, frequently crying. Unwilling to an questions or to speak, seems afraid of a thing & thinks people annoy him

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Daniel Elvin, his brother, states that he has been depressed for some time past occasi ally refusing food & often would sit for ho without speaking even when spoken to.

Name and Medical Designation, James Maclachlan

Place of Abode Lockerbie

DATED this fourth day of May One thousand eigh hundred and eighty six.

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 Irving being (1) a M.B. & C.M. Edin. hereby certify, on soul and conscience, that I have this day, at (2) Blue Bell Close Lochmaben in the County of Dumfries, seen and personally examined John Elvin, Labourer, 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.

DATED this fourth day of May One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Stoke (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Cameron, Inspector of Poor, Dryfesdale, Certificates under the hands of George Irving and James Mackechnie, 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 Elvin Labourer Blue Bell Close Lochmaben (a Pauper) and that the said John Elvin, 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 Elvin as a Patient into the (6) Public Asylum of Southern counties 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 Elvin, which accompanied the said Petition.

DATED this Fourth day of May One thousand eight hundred and eighty six years

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Southern counties, Dumfries.

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

John Ewin.

Bryfesdale

Admitted 4 May 1886

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.

Sheriff or Steward. Shire or Stewartry.

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

The Petition of David Craig Farmer Hardbed Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Craig Miller Duncow Thrill Kirkmichael your Petitioner's (2) 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 Joseph Craig to the Southern Counties asylum and to sanction the admission into the said Asylum.

State degree of Lordship or other County in which Petitioner stands to Lunatic.

David Craig

DATED this Fourth (3) day of May One thousand eight hundred and Eighty six

(3) 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,	Joseph Craig
2	Sex and Age,	Male aged 28 years
3	Married, Single, or Widowed,	Single
4	Condition of Life, and previous Occupation (if any),	Miller
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Lochmaben
7	Place where Found and Examined,	Duncow Kirkmichael
8	Length of time Insane,	Has been getting unwell in his health & ways for months but does not for the last 14 days.
9	Whether First Attack,	First
10	Age (if known) on First Attack,	28 years
11	When and where previously under Examination and Treatment,	
12	Duration of Existing Attack,	
13	Supposed Cause,	
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	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,	William Craig Father Duncow No other members of the Family known to have 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 Fourth day of May One thousand eight hundred and Eighty six

(To be signed by Party applying)

~~J. Donaldson Clerk~~ p.p.
David Craig

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. Wood
being a (1) MB & CM of Edinburgh University
and being in actual practice as a (2) Physician,
hereby certify, on soul and conscience, that I have this day, at (3) Duncow
Parish of Kirkmahoe Dumfries Shire in the County
separately from any other Medical Practitioner,
visited and personally examined (4) Joseph Craig
and
the said Joseph Craig 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)
1 Inability to answer rationally any question put direct
2 Labouring under the delusion that his "Came
with the Almighty" and that he is waiting to
the cup which is prepared when almighty gives it to him

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
If offered meat he says that he will n
take it but that he will take when it
willed, this information got from David Craig

Name and Medical Designation, Thos. Wood MB & CM

Place of Abode, 14 Castle St Dumfries

DATED this fourth day of May — One thousand eig
hundred and Eighty six

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, Joseph Dennwiddie
being a (1) M D of Glasgow University & Licentiate of the Fa
of Physicians & Surgeons of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Duncow
Parish of Kirkmahoe Dumfries-shire in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Joseph Craig
the said Joseph Craig and that
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) Talking at the
very incoherently - Labouring under great
delusions regarding religious matters, wh
he invariably moves up with politics, and of all
under heat exactness -

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been very restless & sleepless, and to de
refuses all food - Has written very foolish
to Mr Bradlaugh & Mr Chamberlain writing the same to be f
besides wishing to deliver a speech on Politics. The above
has been stated to me by the members of his Family.

Name and Medical Designation, J. Dennwiddie

Place of Abode Scallyhill Kirkmahoe

DATED this fourth day of May — One thousand eight
hundred and Eighty six

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, ~~Joseph Dimoiddie~~
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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Craig, Farmer, Sandbed, Kirkmahoe,
Certificates under the hands of Thomas Wood,
and Joseph Dimoiddie , 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) Joseph Craig Miller, Duncon Mill, Kirkmahoe, and that the said Joseph Craig is a (5) Insane person, and a person of unsound mind (Petitioner's Brother) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Craig, as a Patient into the (6) Public Asylum of Southern Counties, 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 Joseph Craig, which accompanied the said Petition.

DATED this Fourth day of May, One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

Joseph Craig

Admitted 4 May 1886

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) Shires of Dumfries & Galloway, *and his Substitutes.*

The Petition of James Grieve, Inspector of Poor, Moffat,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane or Jean Hunter, ——

your Petitioner's (3) Pauper, ——

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 or Jean Hunter, —— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

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

James Grieve

DATED this Sixth — (4) day of May, — One thousand eight hundred and eighty Six.

(4) The date of the Petition must be within fifteen 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,	Jane or Jean Hunter
2. Sex and Age,	Female — Thirty five
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Church Street, Moffat
7. Place where Found and Examined,	Henderson Street, Moffat
8. Length of time Insane,	About 3 Weeks
9. Whether First Attack,	Second Attack
10. Age (if known) on First Attack,	Twenty One
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	About Three Weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	May become so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat in meantime
18. Date of becoming Chargeable,	5th May, 1886
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,	Agnes Hunter, Henderson Street, Moffat (Mother) No other member of Family Known to have 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 Sixth day of May, — One thousand eight hundred and eighty Six.

(To be signed by Party applying) James Grieve P.P. Inspector of Poor

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 Munro ——— being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons. E[illegible] and being in actual practice as a (2) Physician & Surgeon ——— hereby certify, on soul and conscience, that I have this day, at (3) Henderson Street. Moffat, ——— in the County Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Jane Hunter. Henderson Street. Moffat. Pauper ——— and that the said Jane Hunter. ——— 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 I have taken out her heart that when I get her well - she will be [illegible] for the men and incoherency generally

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

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

Supposes she is going to be married by a lot of young men - making a noise like the barking of a dog. -

Name and Medical Designation, James Munro. M.D.

Place of Abode, Moffat

DATED this Fifth day of May One thousand eight hundred and eighty six 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, Thomas Maccall ——— being a (1) Doctor of Medicine, ——— and being in actual practice as a (2) Physician ~~and~~ ——— hereby certify, on soul and conscience, that I have this day, at (3) Moffat, Henderson St, ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Jane Hunter, Henderson Street, Moffat ——— and that the said Jane Hunter, ——— 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)

Inability to give any coherent replies to any questions made by me. Vacant expression and jabbed manner of trying to speak. ———

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

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

Fancied that young men were wanting to marry. Speaking foolishly about things that she could only imagined, wanted to go to Dumfries to her mother, was at home at the time.

Name and Medical Designation, Thos Maccall, M.D.

Place of Abode Mansfield House, Moff[illegible]

DATED this 5th day of May One thousand eight hundred and eighty six.

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 Munro
being (1) Physician & Surgeon Henderson St. Moffat
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of Dumfries, seen and personally examined
Jane Hunter, 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 Munro. M.D &c

DATED this Fifth day of May, One thousand eight hundred and Sixty eight.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James Grieve,
Inspector of Poor Moffat
Certificates under the hands of James Munro,
and Thomas Maccall, 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 Hunter Henderson Street, Moffat (a pauper)
and that the said Jane Hunter, 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 Hunter, as a Patient into the (6) Public Asylum of Southern Counties, 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 Hunter which accompanied the said Petition.

DATED this Sixth day of May, One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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

Jane or Jean Hunter

Admission 6th May 1886

Moffatt

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Matthew Gray Seedsman 86 Washington Street Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Robertson Gray Clerk

(4) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

your Petitioner's (4) Son 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 Robertson Gray to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

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

DATED this Fifth (5) day of May One thousand eight hundred and eighty six

Matthew Gray

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 Robertson Gray
2. Sex and age,	Male 18.
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,	6 Rosevale Terrace Partick
7. Place where found and examined,	6 Rosevale Terrace Partick
8. Length of time Insane,	5 Months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and treatment,	not previously
12. Duration of Existing Attack,	5 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. 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,	Matthew Gray 6 Rosevale Terrace Partick Father
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 5th day of May One thousand eight hundred and 86

(To be signed by the Party applying) Matthew Gray

ADDITIONAL STATEMENT

For the Information of the Physicians.

1. Birthplace,	Glasgow
2. Character of Education,	good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
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?	His mother died of Disease of Chest
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	not known
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression
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.?	no
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	not much change
13. What changes have taken place in his bodily symptoms?	no
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no except under delusion by putting out arms in b
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	three months

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Alexander Robertson
ing a (1) Graduate in Medicine of Glasgow University

d being in actual practice as a (2) Physician
reby certify, on soul and conscience, that I have this day at (3) 6, Rosevale
race Partick in the County of
mark separately from any other Medical Practitioner,
sited and personally examined (4) James Robertson Gray,
, residing at 6 Rosevale Terrace, Partick and that
e said James Robertson Gray is a (5) insane person
and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, 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) He hears imaginary voices frequently, replies to simple questions when spoken to, said smiling to me that he thought of put his teeth with red hot tongs and that they would not hurt nor burn because they would rest on the bone; admits being about to commit other gross acts.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mind has been deranged for some months. Information from his father

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

Name and Medical Designation, Alex Robertson, M.D

Place of Abode, 16, Hunter Terrace, Glasgow

DATED this 29th day of April One thousand eight
hundred and 86

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Alexander Henderson
ing a (1) Licentiate of the Faculty of Physicians
& Surgeons of Glasgow.

d being in actual practice as a (2) General practitioner
reby certify, on soul and conscience, that I have this day, at (3) 6 Rosevale Ter.
Partick
Lanark separately from any other Medical Practitioner,
sited and personally examined (4) James Robertson Gray
6 Rosevale terrace. Partick.
e said James Robertson Gray is a (5) person of
and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, 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) Delusions —
Has strange Voices speaking to him — unable or will not do
simple process of dressing without aid. when spoken too, suddenly
starts & answers Yes or No. Gazes fixedly & at times very fond & rapid
Con. looks out of fire upon the mantelpiece & carpet —

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
On two occasions has been observed to put the
red hot poker into his mouth & when asked what
for — said it was to whiten his teeth — Information
of his Mother.

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

Name and Medical Designation, Alex Henderson — Surgeon —

Place of Abode, 2 Meadowbank Pl. Partick.

DATED this Twenty ninth day of April One thousand eight
hundred and eighty six years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, John McVie Lees — (1) Sheriff Substitut[illegible]
of the (2) County of Lanark —
having had produced to me, with a Petition at the instance of (3) Matthew G[illegible]
Seedsman 86 Washington Street Glasgow —
Certificates under the hands of Alex Robertson —
and Alexander Henderson —, being two Medical Perso[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat[illegible]
Asylums in Scotland," setting forth that they had separately visited and examined (1)
James Robertson Gray. Petitioners Son & residing with him and that the sa[illegible]
James Robertson Gray is an insane person & a person of unsound mind —
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t[illegible]
receive the said James Robertson Gray as a Patient into th[illegible]
Crichton Royal Institution for the Insane at Dumfries, and I authorize his —
Transmission to the said Asylum accordingly; and I transmit you herewith the sa[illegible]
Medical Certificates, and a Statement regarding the said James Robertson G[illegible]
which accompanied the said Petition.

(1) Describe the Patient, and if a Pauper, state so.

(2) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Fifth — day of May — One thousand eigh[illegible]
hundred and eighty six

J M Lees

Bl of

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4 8 6 [illegible]

Name, James Robertson Gray

Date of Admission, 7th May 1886

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 Dumfries Galloway and his Substitutes.

The Petition of A McGeachan, Inspector of Poor Lochmaben,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John or James Carruthers — your Petitioner's (3) Pauper —

(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 John or James Carruthers — to the Dumfries & Galloway Asylum, — and to sanction his admission into the said Asylum.

A McGeachan Inspector of Poor Lochmaben

(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 May — One thousand eight hundred and 86.

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 or James Carruthers
2. Sex and Age,	45 Years
3. Married, Single, or Widowed,	not Known
4. Condition of Life, and previous Occupation (if any),	not Known
5. Religious Persuasion, so far as known,	not Known
6. Previous Place of Abode,	not known
7. Place where Found and Examined,	Lochmaben (Sick House)
8. Length of time Insane,	3 Days —
9. Whether First Attack,	not Known
10. Age (if known) on First Attack,	not Known
11. When and where previously under Examination and Treatment,	not Known
12. Duration of Existing Attack,	3 Days —
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not Known. Lochmaben meantime.
18. Date of becoming Chargeable,	8th May 1886.
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,	Not 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 Eighth day of May — One thousand eight hundred and 86

(To be signed by Party applying)

A McGeachan Inspector of Poor
Lochmaben P. Glen

Where Christian Name is unusual or the known name printed in Statement, state and be careful to insert the Christian name in full.

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 Reid
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Maryhill
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John or James Carruthers
pauper Maryhill Lochmaben and that
the said John or James Carruthers 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 lying moaning and crying incessantly. does not know where he is. He is the only lying man in the ward and states he sees devils etc all of which are delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Wilson matron says that he has to be restrained by several attendants, that he gets out of the house and runs over ledges and walls injuring himself. though he was formerly clean in habits he is now dirty & wets & destroys clothes & bedding. says that he is sleeping well & is in the best of health

Name and Medical Designation, Thomas Reid M.D.
Place of Abode, Lochmaben

Dated this twenty day of May One thousand eight hundred and eighty one 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, Alexander Thomson
being (1) Doctor of Medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Maryhill
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John or James
Carruthers a pauper Lochmaben and that
the said John or James Carruthers 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 Amongst others that he can fly over Dumfries Midsteeple

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Wilson Matron Confirms previous Lochmaben difficulty in restraining him - rushed out in a naked condition the belief that he was going to Australia

Name and Medical Designation, Alex Thomson M.D.
Place of Abode, Dumfries

Dated this twenty day of May One thousand eight hundred and eighty six years

1. That there is
No

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 Reid
being (1) a Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Maynubanks, Lochmaben
in the County of Dumfries, seen and personally examined
John or James Carruthers, 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.

Thomas Reid M.D.

DATED this Seventh day of May One thousand eight hundred and eighty-one years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope - (1) Sheriff-Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander McGeachan Inspector of Poor Lochmaben,
Certificates under the hands of Thomas Reid
and Alexander Thomson, 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 or James Carruthers Maynubanks Lochmaben and that the said John or James Carruthers 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 or James Carruthers as a Patient into the (6) Public Asylum of Southern Counties 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 or James Carruthers, which accompanied the said Petition.

DATED this Tenth day of May One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

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

John or James Carruthers,

Lochinabeu

Admitted 8th May 1886.

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) Stewartry of Dumfries & Galloway ~~of Galloway & Dumfries~~ *and his Substitutes,—*

The Petition of Mary Telfer or Campbell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Telfer

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

your Petitioner's (3) Step aunt

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 Telfer to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Mary Telfer or Campbell

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

DATED this eighth (4) day of May One thousand eight hundred and eighty 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,	Jane Telfer
2. Sex and Age,	sixty two Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	living alone formerly housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gatehouse
7. Place where Found and Examined,	about one year
8. Length of time Insane,	several attacks previously
9. Whether First Attack,	about fifty three
10. Age (if known) on First Attack,	about a year
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	sometimes
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,	Mrs Dalziel her sister in the Parish of Borgue
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 eighth day of May One thousand eight hundred and eighty six

(To be signed by Party applying) Mary Telfer or 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, James Nichol Low being a (1) Licentiate of the Royal College of Surgeons of E

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Nelson Square Gatehouse-of-Fleet Kirkcudbright in the County o separately from any other Medical Practitioner visited and personally examined (4) Jane Telfer and tha

the said Jane Telfer 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) At times She is ve excited at Others much depressed, & is frequently has suffered in this way for at least two years, but She has become more Violent & is very unsafe to be Yesterday she destroyed some of the household Articles,

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) has become very Violent & assaulted her & Sister in law several times. Yesterday she a Alexander Campbell

Name and Medical Designation, Nichol Low, L.R.C.S.

Place of Abode, Gatehouse-of-Fleet

DATED this Eighth day of May One thousand eight hundred and Eighty-six

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 Moffat being a (1) Bachelor of Medicine and Master of Surger of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Nelson Square Gatehouse-of-Fleet, Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Telfer and that

the said Jane Telfer. 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) During my interv with her she was seemingly quiet and talked coherently But could see from her restless manner as she shifted from to chair and moved from corner to corner of the room, chant and time & moving things as it were mechanically, that there was mentally wrong. She told me she knew she was not right and di

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Nephew and Niece informed me that at times she quiet and properly manageable, but she was sometimes extr violent and dangerous to others. Patient destroyed on abo valuable both yesterday and assaulted her Nephew to the eff of blood. Dorothy Campbell if she was not sorry for what she had d said in reply the most perfect indifference. a

Name and Medical Designation, James Moffat M.B.C.M

Place of Abode Church Place, Kirkcudbright

DATED this Eighth day of May One thousand eight hundred and Eighty six.—

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macartney Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) ~~J. Nicholl Cox~~ Mary Telfer or Campbell
Certificates under the hands of James Moffat
and ~~J. Nicholl Cox~~ ~~Mary Telfer or Campbell~~, being two Medical Persons J. Nicholl Cox
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 Telfer and that the said Jane Telfer 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 Telfer as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Telfer which accompanied the said Petition.

DATED this eighth day of May One thousand eight hundred and eighty six

Robert Gordon

Robert Gordon

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

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

Jane Leger
Admitted 10th May 1881.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Renfrew & Bute

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Janet Macdonald residing 13 Kelly Street, Greenock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Macdonald your Petitioner's (4) 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 Macdonald to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Janet Macdonald

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

(5) The date of the Petition must be within fourteen clear days following all dates of the Medical Certificate.

DATED this fourteenth (5) day of May One thousand eight hundred and eighty-six.

STATEMENT.

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

Christian Name and Surname of Patient at length,	John Macdonald
Sex and age,	M. 60.
Married, Single, or Widowed,	Married.
Condition of Life and previous Occupation (if any),	Boatbuilder.
Religious Persuasion, so far as known,	Protestant. Independent.
Previous place of abode,	13 Kelly St., Greenock.
Place where found and examined,	13 Kelly St., Greenock.
Length of time Insane,	About 2 years.
Whether First Attack,	First.
Age (if known) on First Attack,	57
When and where previously under Examination and treatment,	
Duration of Existing Attack,	Three years.
Supposed Cause,	Worries & anxieties about loss of business
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
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 residing at 13 Kelly St., Greenock. No member known to have been insane.
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 fourteenth day of May One thousand eight hundred and eighty-six.

(To be signed by the Party applying) Janet Macdonald

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Ireland
2. Character of Education,	Ordinary
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Rather reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Father & mother lived to old age & died of natural causes. One brother died of Typhoid fever. One brother & three sisters living & in good health
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Supposed from loss of business & death of Uncle
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Absent-mindedness
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.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Gradual deterioration towards dementia
13. What changes have taken place in his bodily symptoms?	Has got stouter
14. Is he dirty, destructive, untidy, or obscene?	At regards urine
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Three 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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I the undersigned, James Wallace
being a (1) Graduate in Medicine of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) No. 13 Kelly St., Greenock in the County of Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) John Macdonald, Boat builder, residing at No. 13 Kelly St., Greenock and that the said John Macdonald 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)
Complete loss of memory, inability to comprehend what is said to him, answering "yes" to every question, total ignorance of the most elementary facts such as the day of the week, time of the day, &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that his mind has been gradually deteriorating for the last three years, that he now walks aimlessly about, sometimes wanders from his own house, cannot look after himself, and requires to be watched lest he do himself injury.

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

Name and Medical Designation, James Wallace, MD

Place of Abode 16 Union St. Greenock

DATED this fourteenth day of May One thousand eight hundred and eighty-six.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, John Campbell Douglas
being a (1) Lic. Roy. Coll. Surg. Edin.
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 13 Kelly Street, Greenock in the County of Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) John MacDonald, Boat builder 13 Kelly street Greenock and that the said John MacDonald 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) Sitting at fireside with a vacant look: smiles when asked questions, & the only answer he gives is "nothing at all, I don't know," no matter how varied the question.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that his memory of things and persons is entirely gone: is unable to put on his clothes in proper rotation; dresses often with two collars. Is unable to write drawing the pen over the paper. Takes no notice of anything in the house or about his family.

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

Name and Medical Designation, John Campbell Douglas MB. LRCSEd

Place of Abode 22 Union St. Greenock

DATED this fourteenth day of May One thousand eight hundred and eighty six

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.
(*) Insert Name and Designation.

I, Alexander Nicolson Esquire Advocate Sheriff-Substitute of (*) Renfrew and Bute having had produced to me, with a Petition at the instance of Janet Mac... residing 13 Kelly Street Greenock Certificates under the hands of James Wallace & John Campbell both Physicians in Greenock being two Medical Per... duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care ... Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun... Asylums in Scotland," setting forth that they had separately visited and examined (*) John Macdonald within designed and that the said John Macdonald 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 John Macdonald as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said John Macdon... which accompanied the said Petition.

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

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

U.M.D.

DATED this Fourteenth day of May One thousand eight hundred and eighty six.

Alex. Nicolson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, John Macdonald

Date of Admission, 17 May 1886

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 A L Smith Inspector of Poor Hamilton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Thomson or Cumming Housewife 6 Gladstone Street Burnbank Hamilton your Petitioner's (3) Pauper 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 Thomson or Cumming to the Crichton Royal Asylum Dumfries and to sanction her admission into the said Asylum.

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

A L Smith

DATED this Fifteenth (4) day of May One thousand eight hundred and Eighty six

(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,	Jessie Thomson or Cumming
2. Sex and Age,	Female 25 Years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	House-wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	6 Gladstone St. Burnbank Hamilton
7. Place where Found and Examined,	Do Do Do
8. Length of time Insane,	a short time
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	25 Years
11. When and where previously under Examination and Treatment,	Never
12. Duration of Existing Attack,	a short time
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,	Hamilton Parish
18. Date of becoming Chargeable,	15th May 1886
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,	Husbd Alexr Cumming, with whom she is living 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.

DATED this Fifteenth day of May One thousand eight hundred and Eighty six

(*To be signed by Party applying*) A L Smith

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 Lommerville Mars
being a (1) Doctor of Medicine Ma
in Purdy of Glasgow University
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) 6 Glad
Bymbank Hamilton in the Count
Lanark separately from any other Medical Practitio
visited and personally examined (4) Jessie Thomson or
Cummung Pauper residing there and t
the said Jessie Thomson or Cummung is a (5) person
of unsound Mind and a proper Person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently - very excit
& talks incessantly says th
Empress Peter is Fabrican
the world

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He mother says she upset
food - sometimes noisy & vi
& very restless

Name and Medical Designation, J Marshall M
Place of Abode, Hamilton

DATED this fourteenth day of May One thousand eig
hundred and eighty six

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 Lindsay
being a (1) Doctor of Medicine & Master in Surge
Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 6 Gladstone
Burnbank Hamilton in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) Jessie Thomson or Cu
mming Pauper residing there and th
the said Jessie Thomson or Cummung is a (5) Person
of unsound Mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She lay in bed
& required a strong man hold beside it in or
to restrain her activity on account of
violent excitement. She talked incessantly
but without
simply a jumble of unintelligible sentences from
elevated tone in her utterances

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Alexander Cummung her husband tells me
She has been more or less affected during the last
Year now shows violent at times, must
ably refuses to take food for
sedentary periods.

Name and Medical Designation, David Lindsay M
Place of Abode Almadestreet Hamilto

DATED this fourteenth day of May One thousand eight
hundred and eighty six.

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 Sommerville Marshall being (1) a Doctor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) 6 Gladstone St. in the County of Lanark, seen and personally examined Jessie Thomson or Cumming, pauper, and that the said Burnbank Hamilton 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 Marshall M & Ch

DATED this Fourteenth day of May One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, John Clark Forrest (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) D L Smith Inspector of Poor Hamilton Certificates under the hands of John Sommerville Marshall and David Lindsay, 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 the Jessie Thomson or Cumming 6 Gladstone St Burnbank Hamilton & pauper and that the said Jessie Thomson or Cumming 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 Thomson or Cumming as a Patient into the Crichton Royal Asylum at Dumfries 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 Thomson or Cumming which accompanied the said Petition.

DATED this 17th day of May One thousand eight hundred and eighty six

J Clark Forrest

To the Superintendent of the (7) Crichton Royal *Asylum* at Dumfries

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

Jesse Thomson or Cumming

Hamilton

Admitted 14 May 1886

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.

Sheriff or Steward. Sire or Stewartry. County

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Alexander Cameron Inspector of Bor. Dryfesdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen McCartney or Bell your Petitioner's (3) Pauper 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 Ellen McCartney or Bell, to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other party in which Petitioner stands to Lunatic.

Alexr. Cameron

DATED this eighteenth (4) day of May One thousand eight hundred and eighty six.

(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,	Ellen M. Cartney or Bell Ellen McCartney or Bell
2. Sex and Age,	Female Thirty five years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Comfortable
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Union Street, Rochester
7. Place where Found and Examined,	Union Street Rochester
8. Length of time Insane,	Two months
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	Thirty one years
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of Existing Attack,	Two 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,	Dryfesdale
18. Date of becoming Chargeable,	May eighteenth, Eighteen hundred & eighty six
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,	Geo. Bell, Union Street, Rochester (Husband) Unknown.
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 eighteenth day of May, One thousand eight hundred and eighty six

(*To be signed by Party applying*) Alexr. Cameron

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 Maclachlan
being a (1) Bachelor of Medicine & Master in Surg
of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Union Stre
Lockerbie Parish of Dryfesdale in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) Ellen Mc Cartney or Bell
Union Street and t
the said Ellen Mc Cartney or Bell is a (5) Person of
Unsound mind and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & exc
talking incoherently.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband George Bell states that sh
has been very excited & sleeping very
little for the last week &
threatened to kill him

Name and Medical Designation, James Maclachlan

Place of Abode, Lockerbie

DATED this sixteenth day of May One thousand eig
hundred and eighty six

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 Irving
being a (1) Bachelor of Medicine & Master in Surgery (Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Union Street
Lockerbie Parish of Dryfesdale in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) Ellen Mc Cartney or Bell
and th
the said Ellen Mc Cartney or Bell is a (5) Person of
Unsound Mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very muc
excited. Constant muscular movement of the body
always in motion & at times even violent &
destructive

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband, George Bell, informs me that
she is very sleepless & sometimes destructive
& that she has been confined in a lunatic Asylum before

Name and Medical Designation, George Irving M.B. C.M.

Place of Abode Lockerbie

DATED this eighteenth day of May One thousand eight
hundred and eighty six.

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 Maclachlan being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Union Street, Lockerbie in the County of Dumfries, seen and personally examined Ellen McCartney or Bell, 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 Maclachlan M.B.C.M.

DATED this sixteenth day of May One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Maries Shortt (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Cameron Inspector of Poor Dryfesdale Certificates under the hands of James Maclachlan and George Irving, 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) Ellen McCartney or Bell, Union Street, Lockerbie (a Pauper) and that the said Ellen McCartney or Bell, 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 Ellen McCartney or Bell as a Patient into the (6) Public Asylum of Southern Counties 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 Ellen McCartney or Bell, which accompanied the said Petition.

DATED this Eighteenth day of May One thousand eight hundred and eighty six.

W H Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries

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

Ellen Mc Cartney or Bell

Dryfesdale

Admitted 18 May 1886

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) Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Catherine Annie Chidgey or Griffiths your Petitioner's (3) Daughter, 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 Catherine Annie Chidgey or Griffiths, to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete

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

(*To be signed by the Party applying*) Miles Mc Innes

DATED this 19th (4) day of May — One thousand eight hundred and Eighty Six 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.

Christian Name and Surname of Patient at length,	Elizabeth Catherine Annie Chidgey or Griffiths
Sex and Age,	21 years - Femal
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Housewife
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Greyfriars St Dumfries
Place where Found and Examined,	Do Do
Length of time Insane,	a few days
Whether First Attack,	Yes so far as known
1 Age (if known) on First Attack,	No When
1 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	a few days
1 Duration of Existing Attack,	not known
1 Supposed Cause,	No
1 Whether subject to Epilepsy,	Yes might be
1 Whether Suicidal,	Dumfries in the meantime
1 Whether Dangerous to others,	19th May 1886
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Griffiths Husband
1 Date of becoming Chargeable,	Greyfriars St Dumfries
1 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
2 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 19th day of May — One thousand eight hundred and Eighty Six years.

(*To be signed by the Party applying*) Miles Mc Innes

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Joseph Gaibaldi Marshall being a (1) Graduate in Medicine of the Univ 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) Greyfriars Hall Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Catherine Anne child of Griffiths. Pauper and that the said Elizabeth Catherine Anne child of Griffiths is a (4) 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.*

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

1. Facts indicating Insanity observed by myself: (5) She has a general appearance of an insane person. Has delusions about some great boon she is going to give and expects the Prince of Wales here. She burst into fits of Laughter without cause

(5) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states she was confined a fortnight ago and that she has never been well since then. Husband states she sits up all night singing. She attempted to tear the boys cap off and struck the girl from the Prince of Wales Asylum

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

Name and Medical Designation, J. G. Marshall M.B.C.M.

Place of Abode, Buccleuch Street Dumfries

DATED this 18th day of May — One thousand eight hundred and Eighty six

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Smith being a (1) Graduate in Medicine 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) Greyfriars St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Catherine Anne Griffiths. a Pauper and that the said Elizabeth Catherine Anne child of Griffiths is a (4) 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.*

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

1. Facts indicating Insanity observed by myself: (5) Her wild appearance & actions rambling incoherence of speech & delusions,

(5) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she at times very excited. & that she requires constant watching. Her husband & sister urge me to

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

Name and Medical Designation, John Smith.

Place of Abode 4 Castle St Dumfries

DATED this 19th day of May One thousand eight hundred and eighty six,

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, Joseph Garibaldi Marshall
being (1) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Greyfriars St Dumfries
in the County of Dumfries, seen and personally examined Elizabeth Catherine Annie Chidgey or Griffiths, 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.

J G Marshall M B &c

DATED this Nineteenth day of May One thousand eight hundred and Eighty Six.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Stope (1) Sheriff Substitute,
of the (2) County of Dumfries, ~~of~~
having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries,
Certificates under the hands of Joseph Garibaldi Marshall,
and John Smith, 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 Catherine Annie Chidgey or Griffiths, ~~and that the said~~ Greyfriars Street, Dumfries
and that the said Elizabeth Catherine Annie Chidgey or Griffiths
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 Elizabeth Catherine Annie Chidgey or Griffiths, as a Patient into the (6) Public Asylum of Southern Counties, 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 Elizabeth Catherine Annie Chidgey or Griffiths, which accompanied the said Petition.

DATED this Nineteenth day of May One thousand eight hundred and eighty six. Seven words deleted.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

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

Elizabeth Catherine Annie
Chidgey or Griffiths
Dumfries
Admitted 19 May 1886

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) Sire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Sheriff of Dumfries & Galloway ~~of~~ *and his Substitutes,*—

The Petition of Robert Grierson Inspector of Poor, Kirkpatrick Durham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Rhvie Crocketford

your Petitioner's (3) ~~Robt Grierson Inspector of Poor~~ Pauper

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 Rhvie Crocketford to the Northern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

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

Robt Grierson Inspector

DATED this 19th (4) day of May One thousand eight hundred and 86.

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

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 Rhvie
2 Sex and Age,	Male. Age about 30
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	6 years a soldier out in India
5 Religious Persuasion, so far as known,	
6 Previous Place of Abode,	Came from India about Decbr 1885
7 Place where Found and Examined,	Crocketford
8 Length of time Insane,	About 6 days
9 Whether First Attack,	Supposed to be ~~[illegible]~~
10 Age (if known) on First Attack,	— — — —
11 When and where previously under Examination and Treatment,	— —
12 Duration of Existing Attack,	Supposed to be about 6 days
13 Supposed Cause,	— — —
14 Whether subject to Epilepsy,	Not supposed to be
15 Whether Suicidal,	Yes
16 Whether Dangerous to others,	Shows no symptoms of being dangerous to others
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Durham Present
18 Date of becoming Chargeable,	15 May 1886
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,	Margaret Rhvie Wife of Constable Clark Kirkcudbright (Sister)
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 19th day of May, One thousand eight hundred and 86.

(*To be signed by Party applying*) Robt Grierson Inspector of Poor Kirkpatrick Durham

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 Meggat
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crockett
in the County of Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thos Rave
and that the said Thos Rave 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) Wandering very
in his talk & has a vacant look. He make
large incised wound in his throat says he do
know how it happened

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His neighbours have always been
of his committing sometimes another
has attempted suicide. Information by Janet
Name and Medical Designation, John Meggat M.B.
Place of Abode, Kirkpatrick Durham
DATED this 19th day of May One thousand eig
hundred and 86

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, Walter Lorraine
being a (1) Graduate of Edinburgh University,
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crocketford
in the County of Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Rave, Pauper
and that the said Thomas Rave 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 a dull
He answers questions in a hesitating
He has a large incised wound of the neck
result of an attempt to commit suicide

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The neighbours say that they have for long
suspicions about him - He has threatened and
attempted suicide upon - He has been
during which he talks to himself
Name and Medical Designation, Walter Lorraine M.B.
Place of Abode Castle Douglas
DATED this 19th day of May — One thousand eight
hundred and 86.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, — (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me with a Petition at the instance of (3) Robert Grieson, Inspector of Poor Kirkpatrick Durham,
Certificates under the hands of John Meggat,
and Walter Lorraine, 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 Ravie, Crocketford, (a pauper) and that the said Thomas Ravie 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 Ravie, as a Patient into the (6) Public Asylum of Southern Counties, — 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 Thomas Ravie which accompanied the said Petition.

DATED this Nineteenth day of May, — One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

Thomas Kavee

Kirkpatrick-Durham

Admitted 19 May 1886

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) of Dumfries & Galloway, *and his Substitutes,*—

The Petition of William Craig, Dun Cow, Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Craig, 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 Joseph Craig to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

William Craig

Dated this 21st (4) day of May One thousand eight hundred and eighty six

(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.

Christian Name and Surname of Patient at length,	Joseph Craig
Sex and Age,	Male
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Miller
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkmahoe from infancy
Place where Found and Examined,	at home
Length of time Insane,	of some standing recently, [illegible]
Whether First Attack,	second, or rather continuation of the first
Age (if known) on First Attack,	28 years.
When and where previously under Examination and Treatment,	once a week or two ago at home
Duration of Existing Attack,	for some time
Supposed Cause,	Politics & Religion
Whether subject to Epilepsy,	no
Whether Suicidal,	not so far as known
Whether Dangerous to others,	Harmless, but obstinate
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not Chargeable
Date of becoming Chargeable,	
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 Craig Dun Cow (Father) now insane previously
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 twenty first day of May One thousand eight hundred and eighty six.

(*To be signed by Party applying*) William Craig

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, Joseph Donaldson
being a (1) M.D. Glasgow University and Licentiate of the Faculty of Physicians & Surgeons & Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Duncan Parish of Kirkmichael Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Craig - Miller Duncan Kirkmichael and that the said Joseph Craig 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 stated that he is destined by the Almighty to be Dictator of the Reform & Reformers of the World - has a religious mania in my opinion. Talks sometimes politics & sometimes of the revenue.)

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been very sleepless of late by his brother William Craig. Who has been in bed with him constantly - very cross & obstinate with his relations & house & rambling at night.

Name and Medical Designation, J. Donaldson M.D.

Place of Abode, Parkhouse

DATED this twenty first day of May One thousand eight hundred and Eighty 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.

I, the undersigned, 2nd. Work
being a (1) M.B. C.M. of Edinburgh Univ.
and being in actual practice as a (2) Surgeon at Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Duncan Kirkmichael Joseph Craig. Miller and the said Joseph Craig 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 ~~Also~~ by the will of Almighty destined to carry into his purpose that I can an instrument in his will for purpose and also talks in an irrational way

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he is to become at some future time the dictator of Great Britain and Ireland

Name and Medical Designation, J. Ward M.B.C.M.

Place of Abode 14 Castle St Dumfries

DATED this 21st day of May One thousand eight hundred and eighty 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, Thos. Wood
being (1) an MB & CM of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Joseph Craig, 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.

Thos. Wood MB CM

DATED this 21st day of May One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (3) Sheriff-Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) William Craig
Duncow Kirkgunzeon
Certificates under the hands of Joseph Dinwiddie
and Thomas Wood, 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 (6) Joseph Craig Miller Duncow Kirkgunzeon (Ploughman Bachelor)
and that the said Joseph Craig is a (7) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Craig as a Patient into the (8) Public Asylum of Southern Counties 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 Joseph Craig, which accompanied the said Petition.

DATED this twenty first day of May One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries.

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

Joseph Craig

Admitted 21 May 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the Lothians & Peebles

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Alice Anderson or Horn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Horn

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

your Petitioner's (4) ward

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 Horn to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

X Alice Horn

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 19th (5) day of May One thousand eight hundred and 86

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 Horn
2 Sex and age,	Female aged 27 years
3 Married, Single, or Widowed,	single
Condition of Life and previous Occupation (if any),	Teacher
Religious Persuasion, so far as known,	Protestant
Previous place of abode,	Haddington
Place where found and examined,	distillery Park Haddington
4 Length of time Insane,	about Six months
5 Whether First Attack,	Yes.
10 Age (if known) on First Attack,	27
11 When and where previously under Examination and treatment,	Midlothian & Peebles District Asylum
12 Duration of Existing Attack,	6 months
13 Supposed Cause,	Not known
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 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 her Family known to be or to have been Insane,	Mrs Horn, 29 Distillery Park, Haddington by whom she has been brought up from infancy
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 19th day of May One thousand eight hundred and 86

(To be signed by the Party applying) Alice Horn

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	
2. Character of Education,	good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	see other side
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none as far as known
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?	?
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	?
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or 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.?	derangement of female hea
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	little change
13. What changes have taken place in his bodily symptoms?	thinner
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	~~[illegible]~~
16. Has he threatened or attempted violence to others? If so, in what way?	~~Suicidal [illegible]~~ She once hanged herself & com[illegible]
17. How long has he been insane?	difficulty recovered —

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Bruce Ronaldson
being a (1) F.R.C.S.E. &c

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at 29 Distillery Park
Haddington in the County of
Haddington separately from any other Medical Practitioner,
visited and personally examined (3) Jane Horn
and that
the said Jane Horn is a (4) 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 full of fancies, imagining everything going wrong. Abuses her most intimate friends without reason, & is decidedly suicidal.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Horn informed me that she can make nothing of her & that she last night began to abuse a very intimate friend with any reason, &c

Name and Medical Designation, J. Bruce Ronaldson F.R.C.S.E. &c

Place of Abode, Ennerdale, Haddington

DATED this 16th day of May One thousand eight hundred and 86.

(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, Thos Howden
being a (1) M.D. & Surgeon of Edinr
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Haddington in the County of
Haddington separately from any other Medical Practitioner,
visited and personally examined (4) Jane Horne
and that
the said Jane Horne is a (5) insane
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) That the one attempted suicide and that she contemn irritable & morose

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

Name and Medical Designation, Thos Howden M.D. Surgeon

Place of Abode, Haddington

DATED this 18th day of May One thousand eight hundred and 86

(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.*

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISS[ION]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Charles Shirreff Dods (1) Sheriff-Substitute of the (2) County of Haddington having had produced to me, with a Petition at the instance of (3) Alice Anderson or Horn 29 Artillery Park Haddington Certificates under the hands of J. Bruce Ronaldson F.R.C.S.Ed. Had[dington] and Thomas Howden M.D. Haddington being two Medical Per[sons] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu[natic] Asylums in Scotland," setting forth that they had separately visited and examined

(4) Describe the Patient, and if a Pauper, state so.

Jane Horn, teacher Haddington and that the Jane Horn is a (5) person of unsound mind

(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 Jane Horn as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Jane Horn which accompanied the said Petition.

DATED this nineteenth day of May One thousand eight hundred and eighty six

Chas. S. Dods

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Jane Horn.

Date of Admission, 24 May 1886.

8697.

[FORM B²]

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

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT
RANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

th undersigned Jane L Nicolson
ng esirous to transfer David Nicolson
ent a Patient in Saughton Hall Asylum, and (¹)
detained at my instance from the said Asylum to the
Christian Royal Institution Dumfries
hereby request the authority of
Board to such transfer; and I subjoin a Statement of Particulars regarding the said
David Nicolson and a Medical Certificate with
pe to his mental and bodily condition.

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

Jane L Nicolson
(²) Wife

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

ATED at Parsons Green this 24 day of May
e thousand eight hundred and 86

STATEMENT.

. Christian Name and Surname of Patient at length,	David Nicolson
. S and Age,	male 57
. Married, Single, or Widowed,	married
. Condition of Life, and Previous Occupation (if any),	Merchant
. Religious Persuasion, so far as known,	Protestant
. Date of Admission into Asylum,	1st March 1886
7. Length of time Insane,	unknown
8. Whether first Attack,	do
9. Age (if known) on first Attack,	unknown
0. Duration of existing Attack,	Since 1st March
1. Supposed Cause,	unknown
2. Whether subject to Epilepsy,	no
3. Whether Suicidal,	yes
14. Whether Dangerous to others,	occasionaley
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. 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 L Nicolson Parsons Green Wife one sister

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

(*To be signed by the Applicant*) Jane L Nicolson

DATED this 24 day of May One thousand eight ~~86~~
hundred and 86

N.B.—The foregoing particulars are required for the information of the authorities to
whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Struthers

(1) State Medical Qualification.
(2) Name Asylum.

being (1) a Doctor of Medicine of Edinburgh Univ
hereby certify that I have this day at (2) Laughton Hall
personally examined David Nicolson Esq. at present
Patient in said Asylum, and with respect to his Mental State that he labours
Morbid depression, and is morbidly suspicio

; and with respect to
Bodily Health and Condition that he is in fairly good health,
been losing weight during the last two
and is rather thin. There are present the sig
Aortic regurgitation

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Co
dition of the Patient to contraindicate removal to the Asylum of Crichton
Dumfries

DATED this 24 day of May One thousand eig
hundred and eighty six

James Struthers M.

SANCTION BY THE BOARD OF LUNACY.

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

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Jane L. Nico
to authorize the transfer of David Nicolson
from Laughton Hall Private Asylum to Crichton
Institution, and the Board having considered such application an
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the sai
David Nicolson as requested.

(2) Valid for fourteen days from date.

William Rutherford Commissioner.

DATED at Edinburgh, this 25th day of May One
thousand eight hundred and eighty six.

Date of Sheriff's Order:-
3rd March, 1886.

No 4812.
David Nicolson
Admitted 25 May 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (1) Dumfries and Galloway, *and his Substitutes,—*

(2) Insert Name and Designation.

The Petition of (2) Anne Kaufmann, Market place, Hull humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Adolf Kaufmann, your Petitioner's (4) 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 Adolf Kaufmann to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

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

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

DATED this 26th (5) day of May — One thousand eight hundred and 86.

Anne Kaufmann

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,	Adolf Kaufmann
2 Sex and age,	Male Sex. 43 to 45 years.
3 Married, Single, or Widowed,	married
4 Condition of Life and previous Occupation (if any),	Middle Class. Clothier
5 Religious Persuasion, so far as known,	Hebrew Persuasion.
6 Previous place of abode,	Market Place. Hull
7 Place where found and examined,	Crichton Royal Institution
8 Length of time Insane,	Over 2 years
9 Whether First Attack,	Yes
10 Age (if known) on First Attack,	—
11 When and where previously under Examination and treatment,	—
12 Duration of Existing Attack,	
13 Supposed Cause,	Through drinking Kissingen Water & through sleeplessness
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	Commencing to strike wife & children
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,	Benj. Kaufmann. Dunaberg. Russia Brother. No
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	No

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

DATED this 26th day of May — One thousand eight hundred and 86.

(To be signed by the Party applying) Anne Kaufmann

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Warsaw
2. Character of Education,	Well educated.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None to best of bel
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?	Natural deaths Natural diseases
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	I believe of Gas explosion & f
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	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.?	sleeplessness & Costiveness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	No change only ideas enlarged & intensified.
13. What changes have taken place in his bodily symptoms?	He has become much th
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Yes. By striking in moments of anger
17. How long has he been insane?	Over 2 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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Adolf Kaufmann, 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.

J. Hunter Dryden LRCPSEd

DATED this 26th day of May One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh and being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day at (3) Dumfries Railway Station in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Adolf Kaufmann, Clothier of Market Place, Hull and that the said Adolf Kaufmann 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) His facial expression & general demeanour indicate insanity, he says that a conspiracy has been formed against him; & that his friends have tried to poison him — He suspects there is attendance on him —

(6) *State the Facts.*

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

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

By his wife — That he suspects her of poisoning his food &c &c.

Name and Medical Designation, J Hunter Dryden L.R.C.P.S.Ed

Place of Abode, 39 Castle Street Dumfries

DATED this 26th day of May One thousand eight hundred and eighty six years

MEDICAL CERTIFICATE.—No. II.

I the undersigned, John Smith of Edinburgh being a (1) Graduate in 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) the Crichton Royal Institution, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Adolf Kaufmann, Clothier Market Place, Hull and that the said Adolf Kaufmann 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) His insane appearance & Conversation. He is in dread of all ~~who~~ near him. He says every means which has been used to terminate his existence

(6) *State the Facts.*

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

His wife & Son inform me that he is suspicious of them in many ways without the slightest cause He has imagined they attempted poison him

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

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Castle Dumfries

DATED this 26th day of May One thousand eight hundred and eighty six years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Sterries Shodt Stony Sheriff of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Anne Kaufmann, Market Place, Hull, Certificates under the hands of James Hunter Dryden and John Smith, being two Medical Person duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care ar Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunat Asylums in Scotland," setting forth that they had separately visited and examined (4) Adolf Kaufmann, Market Place, Hull (Petitns husband) and that the sai Adolf Kaufmann, is a (5) person of unsound m and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you t receive the said Adolf Kaufmann, as a Patient into th Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the sai Medical Certificates, and a Statement regarding the said Adolf Kaufman 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 this Twenty eighth day of May One thousand eigh hundred and eighty six.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W H Sherrie

No. 11 of 70

Name, Adolf Kaufmann

Date of Admission, 26th May 1886

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) Dumfries & Galloway and his Substitutes—

The Petition of Mrs Maggie Ann Stewart, Communicant Hotel, Kirkcudbright,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Stewart

(3) State degree of Relationship or other Society 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 Stewart to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Maggie Ann Stewart

(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 May One thousand eight hundred and eighty six 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,	David Stewart.
2. Sex and Age,	45 —
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Hotel Keeper.
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Kirkcudbright.
7. Place where Found and Examined,	Kirkcudbright.
8. Length of time Insane,	12 months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	37 years.
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries
12. Duration of Existing Attack,	12 months.
13. Supposed Cause,	use of alcohol.
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 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,	Mrs Maggie Ann Stewart, Communicant Hotel, Kirkcudbright, (wife) —
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 29th day of May — One thousand eight hundred and eighty six years.

(*To be signed by Party applying*) Maggie Ann Stewart

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 Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Commercial Hotel Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) David Stewart. Hotel Kirkcudbright and the said David 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) His wild insane appearance & Violent language. Threats to injure his wife, His conduct is that of an insane man.

(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 she cannot live with him owing to his violence,

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St. Dumfries

DATED this 29th day of May One thousand eight hundred and eighty six 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, John Macmyn,
being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Commercial Hotel Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) David Stewart, Hotel Keeper and the said David 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) Violent and outrageous in his manner uses abusive and obscene language towards his wife; blames her, an innocent woman, with men

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Johnstone, Kirkcudbright told me that he has already been in Asylum

Name and Medical Designation, John Macmyn M.A.

Place of Abode Kirkcudbright

DATED this 29th day of May One thousand eight hundred and ~~eighty~~ eighty-six.

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 Smith
being (1) Surgeon in Dumfries & Bedenbut & Annandale
hereby certify, on soul and conscience, that I have this day, at (2) Commercial Hotel, Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
David Stewart, 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.

John Smith MD FE

DATED this 29th day of May One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Maggie Ann Stewart, Commercial Hotel Kirkcudbright,
Certificates under the hands of John Smith,
and John Macmyn, 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 Stewart, Hotel Keeper Kirkcudbright (Maria Stewart husband) and that the said
David 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 David Stewart as a Patient into the (6) Public Asylum of Crichton Institution, 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 David Stewart, which accompanied the said Petition.

DATED this thirty first day of May One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries

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

David Stewart

Admitted 29 May 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

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

(3) Insert Name and Designation.

The Petition of (3) Archd. B. Allan Barony Surveyor - Govan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Allan,

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

your Petitioner's (4) 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 David Allan, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Archd. B. Allan

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

DATED this 31st (5) day of May, — One thousand eight hundred and eighty 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,	David Allan.
2	Sex and age,	Male - 20 years.
3	Married, Single, or Widowed,	Single.
4	Condition of Life and previous Occupation (if any),	Medical Student.
5	Religious Persuasion, so far as known,	Protestant.
6	Previous place of abode,	32 Moray Place, Strathbungo - Glasgow.
7	Place where found and examined,	32 Moray Pl. Glasgow.
8	Length of time Insane,	About a year.
9	Whether First Attack,	Yes.
10	Age (if known) on First Attack,	Act. 19
11	When and where previously under Examination and treatment,	— not previously under treatment.
12	Duration of Existing Attack,	A year.
13	Supposed Cause,	Injury to head?
14	Whether subject to Epilepsy,	— No.
15	Whether Suicidal,	?
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,	— Mrs Allan 32 Moray Place. Glasgow.
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 ~~30th~~ 31st day of ~~May~~ One thousand eight hundred and eighty six.

(To be signed by the Party applying) ~~James W. Allan~~

Archd. B. Allan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -)
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -)
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -)
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? - - - - -)
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -)
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -)
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.? -)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -)
13. What changes have taken place in his bodily symptoms? - - - - - - -)
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -)
16. Has he threatened or attempted violence to others? If so, in what way? - - -)
17. How long has he been insane? - - - -

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 Glasgow University

hereby certify, on soul and conscience, that I have this day, at (2) 32 Moray Place, Strathbungo

in the County of Renfrew _____, seen and personally examined

David Allan _____, 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.

Alex. Robertson M.D

DATED this 30th day of May One thousand eight hundred and 86

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, Alex Robertson
being a (1) Graduate in Medicine of Glasgow University,
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 32 Moray
Place, Strathbungo, near Glasgow in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) David Allan, Medical
Student, of 32 Moray Place, Strathbungo, near Glasgow and that
the said David Allan, 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) *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) He declares that
I have been dogging him on the streets for the last year, and that several
times narrowly escaped being murdered; fancies that his food is drugged at home;
sees visions, hears and sees imaginary forms; says that he carried an open penknife
in pocket to defend himself. He is dangerous to be at large

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
his mind has been deranged for about a year; lately he has
been dangerous. Information from his brother.

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

Name and Medical Designation, Alex Robertson, M.D.

Place of Abode, 16, Newton Terrace, Glasgow

DATED this 30th day of May One thousand eight
hundred and 86.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Maccunn,
being a (1) Graduate in Medicine of Glasgow University,
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 32 Moray
Place, Strathbungo, near Glasgow in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) David Allan, medical student
at 32 Moray Place, Strathbungo, near Glasgow and that
the said David Allan 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) *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) He states that very many people are
plotting against him in order to kill him that these people get into the walls
of the house he lives in & that he hears them moving about in the
walls. States that his family (father & sister) are trying to poison him with food &c

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mother & brother state that he has threatened to do
them bodily harm & that he is dangerous.

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

Name and Medical Designation, William Maccunn M.D.

Place of Abode, 3 Worcester Crescent Glasgow

DATED this 30th day of May, One thousand eight
hundred and 86.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) Archibald B. Allan, Burgh Surveyor, Govan, — Certificates under the hands of Alexander Robertson, — and William Macewen —, 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 David Allan, Medical Student, 32 Moray Place, Glasgow, and that the said David Allan — is a no insane person, — (Petition Bro...)

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Allan, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said David Allan, which accompanied the said Petition.

DATED this First — day of June, — One thousand eight hundred and eighty six

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mr. David Allan

Date of Admission, 31 May 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfriesshire ~~Stallonay~~,

——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Rowland Carr Hall Hopehill, Hawick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Hall, Wool Merchant, Hawick,

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

your Petitioner's (4) 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 David Hall, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Rowland Carr Hall.

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 1st (5) day of June ——— One thousand eight hundred and eighty six 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,	David Hall
2. Sex and age,	59.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Woollen Merchant, Hawick & Yorks.
5. Religious Persuasion, so far as known,	Protestant-
6. Previous place of abode,	Hopehill, Hawick
7. Place where found and examined,	Hawick
8. Length of time Insane,	Two months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	59
11. When and where previously under Examination and treatment,	always at home
12. Duration of Existing Attack,	Two 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,	———
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,	Rowland C. Hall Son } Hopehill Hawick No —
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 1st day of June One thousand eight hundred and ——— eighty six years

(To be signed by the Party applying) Rowland Carr Hall.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Batley, Yorkshire
2. Character of Education,	medium
3. Is the natural disposition cheerful or melancholy—reserved or frank,	very changeable
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious, nearly always overworked
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no —
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None known
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?	Father (bronchitis) Mother (cause unknown) several brothers & sisters dead - you
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	overwork a probable cause
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	loss of memory, sleeplessness, alternate elevation & depression
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.?	sleeplessness, inordinate appet pain in head -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	general condition gradually getting delusions, loss of memory very
13. What changes have taken place in his bodily symptoms?	Bodily weight much increased, but marked feebleness & loss of mus
14. Is he dirty, destructive, untidy, or obscene?	control ~~power~~ of sphincter incomplete
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	Yes; striking with the hand; always carries razor about with him -
17. How long has he been insane?	Two months -

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 McLeod LRCS being (1) LRCSE hereby certify, on soul and conscience, that I have this day, at (2) Halwick in the County of Roxburgh, seen and personally examined David Hale, 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.

Dated this First day of June One thousand eight hundred and eighty six.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, Donald McHead
being a (1) Surgeon. LRCSE

and being in actual practice as a (2) Surgeon in Hawick.
hereby certify, on soul and conscience, that I have this day at (3) Hopehill
William Vouchs Hawick in the County of
Roxburgh separately from any other Medical Practitioner,
visited and personally examined (4) David Hall Wool
Merchant and that
the said David Hall 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) (6) *State the Facts.*

He talks very incoherently is full of delusions and imagines there are soldiers from London coming to take him away.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

Mrs Hall his wife says he is at times very rude and unmanageable, & has twice nearly set fire to the house

Name and Medical Designation, } D McHead LRCSE

Place of Abode, Hawick

DATED this first day of June One thousand eight hundred and eighty six

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University &c
and being in actual practice as a (2) Physician &
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) David Hall, Merchant
Hawick and that
the said David Hall 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) (6) *State the Facts.*

Has a vacant absent look.—Speaks or talks, on constantly, now and then forgetting what he is going to say and sometimes quite incoherently,—He shows symptoms of general paralysis.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

His daughter and son Dr Dryden, Dumfries, tell me he has got quite changed lately. He has been threatening his wife and others, and has become dangerous—

Name and Medical Designation, } W. S. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 1st day of June One thousand eight hundred and Eighty six years

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Sheriff, Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Rowland Hall, Hopehill, Hawick Certificates under the hands of Donald McLeod and William Smith 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) David Hall, Wool Merchant, Hawick (Bro. Father) and that the said David Hall 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 Hall as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Hall 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 this Second day of June, One thousand eight hundred and eighty six years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Sheriff

Name, Wm. David Hall,

Date of Admission, 1st June 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Stewart or Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Harris, Grocer, Cork,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Catherine Harris

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

your Petitioner's (4) 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 Catherine Harris, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Wm Harris

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this Seventh (5) day of June One thousand eight hundred and eighty six 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 Harris
2. Sex and age,	Female. 20 last birth day.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Shop Assistant.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	36 Warren's Place, City of Cork.
7. Place where found and examined,	36 Warren's Place, City of Cork
8. Length of time Insane,	About nine months.
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	at home.
12. Duration of Existing Attack,	about nine months.
13. Supposed Cause,	Engagement of Marriage suddenly terminated.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	No
16. Whether Dangerous to others,	occasionally so, when violent.
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 her Family known to be or to have been Insane,	James Harris, 36 Warren's Place, City of Cork. (Father.)
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 June, One thousand eight hundred and Eighty six.

(To be signed by the Party applying) Wm Harris

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Cork.
2. Character of Education,	Good general Education.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Variable: at times cheerful & then desponding.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	one Brother & two Sisters during infancy.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Blighted affection – suppre[illegible]
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Probably some mental s[illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Considerable depression
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.?	sleeplessness, occasional headache, Costiveness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	she has been intensely mel[illegible] with occasional attacks of [illegible]
13. What changes have taken place in ~~his~~ her bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to ~~him~~ her self? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	Nine months.

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. Hunter Dryden
being (1) Licentiate of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Miss Catherine Harris, 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.

J Hunter Dryden KCM

DATED this seventh day of June, One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, Thomas Gilstan Atkins B.A.
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) 36 Warren's Place, the Cork Island in the County of Cork separately from any other Medical Practitioner, visited and personally examined (4) Catherine Harris and that the said Catherine Harris is a (5) pauper 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) *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) (1) Her general demeanour & appearance. 2) Delusions of various kinds. 3) attacks almost amounting to mania"

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By mother & Brother. Melancholia, suicidal, Religious delusions, intense obstinacy, occasional homicidal expressions by mother

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

Name and Medical Designation, Thos Gilstan Atkins M.A. M.D. Irel.

Place of Abode, 17 St Patrick Hill. Cork.

DATED this Fourth day of June One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Nathaniel J. Hobart. M.D.
being a (1) Physician & Surgeon.
and being in actual practice as a (2) Physicians & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) No 36. Warren's Place. Cork in the County of Cork separately from any other Medical Practitioner, visited and personally examined (4) Catherine Harris and that the said Catherine Harris 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) Singularity of manner, as well as decidedly deluded notions with regard to property & movements, states that she is hearing her Religious delusions

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her occasional violence & obstinacy.

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

Name and Medical Designation, Nath. J. Hobart. M.D. M.R.C.S.E.

Place of Abode, South Mall. Cork

DATED this fourth day of June One thousand eight hundred and Eighty six.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Perso
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna
Asylums in Scotland," setting forth that they had separately visited and examined
and that the sa

(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.

is a (5)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said as a Patient into t
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith the sa
Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

DATED this day of One thousand eigh
hundred and

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name

Date of Admission

No.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Catherine Harris of
36 Warren's Place, city of Cork and that
the said Miss Catherine Harris 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) Her expression & general demeanour indicate insanity, she is dull melancholic; is confused and does not remember events of preceding day.

(6) *State the Facts.*

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

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

Nil

Name and Medical Designation, J Hunter Dryden M.B. & M.R.C.P.

Place of Abode, 39 Castle Street, Dumfries

DATED this seventh day of June One thousand eight hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Duff Macdonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Catherine Harris
36 Warren's Place City of Cork and that
the said Catherine Harris is a (5) lunatic
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) Appears to be melancholy, appearance excitable and confused in her answers hears Rev N in the middle of her sentences.

(6) *State the Facts.*

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

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

Nil.

Name and Medical Designation, A D Macdonald M.D. &c

Place of Abode, 18 Castle St Dumfries

DATED this seventh day of June One thousand eight hundred and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Harris, Grocer, Cork, Certificates under the hands of James Hunter Dryden, — and Alexander Dall Macdonald —, being two Medical Per[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu[illegible] Asylums in Scotland," setting forth that they had separately visited and examined Catherine Harris, 36 Warren's Place, Cork (Pluss sister) and that they [illegible] Catherine Harris, — is a (5) person of unsound mi[illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you [illegible] receive the said Catherine Harris, — as a Patient into [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her — [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith the [illegible] Medical Certificates, and a Statement regarding the said Catherine Harr[illegible] 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 this Eighth — day of June, — One thousand ei[illegible] hundred and eighty six years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Catherine Harris

Date of Admission, 4 June 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway —— *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) John Maxwell Insp. of Poor, Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Blythe. Mason's Labourer —— your Petitioner's (4) Pauper —— 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 Blythe —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to lunatic.

John Maxwell

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this Eighth (5) day of June — One thousand eight hundred and eighty six 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,	Robert Blythe. or Rutherford
2	Sex and age,	Male. about 50 years.
3	Married, Single, or Widowed,	Married
4	Condition of Life and previous Occupation (if any),	Masons Labourer
5	Religious Persuasion, so far as known,	Protestant
6	Previous place of abode,	Militia Camps. Hannahfield
7	Place where found and examined,	Prison Maxwelltown
8	Length of time Insane,	a few days.
9	Whether First Attack,	not known. said to have been in Melrose-asylum
10	Age (if known) on First Attack,	not known.
11	When and where previously under Examination and treatment,	said to have been in Melrose Asylum.
12	Duration of Existing Attack,	a few days.
13	Supposed Cause,	not known.
14	Whether subject to Epilepsy,	not known
15	Whether Suicidal,	not known
16	Whether Dangerous to others,	not known.
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	supposed to be Yetholm. (Troqueer insanity)
18	Date of becoming Chargeable,	8th June 1886.
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 Rutherford. Mason Jedburgh deceased. Mother Esther Face. or Blythe or Rutherford both dead.
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 Eighth day of June — One thousand eight hundred and eighty six

(To be signed by the Party applying) John Maxwell.
Insp. of Poor
Troqueer.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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, Mr Scott ——— being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Maxwelton Vill in the County of Kirkcudbright, seen and personally examined Robert Blyth ———, 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.

Mr Scott M.D.

DATED this 8th day of June One thousand eight hundred and eighty six.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) Maxwellton Prison
in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) Robert Blyth a Lunatic Patient
and that the said Robert Blyth 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) *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)

(6) *State the Facts.*

Has delusion in regard to his birth and acquaintance with the Queen & Home Secretary

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

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

The Governor of the Prison confirms his delusions.

Name and Medical Designation, Wm Scott M.D

Place of Abode, 20 Castle St Dumfries

DATED this 9th day of June One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Orr Macdonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Maxwellton Prison
in the County of Kirkcudbright
separately from any other Medical Practitioner, visited and personally examined (4) Robert Blyth
Patient in Maxwellton a Pauper and that the said Robert Blyth 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) has an excitable appearance and has delusions such as that the Queen & Mr Gladstone are his relations and that they are to meet him at the Kings Arms Inn

(6) *State the Facts.*

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

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

He has repeated these & other delusions to other Inmates at Kingholm Camp & Maxwellton Prison.

Name and Medical Designation, A. O. Macdonald M.D &c

Place of Abode, 18 Castle St Dumfries

DATED this eighth day of June One thousand eight hundred and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor Trogueer, Certificates under the hands of William Scott, and Alexander Dall Macdonald —, being two Medical persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Quality, Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and examined Robert Blythe or Rutherford Maxwelltown Prison, and that Robert Blythe or Rutherford, is a (5) lunatic, & a person of unsound mind, Dumfries, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE to receive the said Robert Blythe or Rutherford, — as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Robert Blythe or Rutherford 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 this Tenth — day of June, — One thousand eight hundred and eighty six

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Robert Blythe or Rutherford

Date of Admission, 8th June 1886

8405

[FORM B²]

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

GENERAL BOARD OF LUNACY 5 JUN 86 SCOTLAND

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

I, the undersigned Andrew Thomson Alston being desirous to transfer Thomas Cherrie at present a Patient in Lunatic Wards, Old Monkland Poorhouse (1) and a pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dumfries Royal Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Thomas Cherrie and a Medical Certificate with respect to his mental and bodily condition.

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

And. T. Alston

(2) Inspr. of Poor, of New Monkland

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

DATED at Airdrie this day of June One thousand eight hundred and Eighty six.

STATEMENT.

1	Christian Name and Surname of Patient at length,	Thomas Cherrie
2	Sex and Age,	Male 43 years
3	Married, Single, or Widowed,	Married
4	Condition of Life, and Previous Occupation (if any),	Baker
5	Religious Persuasion, so far as known,	Protestant
6	Date of Admission into Asylum,	May 1885
7	Length of time Insane,	Since Feby 1885.
8	Whether first Attack,	Yes
9	Age (if known) on first Attack,	42 years
10	Duration of existing Attack,	Since Feby 1885
11	Supposed Cause,	Not known
12	Whether subject to Epilepsy,	No
13	Whether Suicidal,	No
14	Whether Dangerous to others,	Not known
15	Parish to which the Lunatic (if a Pauper) is Chargeable,	New Monkland
16	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,	Brother William Cherrie Spirit Merchant Langloan None known Coatbridge

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

(*To be signed by the Applicant*) And. T. Alston

DATED this day of June One thousand eight hundred and Eighty Six

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James Fargulagan being (1) a Graduate of Aberdeen University hereby certify that I have this day at (2) D. Jn. Parkhouse personally examined Thomas Cherrie at present Patient in said Asylum, and with respect to his Mental State that he is [illegible] vane - restless & violent at [illegible] & requires Constant Supervision during that period - ; and with respect to his Bodily Health and Condition that it is fair -

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton [illegible] Dumfries.

J. Fargulagan

DATED this 5th day of June One thousand eight hundred and eighty six years -

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SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (1) the Inspector of Poor, New Monkland to authorize the transfer of Thomas Cherrie from Old Monkland Poorhouse to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Thomas Cherrie as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

J. Whitehead Commissioner.

DATED at Edinburgh, this 5th day of June One thousand eight hundred and - eighty - six.

Date of Sheriff's Order.
6th February 1885.

No. 4879.
Thomas Cherrie
New Monkland
Admitted 9 June 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Mould, Aerated Water Manufacturer 12 Crown St: Chorley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Mould, your Petitioner's (4) 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 Mary Mould, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

James Mould

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

DATED this fifteenth (5) day of June, — One thousand eight hundred and eighty six —

STATEMENT.

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

	Christian Name and Surname of Patient at length,	Mary Mould
	Sex and age,	Female. Forty.
	Married, Single, or Widowed,	Married
	Condition of Life and previous Occupation (if any),	Landlady of a public house of which her husband was the landlord.
	Religious Persuasion, so far as known,	Scotch Church
	Previous place of abode,	Chorley
	Place where found and examined,	~~Found — Do. Examined at~~ Dumfries,
	Length of time Insane,	One month
	Whether First Attack,	yes
1	Age (if known) on First Attack,	40
1	When and where previously under Examination and treatment,	—
1	Duration of Existing Attack,	One month
1	Supposed Cause,	Retiring from business to wh: she was opposed
1	Whether subject to Epilepsy,	no
1	Whether Suicidal,	yes
1	Whether Dangerous to others,	yes
1	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
1	Date of becoming Chargeable,	—
1	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 Mould, Crown St. Chorley (Husband) Her Mother was —
2	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 twelfth day of June, One thousand eight hundred and eighty six.

(To be signed by the Party applying) James Mould

ADDITIONAL STATEMENT

For the Information of the Physicians.

1. Birthplace,	Scotland
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Very steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None but her Mother
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?	All living & healthy
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	The change of circumstances be alluded to
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression chiefly. She was com- lamenting have given up ha
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.?	Sleeplessness & loss of appeti
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None
13. What changes have taken place in his bodily symptoms?	No
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	She tried to choke herself with artificial teeth and has also to drown herself
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	A month or six weeks

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 Hunter Dryden
being (1) Licentiate Med. College of Physicians Edinr.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Mrs Mary Mould, 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.

J. Hunter Dryden M.D.

DATED this 12th day of June One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
am a (1) Licentiate of Royal College of Physicians
Edin.
and acting in actual practice as a (2) physician
hereby certify, on soul and conscience, that I have this day at (3) Crichton
Royal asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Mould of
Crown Street, Chorley and that
the said Mrs Mary Mould 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 dull, confused & melancholic, she
refuses to speak or answer questions,
Her demeanour & appearance are those of an insane person.

(6) *State the Facts.*

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

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

Name and Medical Designation, J. Hunter Dryden M.R.C.P.
Place of Abode, 39 Castle Street Dumfries

DATED this 12th day of June One thousand eight hundred and eighty four years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Thomson
being (1) Doctor of Medicine of the University
of Glasgow and Surgeon
am acting in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the
Crichton Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Mould,
Crown Street Chorley and that
the said Mrs Mary Mould 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) Her confused
and incoherent conversation, and insane
appearance: Thinks she has ruined the Whole
world, and will die if she goes to sleep.

(6) *State the Facts.*

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

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

Name and Medical Designation, Alex. Thomson M.D. &c.
Place of Abode, Castle St. Dumfries

DATED this Fifteenth day of June One thousand eight hundred and Eighty-Six years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James [illegible] Aerated Water Manufacturer, Chas[illegible] Certificates under the hands of James Hunter Dry[illegible] and Alexander Thomson, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the C[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exami[illegible] Mary Mould 12 Crown St, Thorley (Potter Wife) [illegible] Mary Mould, — is a (5) person of un[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Mary Mould — as a Patient in [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith th[illegible] Medical Certificates, and a Statement regarding the said 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 this Fifteenth day of June, One thousand [illegible] hundred and eighty six.

David Boyle [illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Mary Mould

Date of Admission, 12 June 1886

(*Copies.*)

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Peter Stroyan Sexton — Minnigaff Gibbons Dickson, and William A Forsyth, —, 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 Muir or Stroyan Minnigaff Village Glenluce and that the said Mary Muir or Stroyan — 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 Muir or Stroyan — as a Patient into the (6) Public — Asylum of Crichton Royal Institution 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 Muir or Stroyan — which accompanied the said Petition.

DATED this Fifteenth day of June — One thousand eight hundred and eighty nine.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

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

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Gibbons Dickson
being a (1) Doctor of Medicine - University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Minnigaff Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Muir, or Stroyan, wife of Peter Stroyan, Minnigaff Village, and that the said Mary Muir, or Stroyan 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* ... *tion entitling the* ... *fying to grant the* ... *e. g.*, Member of the ... College of Physicians ... burgh.

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

(3) *Insert the street* ... *ber of the house* (if ... *other like particulars*.

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

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

1. Facts indicating Insanity observed by myself: (6)

(6) *State the facts.*

She is the subject of a religious melancholy which has now con... for three months. She imagines that she has committed some unpa... sin. There is a complete change in her manner and behavi...

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

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

From her husband and members of the family I learn that she ... varying mood - at one time restless, excited, and talkative; at an... gloomy and taciturn: that unprovoked she often strikes anyone ne... that, contrary to all former knowledge of her, she for several days utter... most obscene language; and that her whole character is quite cha...

Name and Medical Designation, James G. Dickson. M. D.

Place of Abode, Woodlee. Newton Stewart

DATED this Thirteenth day of June One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Andrew Forsyth,
being a (1) Bachelor of Medicine, and Master of Surgery - University of Glasgow,
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Minnigaff Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Muir, or Stroyan, Minnigaff Village, and that the said Mary Muir, or Stroyan 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* ... *tion entitling the* ... *fying to grant the* ... *e. g.*, Member of the ... College of Physicians ... burgh.

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

(3) *Insert the street* ... *ber of the house* (if ... *other like particulars*.

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

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

1. Facts indicating Insanity observed by myself: (6)

(6) *State the facts.*

Religious Dependency. She imagines that she is about to fall a precipice and be eternally damned; She uses the profane language, and is inclined to be violent.

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

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

Her husband & daughter tell me that she is very changeable, - at times excited & violent as she is at present; at others depressed & silent.

Name and Medical Designation, William A. Forsyth, M.B., &c.

Place of Abode Albert Cottage, Newton Stewart

DATED this Thirteenth day of June One thousand eight hundred and eighty six years.

(*Copies.*)

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) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway; *and his Substitutes,*—

The Petition of Peter Stroyan Clayton Minnigoff,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Muir or Stroyan

your Petitioner's (3) Wife

(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 Mary Muir or Stroyan, to the Crichton Royal Institution, Dumfries, and to sanction his admission into the said Asylum.

Peter Stroyan

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

DATED this Fifteenth (4) day of June One thousand eight hundred and eighty-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,	Mary Muir or Stroyan
2 Sex and Age,	(Female) Fifty years
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	House wife
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Minnigoff munse
7 Place where Found and Examined,	Minnigoff village
8 Length of time Insane,	Three months
9 Whether First Attack,	Yes
10 Age (if known) on First Attack,	
11 When and where previously under Examination and Treatment,	Three months
12 Duration of Existing Attack,	
13 Supposed Cause,	
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,	~~Minnigoff~~
18 Date of becoming Chargeable,	~~12th June 1886~~
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,	~~Mary Muir Minnigoff~~ Peter Stroyan above designed Husband (Petitioner) no
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	no

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

DATED this 12th day of June One thousand eight hundred and 86

(*To be signed by the Party applying*) Peter Stroyan.

[FORM A[1]]

Admitted 13th June 1866

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

_____

(7) _____

DATED this day of One thousand eight

hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

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.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of John Maxwell. Insp. of Poor, Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Robertson. Railway-Clerk-Pauper. 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 James Robertson, to the Southern Counties 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 Maxwell

Dated this Fourteenth (4) day of June One thousand eight hundred and eighty six 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,	James Robertson.
2. Sex and Age,	Male. aged 33 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Railway Clerk.-
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	12 Market Square. Maxwelltown
7. Place where Found and Examined,	12 Market Square. Maxwelltown
8. Length of time Insane,	Has been complaining about 6 months.
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	about 23 years.-
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never under treatment before.
12. Duration of Existing Attack,	about 6 months.
13. Supposed Cause,	Not Known..
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No. takes strange turns betimes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer.
18. Date of becoming Chargeable,	14th June. 1886.
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,	Janet Robertson. Mother, resides at 12 Market Square. Maxwelltown. no relation ever known to be Insane before.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

Dated this Fourteenth day of June One thousand eight hundred and eighty six.

(*To be signed by the Party applying*) John Maxwell. Insp. of Poor. Troqueer.

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 Cunningham being a (1) Licentiate of the Royal Colleges of Ph[illegible] & Surgeons Edinburgh & Mid and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 12 Market Square, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) James Robertson, 12 Mar[illegible] Square, Pauper, and that the said James 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) His facial expression indicates mental disorder

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is sleepless & refuses to take his food. Di[illegible] the night he knocks his head violently agan[illegible] the walls and posts of the bed widently with [illegible] intention of doing serious injury to his person.

His mother gave me the above information

Name and Medical Designation, John Cunningham Mid Lt

Place of Abode, 35 Buccleuch Street, Dum[illegible]

DATED this Fourteenth day of June One thousand eight hundred and Eighty 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 Hunter Dryden being a (1) Licentiate of the Royal College of Physicians, 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) 12 Market Square, Maxwelltown, Troqueer, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Robertson, 12 Market Square a pauper and that the said James 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) He is dull & confused, and at times incoherent in speech. He has delusions, respecting the functions of the body — i.e. says he has no circulation in the brain & so on —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his mother — He refuses to take his food, & on several occasions he has tried to injure himself

Name and Medical Designation, J Hunter Dryden LRCR[illegible]

Place of Abode 39 Castle Street, Dp.

DATED this 15th day of June One thousand eight hundred and 86 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, 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.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope, — (1) Sheriff Substitute, —
of the (2) County of Dumfries, —
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor, Irongray, —
Certificates under the hands of John Cunningham, —
and James Hunter Dyden —, 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 Robertson, 12 Market Square, Maxwelltown (a Pauper), and that the said
James 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 James Robertson — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize you to — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Robertson which accompanied the said Petition.

DATED this Fifteenth — day of June — One thousand eight
hundred and fifty six.

David Boyle Hope

To the Superintendent of the (7)
Public Asylum of Southern Counties,
Dumfries.

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

James Robertson

Iroquois

Admitted 15th June 1886

25 & 26 Vict., Cap. 54, Sect. 13.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, ——— *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) Sarah Janet Smith widow 8 Pemberton Road Upper Holloway London humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ferdinand Smith, ———

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

your Petitioner's (4) 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 Ferdinand Smith ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

S. Janet Smith

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

DATED this 16th (5) day of June One thousand eight hundred and Eighty 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,	Ferdinand Smith
2. Sex and age,	Male age 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Clerk in a Merchants office
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Has never been from home
7. Place where found and examined,	Found at London. Sad at Dumfries.
8. Length of time Insane,	Four years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	21.
11. When and where previously under Examination and treatment,	———
12. Duration of Existing Attack,	Mind gradually going since the age of 21
13. Supposed Cause,	Shock about loss of money in the family
14. Whether subject to Epilepsy,	Had a Sunstroke when 12 years old
15. Whether Suicidal,	No appearance at present of this state
16. Whether Dangerous to others,	No appearance at present of this state
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,	Mrs Sarah Janet Smith 8 Pemberton Road Upper Holloway London Mother
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 16th day of June One thousand eight hundred and Eighty six.

(To be signed by the Party applying) Sarah Janet Smith

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - East of London
2. Character of Education, - - - - Commercial - little ability -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Reserved but cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - Very steady & fairly indust
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - It is a gradual weakening
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - One Uncle Epileptic & one of unso
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? - - - - Father died of Cancer Rheumatic gout in family
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - Delusions that people were talk acting against him or about h
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.? - Sleeplessness & holding the head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - Does not hold his head never sp thoughts rushes along the roa
13. What changes have taken place in his bodily symptoms? - - - - - - grimaces & continually looks in
14. Is he dirty, destructive, untidy, or obscene? - He uses very bad language to
15. Has he threatened or attempted violence to himself? If so, in what way? - - - people when alone He has never threa
16. Has he threatened or attempted violence to others? If so, in what way? - - - violence to himself - and n threatened others except in his language
17. How long has he been insane? - - - Since 21 years of age his mind gradually going

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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Ed hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Ferdinand Smith, 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.

J. Hunter Dryden L.R.C.P.E.

DATED this 15th day of June One thousand eight hundred and 86

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons of Edinr.

and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries — in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ferdinand Smith of 8 Pemberton Road, London — and that the said Ferdinand 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. :—

(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.

Facts indicating Insanity observed by myself: (6) His expression & demeanour are those of an insane person - He declines to answer questions, & looks confused - He has no recollection of recent occurrences -

(6) *State the Facts.*

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

By his Mother — He gesticulates & laughs when alone, he is sleepless & uses bad language, which is quite foreign to his nature has lost his memory

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

Name and Medical Designation, J Hunter Dryden LRCSE

Place of Abode, 39 Castle Street, Dfs

DATED this 15th day of June One thousand eight hundred and 86 years

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ferdinand Smith, 8 Pemberton Road, London and that the said Ferdinand 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. :—

(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.

Facts indicating Insanity observed by myself: (6) looks and feels dull. complains of oppression over the whole head. does not sleep well. will not answer questions. says he came here with a friend but does not know when he may go again

(6) *State the Facts.*

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

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

Name and Medical Designation, Richard B. Lorraine MBCM

Place of Abode, 16 Castle St. Dumfries

DATED this sixteenth day of June One thousand eight hundred and eighty six

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Emery Harries Shortt Hon^y Sheriff-Sub[illegible] of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Sarah [illegible] Smith, Widow, & Pemberton Road Upper Loudon Certificates under the hands of James Hunter D[illegible] and Richard B. Lorraine, being two Medical P[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Ca[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of I[illegible] Asylums in Scotland," setting forth that they had separately visited and exami[illegible] Smith, & Pemberton Road, Upper Holloway, Lond[illegible] and that the [illegible] Ferdinand Smith — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y[illegible] receive the said Ferdinand Smith — as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the [illegible] Medical Certificates, and a Statement regarding the said Ferdinand [illegible] 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 this Seventeenth day of June, — One thousand [illegible] hundred and eighty six

[illegible] D. H. Shortt

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Ferdinand Smith

Date of Admission, 15th June 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfriesshire
Galloway, *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) The Rev. D. Ogilvy-Ramsay
The Manse, Closeburn, Dumfriesshire
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Eliza Ogilvy-Ramsay,

(4) State degree of Relation, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) daughter 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 Ogilvy-Ramsay to the Crichton Royal Institution for the Insane at Dumfries, and to sanction the admission into the said Asylum.

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this 16th (5) day of June — One thousand eight hundred and 86 —

D. Ogilvy-Ramsay

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 Ogilvy-Ramsay
2.	Sex and age,	Female. 18 years.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life and previous Occupation (if any),	
5.	Religious Persuasion, so far as known,	Church of Scotland
6.	Previous place of abode,	The Manse, Closeburn
7.	Place where found and examined,	The Manse, Closeburn
8.	Length of time Insane,	Been always rather weak in mind. Weakness increasing
9.	Whether First Attack,	for last 7 years
10.	Age (if known) on First Attack,	No.
11.	When and where previously under Examination and treatment,	See above
12.	Duration of Existing Attack,	
13.	Supposed Cause,	Had mind and again some kind of fit.
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	No. Has a strange look at times.
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,	David Ogilvy-Ramsay. Father. The Manse, Closeburn.
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 15th day of June — One thousand eight hundred and 86 —

(To be signed by the Party applying) D. Ogilvy-Ramsay

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	The Manse, Kirkmichael, F[illegible]
2. Character of Education,	Usual for daughter of Ma[illegible]
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy - reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Been always rather wea[illegible] mind.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	An Uncle brought on in[illegible] by intemperance.
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?	Mother died of Phthisis, a[illegible] a sister died of the same [illegible] another sister of Hydrocephalus
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No. But has been worse [illegible] she had some kind of fits
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of conduct, [illegible]-tion, depression, laughing [illegible]self, refusing to talk, or [illegible] walking alone, and without [illegible] Spasmodic movements of head an[illegible] Both body and mind deter[illegible]
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.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	Would be untidy if allo[illegible]
15. Has he threatened or attempted violence to himself? If so, in what way?	No: but has an unpleas[illegible] look now and again, an[illegible] a loud rude cry.
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	Always weak in mind [illegible] ness greatly on increase [illegible]

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 Hunter Dryden ——— being (1) Licentiate of Royal College of Physicians Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, ———, seen and personally examined Miss Eliza Ogilvy Ramsay, ———, 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.

J Hunter Dryden LRCPEdy

DATED this 16th day of June One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, John O. Reddie,
born a (1) M.B., C.M. of Glasgow University
and acting in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Closeburn
Mure in the County of
visited and personally examined (4) Eliza Ofilvy Ramsay separately from any other Medical Practitioner, and that
the said Eliza Ofilvy Ramsay 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)
Irregularity of behaviour towards her own relations.
Personal neglect. Melancholy & taciturn.

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

(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.*

Name and Medical Designation, John O. Reddie M.B., C.M.

Place of Abode, Glenhill Dumfriesshire

DATED this 15th day of June — One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE—No. II.

I the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
Edinburgh
and acting in actual practice as a (2) General medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Eliza Ofilvy Ramsay
Closeburn, Dumfriesshire, and that
the said Eliza Ofilvy Ramsay 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 & taciturn and refuses to converse or speak to any one — She is restless irritable, and he cries without apparent cause.

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

(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.*

Name and Medical Designation, J. Hunter Dryden M.R.C.P.Ed.

Place of Abode, 39 Castle Street, Dfs.

DATED this 16th day of June One thousand eight hundred and eighty six years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Sheriff Hon Sheriff-Sub of the (2) county of Dumfries having had produced to me, with a Petition at the instance of (3) The Rev Ogilvy-Ramsay, The Manse, Cl Certificates under the hands of John O. Reddie and James Hunter Dryden, being two Medical Perso duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna Asylums in Scotland," setting forth that they had separately visited and examined Ogilvy-Ramsay, The Manse, Closeburn, Pat and that the Eliza Ogilvy Ramsay, is a (5) person of un mind

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said Eliza Ogilvy Ramsay, as a Patient into t Crichton Royal Institution for the Insane at Dumfries, and I authorize her, Transmission to the said Asylum accordingly; and I transmit you herewith the s Medical Certificates, and a Statement regarding the said Eliza Ogilvy R which accompanied the said Petition.

DATED this Seventeenth day of June, — One thousand eig hundred and eighty six.

W H Sheriff

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Eliza Ogilvy Ramsay

Date of Admission, 16 June 1886.

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. (1) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Stewartry~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of John Lowden, Inspector of Poor, Ecc.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie B. Hamilton ——— your Petitioner's (2) Pauper ——— 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 B. Hamilton ——— to the Southern Counties Asylum ——— and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner sends to Lunatic.

John Lowden Inspector of Poor Ecc.

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

DATED this 21st (3) day of June ——— One thousand eight hundred and 86

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 Beattie or Hamilton
2.	Sex and Age,	female aged 42 years
3.	Married, Single, or Widowed,	———
4.	Condition of Life, and previous Occupation (if any),	———
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	lived many years in present abode
7.	Place where Found and Examined,	Dalbeattie
8.	Length of time Insane,	about ten days
9.	Whether First Attack,	yes
10.	Age (if known) on First Attack,	———
11.	When and where previously under Examination and Treatment,	———
12.	Duration of Existing Attack,	———
13.	Supposed Cause,	———
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,	Urr
18.	Date of becoming Chargeable,	19th June 1886
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,	James Hamilton. Dalbeattie (Husband)
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 June — One thousand eight hundred and 86

John Lowden Insp. Poor.

(To be signed by 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, Robert McKechar — being a (1) Bachelor of Medicine & Member in Surgery of the University of Edinburgh — and being in actual practice as a (2) General Practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Thirty [illegible] Port Street, Dalbeattie — in the [illegible] Kirkcudbright — separately from any other Medical Pra[illegible] visited and personally examined (4) Jessie, B. Hamilton, [illegible] One Port Street, Dalbeattie. A pauper [illegible] the said Jessie B. Hamilton — is a (5) a person [illegible] unsound mind — and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

The mental faculties are clouded [illegible] informs me that she has led an improper [illegible] has gone at night to the nearest water with [illegible] intention

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

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

Her Husband tells me that before the use [illegible] Sedative medicines she was violent at [illegible] That she was sleepless & took litter or [illegible]

Name and Medical Designation, Robert McKechar [illegible]

Place of Abode, Dalbeattie

DATED this Nineteenth day of June — One thousand [illegible] hundred and Eighty Six —

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 Paterson Lewis — being a (1) Doctor of medicine of the University of Glas[illegible] — and being in actual practice as a (2) General practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Thirty [illegible] Port Street, Dalbeattie, — in the Co[illegible] Kirkcudbright — separately from any other Medical Pract[illegible] visited and personally examined (4) Jessie Beattie or Hamilton [illegible] residing at 31 Port St — a pauper, — [illegible] the said Jessie ~~Hamilton~~ Beattie or Hamilton — is a (5) person of [illegible] sound mind — and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Has an insane, melancholy expression, — Does not know how [illegible] she has been married, nor how old she is, — says she [illegible] people about her at night, — and has often, through her [illegible] bothering her, felt inclined to drown herself — her mother [illegible]

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

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

Mrs Joseph Brown a next door neighbour told me that [illegible] had called on her about a week ago & said that she [illegible] a strong desire to commit suicide & two days afterward [illegible] the desire had returned — she left her house by water & went out [illegible] but shortly returned for the [illegible]

Name and Medical Designation, J. Paterson Lewis M.D.

Place of Abode Dalbeattie

DATED this Nineteenth day of June — One thousand [illegible] hundred and Eighty six,

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Stope — (1) Sheriff Substitute — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Howden, Inspector of Poor, Urr, Certificates under the hands of Robert M'Kerchar, — and John Paterson Lewis —, 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 Beattie or Hamilton 3 Port St Dalbeattie, and that the said Jessie Beattie or Hamilton, is a (5) (a pauper) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Beattie or Hamilton as a Patient into the (6) Public — Asylum of Southern Counties 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 Beattie or Hamilton, — which accompanied the said Petition.

DATED this Twenty first day of June — One thousand eight hundred and eighty six years.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

Jessie Beattie or Hammond

Wife.

Admitted 21st June 1886.

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) Dumfries ~~&~~ and Galloway *and his Substitutes,*—

The Petition of Richard Stirling, of 14 Lansdown Place Cheltenham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Lillias Stirling — your Petitioner's (3) 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 Charlotte Lillias Stirling — to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) Richd Stirling

Dated this 23rd (4) day of June — One thousand eight hundred and eighty six. —

(4) The date of the Petition must be within fourteen clear days following the dates of 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,	Charlotte Lillias Stirling
2. Sex and Age,	Female - Born 8th August - 1817.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Independent.
5. Religious Persuasion, so far as known,	Presbyterian Protestant.
6. Previous Place of Abode,	Rockend House - Helensburgh.
7. Place where Found and Examined,	St Andrew's House - Ayr.
8. Length of time Insane,	Probably about a fortnight.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	68.
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,	about a fortnight.
13. Supposed Cause,	Senile.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Doubtful.
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, None	William Stirling. 179 Bath St. Glasgow. Charles Stirling. Rockend - Helensburgh. Richard Stirling. 14 Lansdown Place. Cheltenham. Mr M. H. Alston St Andrew's House - Ayr (Brothers & sister)
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 22nd day of June One thousand eight hundred and eighty six

(*To be signed by the Party applying*) Richd Stirling

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, Geo. McKessack being a (1) Bachelor of Medicine & Surgeon Univ.

and being in actual practice as a (2) Physician

do hereby certify, on soul and conscience, that I have this day, at (3) St Andrews House, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Charlotte Sterling, and that the said St Andrews House. Ayr Charlotte Sterling 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) Extreme melancholy attempting suicide frequently - refusing food & prone to violence against herself. Has tried to assault the nurse. Says others her friends 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) That she threatens to murder the nurse - That she blames her self for allowing her friends to be prejudiced against her; That she is determined to commit suicide as soon as she can manage it.

Name and Medical Designation, Geo. McKessack M.D.

Place of Abode, Ayr

DATED this twenty-second day of June One thousand eight hundred and eighty-six

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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 Hunter Dryden being a (1) Licentiate of the Royal College of Physicians & Surgeons 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) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Charlotte Stirling of St Andrews House, Ayr and that the said Miss Charlotte Stirling 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 extremely melancholy, and imagines that her attendants are going to kill her, she says her friends have resolved to put her out of the

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her attendant - She refuses to take food as she believes it to be poisoned

Name and Medical Designation, James Hunter Dryden M.D.

Place of Abode 39 Castle Street, Dumfries

DATED this 24th day of June One thousand eight hundred and eighty six 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, Geo. McKerrow being (1) M.B. & C.M. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) St Andrews House, Ayr in the County of Ayr, seen and personally examined Charlotte Stirling, 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.

Geo McKerrow

DATED this Twenty-second day of June One thousand eight hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I, William Young Herries Shortt (1) Hr Sheriff Substitute of the (2) County, of Dumfries, having had produced to me, with a Petition at the instance of (3) Richard Sterling, 1 Landsdown Place, Cheltenham. Certificates under the hands of George, McKerrow, and James Hunter Dryden, 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 Lillias Sterling, St Andrews House, Ayr and that the said Charlotte Lillias Sterling 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 Lillias Sterling, as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Lillias Sterling which accompanied the said Petition.

DATED this Twenty fourth day of June One thousand eight hundred and eighty six years.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution

B H Shortt

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

Miss Charlotte Lilias Shirley

Admitted 22 June 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

[1] Sheriff or Steward. [2] Shire or Stewartry.

Unto the Honourable the [1] *Sheriff of* [2] Dumfries and Galloway *and his Substitutes,—*

[3] Insert Name and Designation.

The Petition of [3] John Newlands, Jeweller, 22 Portland St. Kilmarnock.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Lilias Newlands.

[4] State degree of Relationship or other capacity in which Petitioner stands towards Lunatic.

your Petitioner's [4] 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 Lilias Newlands ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Newlands

[5] The date of the Petition must be within four-teen days following the date of the Medical Certificate.

DATED this 24th [5] day of June One thousand eight hundred and eighty 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,	Lilias Newlands.
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,	Protestant.
6. Previous place of abode,	22 Portland St. Kilmarnock.
7. Place where found and examined,	3 months acutely ill.
8. Length of time Insane,	First attack.
9. Whether First Attack,	48.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	3 months.
12. Duration of Existing Attack,	Unknown. Perhaps change of life.
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,	—
18. Date of becoming Chargeable,	John Newlands, Jeweller, 22 Portland St. Kilmarnock — Mother was insane - also sister.
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,	None
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 24th day of June One thousand eight hundred and eighty six.

(To be signed by the Party applying) John Newlands.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Riccarton, near Kilmarnock.
2. Character of Education,	Ordinary.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady + industrious.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Mother insane for many yrs. Sister at present insane.
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?	Father died of asthma. Mother [illegible] an advanced age of natural death.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Patient has not been well since birth of her last child six years ago.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression. Hallucinations of hearing. Lay in bed & said she could not any more.
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.?	Sleeplessness. Fell off in flesh. Pain in head. also in left breast. Irregularity of menses.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Depression much more acute. Patient thinks her neighbours were plotting against her. Left the house.
13. What changes have taken place in his bodily symptoms?	Sleeps better. Getting stronger. Bad habits.
14. Is he dirty, destructive, untidy, or obscene?	Tears clothes. Broken furniture.
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	Three or four months acutely ill.

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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edin. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Lilias Henderson, 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.

J Hunter Dryden L.R.C.P.E.

DATED this 24th day of June One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Physicians Edinr.
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lilias Newlands, of 22 Portland Street, Kilmarnock and that the said Mrs Newlands 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 extremely nervous & melancholy; she says she hears voices in the night; and that her neighbours conspire against her & annoy her in various ways

(6) *State the Facts.*

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

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

Her husband says; that her conduct has greatly changed lately; & that she left her home without reasonable cause —

Name and Medical Designation, J Hunter Dryden LRCP. & SEd.

Place of Abode, 39 Castle Street, Dfs.

DATED this 24th day of June One thousand eight hundred and eighty six years

MEDICAL CERTIFICATE.—No. II.

I the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lilias Newlands 22 Portland St Kilmarnock and that the said Mrs Lilias Newlands 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) Her melancholic appearance. method of conversation allusions. States that she hears voices. at night.

(6) *State the Facts.*

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

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

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Garth St Dumfries

DATED this 25th day of June One thousand eight hundred and eighty six years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitu
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Newl
Jeweller, 22 Portland Street, Kilmarnock —
Certificates under the hands of James Hunter Dryden —
and John Smith ——— , being two Medical Pers
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lun
Asylums in Scotland," setting forth that they had separately visited and examined
Lilias Newlands, 22 Portland St Kilmarnock and that the
Lilias Newlands ——— is a (5) person of unsound (Peters wife)
mind ———
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Lilias Newlands ——— as a Patient into
Crichton Royal Institution for the Insane at Dumfries, and I authorize her —
Transmission to the said Asylum accordingly; and I transmit you herewith the
Medical Certificates, and a Statement regarding the said Lilias Newlan
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 this twenty fifth day of June — One thousand eig
hundred and eighty six

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Lilias Newlands

Date of Admission, 24 June 1886

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 Dumfries & Galloway *and his Substitutes,—*

The Petition of A. L. Smith Inspector of Poor, Hamilton,—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Fraser, Hawker 22 New Wynd Hamilton your Petitioner's (3) pauper,

(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 John Fraser to the ~~Southern Counties Asylum~~ Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) A. L. Smith,

(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 June One thousand eight hundred and Eighty 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,	John Fraser
2 Sex and Age,	Male 19 years
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Poor Circumstances - Hawker
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Hawking the country
7 Place where Found and Examined,	22 New Wynd Hamilton
8 Length of time Insane,	a few days
9 Whether First Attack,	Yes
10 Age (if known) on First Attack,	Unknown
11 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Govan Parochial Asylum some years ago Inverness Asylum in October last
12 Duration of Existing Attack,	a few days
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,	Parish of Hamilton
18 Date of becoming Chargeable,	28 June 1886
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,	Brother Robert Fraser a Hawker living at present at 22 New Wynd Hamilton unknown
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 twenty eighth day of June One thousand eight hundred and Eighty six

(To be signed by the Party applying) A. L. Smith

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 Somerville Marshall being a (1) Doctor 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) 22 New Wynd Hamilton in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) John Frazer, pauper, Hawkey presently residing there and that the said John Frazer 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 - Pointing to a spot on wall said it was the likeness of Jesus about room - Stare and looks in an idiotic manner

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister Gemima says he threatened to beat the police Mrs Frazer says he swears at his children & frequently attempts to strike them

Name and Medical Designation, John Marshall M.D. C.M.

Place of Abode, Hamilton

DATED this Twenty fifth day of June One thousand eight hundred and eighty six

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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 Lindsay being a (1) Doctor of Medicine & Master of Surgery 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) 22 New Wynd. Hamilton in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Frazer. Pauper, Hawkey presently residing there and that the said John Frazer 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 appearance is stupid. his manner restless & demeanour wandering. He imagines himself a person of high character and positively states that he is a gentleman whose unprolonged incarceration is at variance with all his previous statement

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7).
His brother Robert states that John passes about when they are together, but gets violently excited when left alone at home. Also that he has been there before & suffers from

Name and Medical Designation, David Lindsay M.D.

Place of Abode Hamilton

DATED this Twenty Eighth day of June One thousand eight hundred and Eighty six.

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.)

the undersigned, John Sommerville Marshall
ng (1) Doctor of Medicine & Master in Surgery
reby certify, on soul and conscience, that I have this day, at (2) 22 New Wynd Hamilton
the County of Lanark, seen and personally examined
John Fraser pauper, hawker, and that the said
son 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 Marshall M D Em

DATED this Twentieth day of June One thousand eight
ndred and eighty six

(1) State medical qualification. (2) State place of examination.

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

David Boyle Hope, — (1) Sheriff Substitute
the (2) County, — of Dumfries, —
ving had produced to me, with a Petition at the instance of (3) A L Smith
nspector of Poor, Hamilton, —
ertificates under the hands of John Sommerville Marshall, —
d David Lindsay, —, being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
eatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
ylums in Scotland," setting forth that they had separately visited and examined (4)
hn Fraser, Hawker, New Wynd, Hamilton (a pauper) and that the said
John Fraser, — is a (5) person of unsound mind,
d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said John Fraser, — as a Patient into the
Public, — Asylum of Southern Counties, — and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith
said Medical Certificates, and a Statement regarding the said John Fraser,
ich accompanied the said Petition.

DATED this Twenty ninth day of June, — One thousand eight
ndred and eighty six years.

David Boyle Hope

To the Superintendent of the (1) Public
Asylum of Southern Counties.

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

New Museum.

Hamilton

29 June 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Sire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) (Wigtownshire) Dumfries and Galloway *and his Substitutes,*

Insert Name and Details.

The Petition of (3) Mary McCracken or Mary Murray residing at Westwood House Thurnham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jessie Murray residing at Westwood House aforesaid your Petitioner's (4) daughter (Jessie Murray) 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 daughter Jessie Murray to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

State degree of Relationship or other capacity in which Petitioner stands in Lunatic.

Mary Murray

(5) The date of the Petition must be within four-and-twenty days following the date of the Medical Certificate.

DATED this 28th (5) day of June One thousand eight hundred and Eighty 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,	Jessie Murray
2. Sex and age,	20 act.
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	protestant
6. Previous place of abode,	Manchester
7. Place where found and examined,	—
8. Length of time Insane,	5 weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	commenced 5 weeks ago
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 her Family known to be or to have been Insane,	Mary Murray - Westwood Strauraer no insanity in family
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 28th day of June One thousand eight hundred and eighty six

(To be signed by the Party applying) Mary Murray

Hamilton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Manchester
2. Character of Education,	usual good education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved - was cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	very industrious Tailor
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
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?	Father - Paralysis another young with Scarlet - no hereditary disease -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Death of her father & all circumstances
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression & strange
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.?	Sleeplessness - & symptoms Bright disease - noticed first at Xmas, but probably much
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	no delusions now nor so excited as at first
13. What changes have taken place in his bodily symptoms?	none.
14. Is he dirty, destructive, untidy, or obscene?	— no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	5 weeks.

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Thomas Easton being (1) Bachelor of Medicine & Mast. Surg and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) ~~28~~ Westwood House Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jessie Murray Spinster and that the said Jessie 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. :—

(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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is reserved & morose - not answering on being spoken to - or speaking incoherently - she draws back from Strangers & leaves the room -

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

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

Her mother states she at times refuses all food & medicine - that she is sleepless & troubled with delusions - imagined that she is to be executed for Gladstone Irish Bill etc - at time it requires great force to remove her clothes at bedtime, as she refuses to go to bed

Name and Medical Designation, Thomas Easton M.B. Cllr.

Place of Abode, Stranraer

DATED this 28th day of June One thousand eight ~~hundred~~ hundred and eighty six

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edin & a Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Westwood House Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jessie Murray, Spinster and that the said Jessie 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. :—

(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.

Facts indicating Insanity observed by myself: (6) Appears very restless and seems to be easily excited. Answers questions in a very abrupt manner. During my visit she left the room hurriedly and battled with her mother to get through the gate to public road &c

(6) *State the Facts.*

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

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

Her mother states that on her return from Ireland five weeks ago she noticed her daughters state. She first stated that Gladstone's bill for Ireland was wrong framed. At times she would get into a state about the salvation of her soul. Believes that her father is still living who has been dead years &c.

Name and Medical Designation, Hugh Cochrane L.R.C.P. & S.F. P.S. Glasg.

Place of Abode, Stranraer

DATED this 27th day of June One thousand eight hundred and eighty-six.

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 Stewartry.
(3) Insert Name and Designation.

I, William McGibbon Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Mary McC[illegible] or Murray Widow, residing at Westwood House Stran[illegible] Certificates under the hands of Thomas Easton Batchelor of Medicine [illegible] and Hugh Cochrane Surgeon there, being two Medical P[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Car[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of L[illegible] Asylums in Scotland," setting forth that they had separately visited and examin[illegible] Jessie Murray residing at Westwood House foreman and that th[illegible] Jessie Murray is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y[illegible] receive the said Jessie Murray as a Patient in[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the[illegible] Medical Certificates, and a Statement regarding the said Jessie Murra[illegible] 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 this Twenty eighth day of June One thousand [illegible] hundred and eighty six years

W. McGibbon

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Jessie Murray

Date of Admission, 29 June 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Currie, of 23 Riddry St. Paisley.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Richardson Currie

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

your Petitioner's (4) daughter

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 Richardson Currie to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Wm Currie

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Twenty Sixth (5) day of June One thousand eight hundred and eighty six

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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 Richardson Currie
2.	Sex and age,	Female – thirty six years –
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,	Always here
7.	Place where found and examined,	now 23 Riddry St. Paisley
8.	Length of time Insane,	Ten years.
9.	Whether First Attack,	A continuous case
10.	Age (if known) on First Attack,	Twenty six years
11.	When and where previously under Examination and treatment,	Always here
12.	Duration of Existing Attack,	Unknown
13.	Supposed Cause,	no.
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 the Family known to be or to have been Insane,	William Currie Senr 23 Riddry St. Paisley – Father of patient & – and knows of no other instance of Insanity in the Family
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 Twenty sixth day of June One thousand eight hundred and Eighty Six

(To be signed by the Party applying) Wm Currie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Paisley
2. Character of Education,	Liberal
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady + Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never
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?	Parents Both alive
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	None
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No immediate cause Gradually
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of Disposition 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.?	Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	More depressed
13. What changes have taken place in his bodily symptoms?	Loss of flesh
14. Is he dirty, destructive, untidy, or obscene?	Untidy
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Ten 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 Turner Donald being (1) MRCSE,
hereby certify, on soul and conscience, that I have this day, at (2) 23 Rickerby St. Paisley
in the County of Renfrew, seen and personally examined Jane Richardson Currie, 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 T. Donald MRCSE

DATED this Twenty seventh day of June One thousand eight hundred and Eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, e undersigned, Thomas Graham
being a (1) Doctor of Medicine of Glasgow University

and ing in actual practice as a (2) General Practitioner
here certify, on soul and conscience, that I have this day at (3) 23 Niddry Street
Paisley in the County of
Renfrew separately from any other Medical Practitioner,
visit and personally examined (4) Jane Richardson Currie,
iding there and that
the d Jane Richardson Currie is a (5) person of
unsound mind and a proper person to be detained
und Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

Facts indicating Insanity observed by myself: (6) She is incoherent, inspirious and delusive, is regardless of decency going about partially naked.

Other Facts (if any) indicating Insanity communicated to me by others: (7) r brother Adam Currie states that she has been I have described her for some time.

Name and Medical Designation, } Thomas Graham M.D.

Place of Abode, Paisley

DATED this seventeenth day of June One thousand eight hundred and eighty six years.

(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, he undersigned, James Turner Donald
being a (1) Member of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 23 Niddry Street
Paisley in the County of
Renfrew separately from any other Medical Practitioner,
visited and personally examined (4) Jane Richardson Currie
and that
the said Jane Richardson Currie 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) On this occasion is stolidly silent, at other times have found her talkative and incoherent:— is sitting half dressed and refuses to have herself decently clothed; has the facial expression and general demeanour of a person deranged in mind. Know her mental state to have been thus for several years.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Am corroborated by William Currie her Brother, her Father and Mother, and all who know her.

Name and Medical Designation, } James T. Donald MRCSE.

Place of Abode, 5 Gauze St. Paisley

DATED this Twenty first day of June One thousand eight hundred and eighty six years.

(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.*

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Skeen Scott (1) Esq. Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William [illegible] 23 Nixon Street Paisley Donald Certificates under the hands of James Turner Donald and Thomas Graham, —, 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 (1) Jane Richardson Currie, — and that the said Jane Richardson Currie is a (2) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Richardson Currie as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Richardson which accompanied the said Petition.

(1) Describe the Patient, and if a Pauper, state so.
(2) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this Thirtieth day of June One thousand eight hundred and eighty six.

To the Medical Superintendent of the Public
Crichton Royal Institution, Dumfries.

W H Scott

Name, Mrs Jane Richardson Currie
Date of Admission, 30th June 1886.

2 July 1886

No. 6048.

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of **Mary Jane Wilkinson Leithead,**---------- a Patient in **Crichton Royal Institution, Dumfries,**------- together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until **31st December,** 1908.

Commissioner in Lunacy.

Dated at Edinburgh, this **Seventh** day of **May,** One Thousand Nine Hundred and **Eight.**

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—1000—11-06

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 General 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 e 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, 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) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries and Galloway *and his Substitutes*,—

The Petition of Miles McInnes, Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jane Wilkinson Leithead, your Petitioner's (3) Pauper

(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 Mary Jane Wilkinson Leithead, to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Miles McInnes

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

DATED this Second (4) day of July — One thousand eight hundred and Eighty Six 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,	Mary Jane Wilkinson Leithead.
2.	Sex and Age,	Female — 26 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Millworker.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Pine Apple Close Dumfries.
7.	Place where Found and Examined,	" " "
8.	Length of time Insane,	—
9.	Whether First Attack,	no
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*],	Left S.C. Asylum on 26th June 1886.
12.	Duration of Existing Attack,	—
13.	Supposed Cause,	—
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,	Dumfries
18.	Date of becoming Chargeable,	10th June 1885
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,	not 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 First day of July — One thousand eight hundred and Eighty Six years.

(*To be signed by the Party applying*) Miles McInnes
Inspector of Poor
Dumfries.

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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine 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) Rose Apple Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Jane Wilkinson Leithead and that the said Mary Jane Wilkinson Leithead 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) General appearance. States she is Mary Queen of Scotts and afraid of being beheaded. Talks incoherently

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) States that she is violent. Threatens to strike them and that they are in General fear of her

Name and Medical Designation, J. J. Marshall

Place of Abode, Buccleuch St Dumfries

DATED this Third day of July One thousand eight hundred and Eighty Six

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 Smith being a (1) Graduate in Medicine 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) Rose Apple Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Jane Wilkinson Leithead a pauper and that the said Mary Jane Wilkinson Leithead 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 usual excited appearance. & dangerous statements that every body is trying to take her life. & she hears voices who persuade her to do certain things.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The neighbours inform me that she was very wild & violent last night & restraint.

Name and Medical Designation, J. Smith MD

Place of Abode 14 Castle St Dumfries

DATED this 12th day of July One thousand eight hundred and eighty six 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.)

, the undersigned John Smith
eing (1) Graduate in Medicine of Edinburgh University
ereby certify, on soul and conscience, that I have this day, at (2) Pine Apple Close, Dumfries
the County of Dumfries, seen and personally examined
Mary Jane Wilkinson Lithead, and that the said
erson 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 Smith M D &c

DATED this 1st day of July One thousand eight
undred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor, Dumfries
Certificates under the hands of Joseph Garibaldi Marshall,
and John Smith, 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 Jane Wilkinson Lithead, Pine Apple Close, Dumfries (a Pauper) and that the said Mary Jane Wilkinson Lithead (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eceive the said Mary Jane Wilkinson Lithead as a Patient into the
(6) Public Asylum of Southern Counties and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said Joseph Mary Jane Wilkinson
which accompanied the said Petition.

DATED this Second day of July, One thousand eight
undred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

Lithead

Dumfries

Admitted 1 July 1886

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) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Miles McInnes, Inspt. of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Robertson your Petitioner's (3) Pauper 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 Robertson to the R. Asylums and to sanction her admission into the said Asylum.

(3) State degree of Lordship or other Court in which Petitioner stands to Lunacy.

(To be signed by the Party applying) Miles McInnes

DATED this Second (4) day of July One thousand eight hundred and eighty six years.

(4) The date of the Petition must be within seven 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 Robertson
2. Sex and Age,	Female — 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Midwifery
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Grangers Close, Dumfries
7. Place where Found and Examined,	" " "
8. Length of time Insane,	=
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	Not Known
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,	a few days Not Known
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	=
16. Whether Dangerous to others,	=
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	=
18. Date of becoming Chargeable,	2nd July 1886.
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,	Jessie Robertson, sister, High St. Kelton N.B. Not 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 Second day of July One thousand eight hundred and Eighty six years.

(To be signed by the Party applying) Miles McInnes 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, Joseph Garibaldi Mar
being a (1) Graduate in Medicine of the U
of Glasgow
and being in actual practice as a (2) Physician and Sur
do hereby certify, on soul and conscience, that I have this day, at (3) Gram
High St Dumfries in the Cou
Dumfries separately from any other Medical Practi
visited and personally examined (4) Margaret Robertson an
the said Margaret Robertson is a (5) person
unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She states
is blamed by neighbours for Kill
children. Gets into violent state of
and behaves herself generally in
wild manner

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
state that she lies down on
+prays to be saved from th
who are about her

Name and Medical Designation, J. Marshall M

Place of Abode, Dumfries

Dated this Second day of July One thousand
hundred and Eighty Six

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 Smith
being a (1) Graduate in Medicine 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) Gram
High St Dumfries in the Count
Dumfries separately from any other Medical Practitio
visited and personally examined (4) Margaret Robertson and t
the said Margaret Robertson is a (5) person
of unsound mind and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her conv
manner eccentric + delusions, imag
that she hears voices telling her that she
be hanged because she has had a cha

(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 Smith M

Place of Abode 14 Castle St Dum

Dated this Second day of July. One thousand eigh
hundred and eighty six 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 Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Graingers close. High St.
in the County of Dumfries, seen and personally examined
Margaret Robertson, 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.

John Smith M.D. &c.

DATED this Second day of July. One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope (1) Sheriff Substitute
of the (2) County, of Dumfries,
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor, Dumfries,
certificates under the hands of Joseph Garibaldi Marshall,
and John Smith, 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 Robertson, Graingers Close, Dumfries (pauper) and that the said
Margaret 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 Margaret Robertson, as a Patient into the Public Asylum of Southern Counties 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 Robertson, which accompanied the said Petition.

DATED this Second day of July, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties.

---

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

Margaret Robertson

Dumfries

Admitted 2 July 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2)

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) David Spens Fraser residing at 136 Paisley Road West.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Fraser 19 Afton Crescent Paisley Rd

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

your Petitioner's (4) 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 Fraser to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

D. Spens Fraser

(5) The date of the Petition must be within fourteen days following the dates of the Medical Certificate.

DATED this 3rd (5) day of June July One thousand eight hundred and eighty Six

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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,	William Fraser
2.	Sex and age,	male. 23 Years
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,	
7.	Place where found and examined,	19 Afton Crescent, Paisley Road, West.
8.	Length of time Insane,	Three weeks
9.	Whether First Attack,	First attack
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and treatment,	—
12.	Duration of Existing Attack,	Three weeks
13.	Supposed Cause,	No Cause
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	May be
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,	David Spens Fraser, 136 Paisley Road, West Brother. No member of family has 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 3rd day of July June One thousand eight hundred and 86

(To be signed by the Party applying). D. Spens Fraser

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Glasgow
2. Character of Education,	Good general education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady &c.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Has not been insane before
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?	Father, Perforation of Bowel. Mother, Inflammation of Liver.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Constant Speaking. Excitement.
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.?	Sleeplessness. Want of appetite &c.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Now pronounced.
13. What changes have taken place in his bodily symptoms?	None.
14. Is he dirty, destructive, untidy, or obscene?	—
15. Has he threatened or attempted violence to himself? If so, in what way?	Threatening violence
16. Has he threatened or attempted violence to others? If so, in what way?	" "
17. How long has he been insane?	Three weeks.

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 Medicine in Medicine of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 79 Alston Crescent in the County of Lanark, seen and personally examined William Fraser, 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.

DATED this 2nd day of July One thousand eight hundred and 86

Alex. Robertson M.D.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alex Robertson
being a (1) Graduate in Medicine of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) 19 Afton
Crescent, Paisley Road, Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) William Fraser, of no
occupation, residing at 19 Afton Crescent Paisley Road and that
the said William Fraser 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) *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) He talks incoherently; imagines
get "rat poison" some years ago and that a large part
is blood ran out of his veins; sees imaginary objects; is
dangerous.

(6) *State the Facts.*

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

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

His mind has been disordered for ten days, and
he has been getting unmanageable and has
shewing dangerous tendencies. Information from brother &c

Name and Medical Designation, Alex Robertson, M.D.

Place of Abode, 16 Newton Terrace, Glasgow

DATED this 2nd day of July One thousand eight
hundred and 86

MEDICAL CERTIFICATE.—No. II.

I the undersigned, James Provan
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 19 Afton Cres-
cent, Paisley Road Glasgow in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) William Fraser of no
occupation and that
the said William Fraser 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) *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) He talks incoher-
ently, sees & hears imaginary objects. States that dogs lead him about
come & lie in bed with him imagines someone is taking his head
off—that at a remote period he got rat poison from a singed rat
that the bed gets too short for him to lie in & that he has lost a
great quantity of blood, but cant till how or when. Threatens to be violent.

(6) *State the Facts.*

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

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

Gets out of bed, locks himself in rooms
is unmanageable, & shewing dangerous tendencies
talks incoherently & incessantly &c. &c. — Information from
sisters & brother.

Name and Medical Designation, James Provan M.D. L.R.C.S.E. &c.

Place of Abode, 1 Tullallan Place Paisley Road Glasgow

DATED this Second day of July One thousand eight hundred
hundred and Eighty six.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMIS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Walter Cook Spens Advocate Sheriff Substi[illegible] of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) David [illegible] Fraser, 136 Paisley Road, West Gov[illegible] Certificates under the hands of Alex Robertson — and James Provan, being two Medical P[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Ca[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of L[illegible] Asylums in Scotland," setting forth that they had separately visited and examin[illegible] William Fraser 19 Afton Crescent, Paisley Road West Govan William Fraser and that th[illegible] is a (5) person of unso[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y[illegible] receive the said William Fraser as a Patient in [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the[illegible] Medical Certificates, and a Statement regarding the said William [illegible] 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.

DAYED this 3rd day of July One thousand [illegible] hundred and 86.

[illegible] 1/[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, William Fraser

Date of Admission, 3rd July 1886

8123

[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 2 JUL 86 SCOTLAND

I, the undersigned Alexander Kirk, Inspector of Poor, Parish of Dalry Galloway desirous to transfer John Guthrie a Lunatic Pauper, present a Patient in Perth District Asylum, Murthly, and (1) a Lunatic Pauper of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Guthrie and a Medical Certificate with respect to his mental and bodily condition.

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

Alex Kirk
Inspector of Poor

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

DATED at Dalry this 30th day of June One thousand eight hundred and Eighty Six years

STATEMENT.

1	Christian Name and Surname of Patient at length,	John Guthrie
2	Sex and Age,	Male, 45 years of age
3	Married, Single, or Widowed,	Single
4	Condition of Life, and Previous Occupation (if any),	Respectable. Schoolmaster
5	Religious Persuasion, so far as known,	Protestant
6	Date of Admission into Asylum,	19th april 1886
7	Length of time Insane,	About three months
8	Whether first Attack,	not Known
9	Age (if known) on first Attack,	not Known
10	Duration of existing Attack,	abut three months
11	Supposed Cause,	not known
12	Whether subject to Epilepsy,	"
13	Whether Suicidal,	"
14	Whether Dangerous to others,	"
15	Parish to which the Lunatic (if a Pauper) is Chargeable,	Parish of Dalry Galloway.
16	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,	Charles Mc Phetson Rose Bank House Cambuslang. nr. Glasgow Brother in-Law

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

(*To be signed by the Applicant*) Alex. Kirk

DATED this 30th day of June One thousand eight hundred and Eighty Six years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned A. B. Trydd Stephenson
being (1) M.B. C.M. of Aberdeen University
hereby certify that I have this day at (2) Perth District Asy
personally examined John Guthrie at pres
Patient in said Asylum, and with respect to his Mental State that
he is suffering from Mania, that he
fancies he is the victim of peculiar in
& that he was in prison for breach of th
& that he threatened his sister, & said tha
put poison in his food, etc before admission; and with respect to
Bodily Health and Condition that there are very fa

No. 4894.
John Guthrie
Dalry
Admitted 5th July 1886

and I further certify that, in my opinion, there is nothing in the Mental or Bodily C
dition of the Patient to contraindicate removal to the Royal Asylum of Dumpri

A. B. Trydd Stephenson

Dated this 1st day of July One thousand e
hundred and 86.

SANCTION BY THE BOARD OF LUNACY.

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

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector
Poor, Dalry (Kirkcudbright)
to authorize the transfer of John Guthrie
from Perth District asylum to Crichton
Institution, and the Board having considered such application
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the
John Guthrie as requested.

[signature] Commissioner

Dated at Edinburgh, this 2nd day of July
thousand eight hundred and eighty-six.

Date of Sheriff's Order:-
17th April 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries ~~shire~~ & Galloway

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Thomas Dempster, 59 Grafton St Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret McFarlane or Dempster your Petitioner's (4) ~~Mr~~ 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 McFarlane or Dempster to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

Thomas Dempster

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this fifth (5) day of July One thousand eight hundred and eighty 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,	Margaret McFarlane or Dempster
2.	Sex and age,	41
3.	Married, Single, or Widowed,	married
4.	Condition of Life and previous Occupation (if any),	
5.	Religious Persuasion, so far as known,	Free church of Scotland
6.	Previous place of abode,	Found in Glasgow
7.	Place where found and examined,	Exd at 39 Castle St: Dumfries.
8.	Length of time Insane,	7 years
9.	Whether First Attack,	First attack
10.	Age (if known) on First Attack,	39
11.	When and where previously under Examination and treatment,	
12.	Duration of Existing Attack,	7 years
13.	Supposed Cause,	Not known
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	Has threatened me and struck her mother
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,	Susan McFarlane - mother 59 Grafton St: Glasgow.
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 fifth day of July One thousand eight hundred and eighty six

(To be signed by the Party applying) Thomas Dempster

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Glasgow
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Phthisis No brothers or sisters
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not aware
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Fancies & depr[illegible]
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.?	Want of appetite [illegible] sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None
13. What changes have taken place in his bodily symptoms?	No
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Struck her mother and threat[illegible] her [illegible]
17. How long has he been insane?	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, James Hunter Dryden, being (1) Licentiate of Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs McFarlane or Dempster, 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.

J Hunter Dryden Lond[illegible]

DATED this 5th day of July One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Physicians and Surgeons Edinb. &c.
and living in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day at (3) 39 Castle street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret McFarlane or Dempster, of 39 Crafton Street, Glasgow and that the said Mrs Dempster 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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She says her husband & her relations have conspired against her, & that wherever she goes a voice follows her & tells her that she is being insulted by every one who meets her &c. She also says that the terms "east & west" "right & left" have a great deal to do with her trouble &c &c

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

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

Name and Medical Designation, James Hunter Dryden M.R.C.P.Ed.

Place of Abode, 39 Castle Street, Dumfries

DATED this 5th day of July One thousand eight hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and living in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 39 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret McFarlane or Dempster of 39 Crafton Street, Glasgow and that the said Margaret Dempster 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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is full of delusions about hearing a great many different voices, telling her about things such as, that her mother is not her mother &c

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

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

Name and Medical Designation, W. S. Kerr M.B. &c.

Place of Abode, Dumfries

DATED this 5th day of July One thousand eight hundred and eighty six years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff-Subst[illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thom[illegible] 59 Grafton Street Glasgow, Certificates under the hands of James Hunter Dr[illegible] and William Smith Kerr, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the C[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exami[illegible] Mr Farlane or Dempster 59 Grafton Street Gl[illegible] (Petitioner's wife) and that [illegible] is a (5) person of un[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Margaret McFarlane or Dempster as a Patient [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith th[illegible] Medical Certificates, and a Statement regarding the said Margaret M[illegible] 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 Person of unsound mind.

D B
Dempster
H

DATED this Seventh day of July, — One thousand [illegible] hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Margaret McFarlane or Dempster

Date of Admission, 5th July 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

_____ *and his Substitutes,*—

(3) Insert Name and Description.

The Petition of (3) Hugh Ker, St George Place, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Williamina Ker, _____

(4) State degree of Relation, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) daughter, _____

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 Williamina Ker, _____ to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Hugh Ker

(5) The date of the Petition must be within fourteen days following dates of the Medical Certificate.

DATED this Sixth (5) day of July — One thousand eight hundred and eighty 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,	Williamina Ker.
2. Sex and age,	Female.
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,	St George Place - Annan.
7. Place where found and examined,	" " " "
8. Length of time Insane,	Four or five months.
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,	Four or five 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. 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,	Hugh Ker, Builder, St George Place Annan. Father. 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 Sixth day of July - One thousand eight hundred and eighty six.

(To be signed by the Party applying) Hugh Ker,

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Annan.
2. Character of Education,	Ordinary.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful and frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Rather idle.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None known.
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?	Has 3 sisters and 6 brothers alive well. Father & mother alive and
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Suffered from bleeding haemorrh The attack began when bleeding stopp
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Sullenness. Talking to herself. Fan as that people spoke about her.
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.?	Immediately before the mental symp appeared she suffered from bleeding he and from boils in the armpit.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Symptoms described above increased in Passionateness. Loud talking, swearing, & language. Violence.
13. What changes have taken place in his bodily symptoms?	No change. Stoutness increased.
14. Is he dirty, destructive, untidy, or obscene?	Tends to be untidy & dirty.
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	Four or five months

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, S. Fredk. Rowan being (1) a Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Sylvia Place in the County of Dumfries, seen and personally examined Williamina Rev, 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.

S. Fredk. Rowan

DATED this sixth day of July One thousand eight hundred and eighty six.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Stephen Frederick Rowan — certified the Royal College of Physicians and Surgeons of Edinburgh — being in actual practice as a (2) Physician and Surgeon — hereby certify, on soul and conscience, that I have this day at (3) St. Johns Place Johns Road Annan — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Williamina Ker of St Johns Place Annan — and that the said Williamina Ker — 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) That she is the daughter of William Ewart Gladstone
That she is God's wife
That Hugh Ker killed John Thompson.

(6) *State the Facts.*

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

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

Name and Medical Designation, S. Fredk Rowan M.B. C.M. R.C.P.S.

Place of Abode, Annan.

DATED this 26th day of July One thousand eight hundred and eighty-six

MEDICAL CERTIFICATE—No. II.

I, the undersigned, George Alexander Turner — certify that (1) Doctor of Medicine and Master in Surgery of the University of Glasgow — being in actual practice as a (2) Physician and Surgeon — hereby certify, on soul and conscience, that I have this day, at (3) St Johns Place St Johns Road, Annan — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Williamina Ker of St Johns Place, Annan — and that the said Williamina Ker — 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 told me, that she knows me to be "Lord Lewis, Premier of England", that her arm has recently injured to-day by Sir Roger Tichborne, and that she has a dead-born child for a minute to-day or it might be a minute and a half.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she sometimes gets violent — goes out in the street frequently, talking wildly and swearing at all within reach of her.

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

Information from Hugh Ker Esq. father of the said Williamina Ker.

Name and Medical Designation, George Alexander Turner M.B., C.M.

Place of Abode, 1 Clifton Place, Glasgow, W.

DATED this 8th day of July One thousand eight hundred and eighty six.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

David Boyle Hope, Sheriff, Substitute
William Young Harries Shorth, Stewart
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Hugh [illegible]
St George Place, Annan
Certificates under the hands of Stephen Frederick R[illegible]
and George Alexander Turner being two Medical Pe[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu[illegible]
Asylums in Scotland," setting forth that they had separately visited and examined
Williamina Ker, St John's Place, Annan, Petitioner and that the
Williamina Ker, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Williamina Ker, as a Patient into
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the
Medical Certificates, and a Statement regarding the said Williamina
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.

DAYED this Seventh day of July One thousand [illegible]
hundred and eighty six. Seven words deleted
David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Williamina Ker,
Date of Admission, 7th July 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

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

The Petition of (3) John McIntyre

(3) Insert Name and Designation

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Flora McIntyre or Harvie

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

your Petitioner's (4) 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 Flora McIntyre or Harvie to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Mc Intyre

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this eighth (5) day of July One thousand eight hundred and eighty-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,	Flora McIntyre or Harvie
2. Sex and age,	F. 62.
3. Married, Single, or Widowed,	Sugar boiler's widow.
4. Condition of Life and previous Occupation (if any),	" wife.
5. Religious Persuasion, so far as known.	Protestant.
6. Previous place of abode,	Dumfries - 12 Roxburgh St. Greenock.
7. Place where found and examined,	About one year
8. Length of time Insane,	86.
9. Whether First Attack,	1st
10. Age (if known) on First Attack,	Death of Husband - 59
11. When and where previously under Examination and treatment,	Do
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Irish 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 Harvie, son, presently in Hongkong - Sister died insane in Greenock Parochial Asylum - A brother was also insane - He is now in Melbourne -
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 eighth day of July One thousand eight hundred and eighty-six.

(To be signed by the Party applying). John McIntyre

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Greenock -
2. Character of Education, - - - - Ordinary school - [illegible]
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Dull & reserved -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - Steady & industrious -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - - No -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - - Vid No. 19 previous [illegible]
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? - - - - - Father died from Typhus [illegible] died from Cancer of Stomach Sister insane, & two others died from Phthisis, [illegible] died from Pneumonia - [illegible] died from being drowned.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - - Death of husband -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - Melancholy -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - - Sleeplessness -
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.? - Insanity more [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - - Loose
13. What changes have taken place in his bodily symptoms? - - - - - - - Is untidy
14. Is he dirty, destructive, untidy, or obscene? - No
15. Has he threatened or attempted violence to himself? If so, in what way? - - - No
16. Has he threatened or attempted violence to others? If so, in what way? - - - No
17. How long has he been insane? - - - About a year

Has an irreducible hernia of old [illegible]

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Samuel Gallaway (1) Graduate in Med. of the Univ. of Glasgow being in actual practice as a (2) Physician & Surgeon and having certify, on soul and conscience, that I have this day at (3) No. 12 Rutherglen, Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Flora D. Tytler or Harvie at lodgings at Gaigview, Castle St., Greenock and that the said Flora D. Tytler or Harvie 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)

(6) *State the Facts.*

Expresses herself suspected that entertains a variety of religious ideas that money is falling & that the washing-green is being stolen away—

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

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

Her daughter, Mary Harvie, states that she is aware of her person, sleepless, inclined to take food & escape & run away at night when undressed clothed—&c.

Name and Medical Designation, Samuel Gallaway, M.D.

Place of Abode, 16 Wyllie St., Greenock—

DATED this seventh day of July One thousand eight hundred and eighty-six.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Allan Galloway Physician being a (1) Doctor of Medicine Glasgow University and Physician in Greenock acting in actual practice as a (2) Physician in Greenock hereby certify, on soul and conscience, that I have this day, at (3) 12 Rosebank Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mrs Flora Harvie or Wilson a Dunoon daughter and that the said Mrs Flora Harvie or Wilson is an insane person or 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)

(6) *State the Facts.*

On examining her she is nervous & frightened & states her delusions that the house shall tumble down & other times parts of the house is away & now stops

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

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

visits on her daughters that the house is falling & must leave it when they are prepared to leave she will not go & insists on waiting as it will come right again

Name and Medical Designation, Allan Galloway M.D.

Place of Abode, 12 Rosebank St. Greenock

DATED this Seventh day of July One thousand eight hundred and 86

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMIS ON AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Colin Stewart Caird Esquire Sheriff Substitute of (2) Renfrew and Bute having had produced to me, with a Petition at the instance of (3) John Mc Intyre Dunoon Certificates under the hands of James Wallace and Alla Galloway, Physicians Granark being two Medical P duly qualified in terms of an Act, intituled "An Act for the Regulation of the Ca Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of L Asylums in Scotland," setting forth that they had separately visited and examin

(4) Describe the Patient, and if a Pauper, state so.

Flora Mc Intyre or Harvie and that th Flora Mc Intyre or Harvie is a person of unsound mi

(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 y receive the said Flora Mc Intyre or Harvie as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Flora Mc Intyre which accompanied the said Petition.

DATED this Eighth day of July One thousand hundred and eighty six

Colin S. Caird

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1887.

Name, Flora Mc Intyre or Harvie

Date of Admission 8th July 1886.

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.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries & Galloway ~~of~~ — *and his Substitutes,*—

The Petition of Alexander Brown, Free Church Minister, Ruthwell, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Dansken Brown, — your Petitioner's (3) daughter — 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 Dansken Brown — to the Crichton Royal Institution Dumfries 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 Brown

Dated this Ninth (4) day of July, — One thousand eight hundred and eighty six.

(4) The date of the Petition must be within fourteen clear days before 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,	Janet Dansken Brown.
2. Sex and Age,	Female. 29.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Governess.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	F. C. Manse Ruthwell
7. Place where Found and Examined,	Found at Ruthwell. Examined at Dumfries
8. Length of time Insane,	Four weeks.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	29.
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,	Four weeks.
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,	Rev. Alexander Brown. Free Church Manse. Ruthwell. the petitioner, father of patient. A Sister has been insane.
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 Ninth day of July. — One thousand eight hundred and eighty six.

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

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 Marshall, —
being a (1) Graduate of the University of D
and Licentiate of the Physicians & Surgeons of
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch
Dumfries, —— in the Coun
Dumfries, —— separately from any other Medical Practitio
visited and personally examined (4) Janet Dunbar Brown, —
Buccleuch Mansion Ruthwell —— and
the said Janet Dunbar Brown —— is a (5) person o
unsound mind —— and a proper Person to be dete
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoh
& delusions which prove
Labours under delusion of
& frothy distortion of mou

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Brother states that she
neither eats nor sleeps
has not the slightest

Name and Medical Designation, W. Marshall
Place of Abode, Buccleuch Stree

DATED this Sixth day of July One thousand e
hundred and Eighty Six

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 Gauld Marshall
being a (1) Graduate in Medicine 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) Buccleuch
St Dumfries in the Count
Dumfries —— separately from any other Medical Practitio
visited and personally examined (4) Janet Dunbar Brown
Buccleuch Mansion Ruthwell, —— and
the said Janet Dunbar Brown —— is a (5) person of
unsound mind —— and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has little
delusions Believes there are
insane people about her
her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her brother corroborates above
& states she has been a

Name and Medical Designation, W. Marshall
Place of Abode Buccleuch Stree

DATED this Sixth day of July One thousand e
hundred and Eighty Six

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.)

the undersigned, William Marshall

ing (1) a Graduate in Medicine of St. Andrews & Licentiate of Faculty of Physicians and Surgeons Glasgow

reby certify, on soul and conscience, that I have this day, at (2) Buccleuch St Dumfries

the County of Dumfries, seen and personally examined

anet Dansken Brown, and that the said

rson 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.

W. Marshall M.D. &c

DATED this Ninth day of July One thousand eight

undred and Eighty Six.

(1) State medical qualification. (2) State place of examination.

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

, David Boyle Hope (1) Sheriff Substitute

f the (2) County of Dumfries

having had produced to me, with a Petition at the instance of (3) Alexander Brown Free Church Manse, Ruthwell,

Certificates under the hands of William Marshall,

and Joseph Garibaldi Marshall, 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 Dansken Brown, Free Church Manse, Ruthwell, and that the said Janet Dansken Brown, is a (5) person of unsound mind,

nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to eceive the said Janet Dansken Brown, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith he said Medical Certificates, and a Statement regarding the said Janet Dansken Brown, hich accompanied the said Petition.

DATED this Twelfth day of July One thousand eight

undred and eighty six

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

---

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

Admitted 9 July. 1886

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.

Sheriff or Steward. Sheriff Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shires~~ of Dumfries & Galloway and his Substitutes,—

The Petition of James Grieve, Inspector of Poor, Moffat, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Richardson, your Petitioner's (3) Pauper, 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 Richardson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

James Grieve, Inspector of Poor

(2) No degree of relationship or other security which Petitioner stands to Luna

DATED this Eleventh (4) day of July One thousand eight hundred and eighty six.

(4) The date of the Petition must be within fourteen clear days of 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 Richardson.
2.	Sex and Age,	Male. 32 years of age.
3.	Married, Single, or Widowed,	Single.
4.	Condition of Life, and previous Occupation (if any),	Mason.
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous Place of Abode,	Boreland, Dryfe & Wamphray
7.	Place where Found and Examined,	Buccleuch Street, Moffat.
8.	Length of time Insane,	3 Days.
9.	Whether First Attack,	Second Attack
10.	Age (if known) on First Attack,	24 years of age.
11.	When and where previously under Examination and Treatment,	Southern Counties Asylum.
12.	Duration of Existing Attack,	3 Days.
13.	Supposed Cause,	Not Known.
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	May become so.
16.	Whether Dangerous to others,	Yes
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat in meantime.
18.	Date of becoming Chargeable,	11th July 1886.
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,	William Richardson, Buccleuch Street, Moffat. (Father) 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.

DATED this Eleventh day of July One thousand eight hundred and eighty six years.

(To be signed by Party applying) James Grieve Inspector

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 Munro being a (1) Member of the Royal College of Ph[illegible] Edinb & a Licentiate of the Royal Colle[illegible] and being in actual practice as a (2) Physician & Surg[illegible] hereby certify, on soul and conscience, that I have this day, at (3) Buccl[illegible] Moffat, in the Co[illegible] Dumfries separately from any other Medical Prac[illegible] visited and personally examined (4) John Richardson Pauper, the said John Richardson, is a (5) an Ins[illegible] Person and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the f[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Rushing into the streets and b[illegible] like a Madman - supposing some[illegible] is trying to do him injury - Preven[illegible]

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

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

The above facts - & being pe[illegible] unmanageable.

Name and Medical Designation, James Munro

Place of Abode, Moffat

DATED this 10th day of July One thousand [illegible] hundred and eighty six.

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 D'Ogly Grange being a (1) Doctor of Medicine & Master in Surgery the university of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccl[illegible] Street - Moffat in the Co[illegible] Dumfries separately from any other Medical Prac[illegible] visited and personally examined (4) John Richardson Pauper, the said John Richardson is a (5) Lunat[illegible] and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) like not a[illegible] when spoken to, ~~is off~~ remains in one [illegible] with flexed arms & clenched fists. Fixed look [illegible] dilated pupils.

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

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

Previous insanity. Religious fear. A [illegible] that he is going to die.

Name and Medical Designation, Wm D'Ogly Grange

Place of Abode Moffat

DATED this eleventh day of July One thousand [illegible] hundred and eighty six.

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 Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch St.
in the County of Dumfries, seen and personally examined
John Richardson, 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 Munro. M.D. L.R.C.S.Edin.

DATED this 10th day of July, — One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Stope Esquire, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James Brine
Inspector of Poor, Moffat,
Certificates under the hands of James Munro,
and William D'oyly Grange, 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 Richardson Buccleuch Street Moffat (a pauper)
and that the said
John Richardson, is a (5) insane person, and a
Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Richardson, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Richardson, which accompanied the said Petition.

DATED this Twelfth day of July, — One thousand eight hundred and eighty six.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

---

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

John Richardson
Moffat.
Admitted 19 July 1886

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)~~ Dumfries & Galloway ——— *and his Substitutes,*—

The Petition of Martha Sellars or Muir, Crown Hotel, Kilmarnock, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Muir, Crown Hotel, Kilmarnock your Petitioner's (2) 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 Muir, ——— to the Royal Crichton Asylum, Dumfries and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) M. Muir

DATED this twelfth (3) day of July ——— One thousand eight hundred and Eighty six.

(3) The date of the Petition must be within thirteen 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,	David Muir
2 Sex and Age,	Male, 43 years
3 Married, Single, or Widowed,	married
4 Condition of Life, and previous Occupation (if any),	Hotel Keeper
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Kilmarnock
7 Place where Found and Examined,	Crown Hotel. Kilmarnock
8 Length of time Insane,	weeks
9 Whether First Attack,	First
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*],	—
12 Duration of Existing Attack,	some weeks
13 Supposed Cause,	Thickened Tuberculosis
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,	Margaret Sellars or Muir, above designed. (wife)
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this twelfth day of July ——— One thousand eight hundred and Eighty six

(To be signed by the Party applying) M. Muir

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, Alexander William Macfarlane being a (1) Doctor of Medicine. University of [illegible]

and being in actual practice as a (2) Physician [illegible]

do hereby certify, on soul and conscience, that I have this day, at (3) Crown [illegible] Kilmarnock [illegible] in the County of Ayr [illegible] separately from any other Medical Practitioner, visited and personally examined (4) David Muir, Crown [illegible] Kilmarnock [illegible] and that the said David Muir [illegible] is a (5) person of unsound mind [illegible] 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 quite changed in appearance and manner, is restless and unable to [illegible] anything but buying dresses, he is most reckless about his health which is not his usual custom. His conduct is silly at times, at others, he loses his temper without cause.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] that he does not sleep more than an hour at night. rises and walks through the night, sits in the street without his slippers. buys numbers for which he has no use. buys articles indiscriminately. borrows money recklessly from any person he meets, although plenty of money in his pocket. He changed in all his habits, being rough & even violent at times.

Name and Medical Designation, A. W. Macfarlane

Place of Abode, Kilmarnock

DATED this 12th day of July One thousand eight hundred and 86.

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 Davidson Macdonald being a (1) Graduate of Edinburgh & Cambridge

and being in actual practice as a (2) physician & surgeon

do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution [illegible] in the County of Dumfries [illegible] separately from any other Medical Practitioner, visited and personally examined (4) David Muir. Crichton Royal Institution Dumfries [illegible] and that the said David Muir [illegible] is a (5) person of unsound mind [illegible] 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) [illegible] depressed & apprehensive. talks about [illegible] but knows [illegible] says he has come here to [illegible] from an American [illegible] delusion. and is very restless

(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. Davidson Macdonald

Place of Abode, Crichton Royal Dumfries

DATED this 13th day of July One thousand eight hundred and eighty-six.

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 William Macfarlane
being (1) Doctor of Medicine. Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Kilmarnock
in the County of Ayr, seen and personally examined
David Muir, 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.

A.W. Macfarlane

DATED this 12th day of July One thousand eight hundred and 86.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Harries Shorth, Hon'y Sheriff Substitute, (3)
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) Martha Sellars
or Muir Crown Hotel Kilmarnock
Certificates under the hands of Alexander William Macfarlane
and Alexander Dall Macdonald 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 (6) David Muir Hotel Keeper, Crown Hotel, Kilmarnock (Petis Husband) and that the said David Muir, is a (7) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Muir as a Patient into the Public Asylum of Crichton Royal Institution 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 David Muir which accompanied the said Petition.

DATED this Thirteenth day of July One thousand eight hundred and eighty six years.

W. H. Shorth

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

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

No 4900.

Davia Muir

admitted 12 July 1886

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) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Cowan or Palmer, your Petitioner's (3) Pauper, 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 Cowan or Palmer to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other reason in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Miles Mc Dowall

DATED this 15th (4) day of July, One thousand eight hundred and eighty six.

(4) The date of the Petition must be within seven 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,	Janet Cowan or Palmer
2. Sex and Age,	Female 28 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Out worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sorrhouse Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	—
9. Whether First Attack,	Yes
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*],	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	2nd July 1886
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,	William Palmer, Carter, Husband, at present in Infirmary. No
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 15th day of July, One thousand eight hundred and eighty six.

(To be signed by the Party applying) Miles Mc Dowall 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 Marshall —
being a (1) Graduate in Medicine of St Andrews
and Licentiate of Faculty of Physicians Surgeons
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) Barhou
Dumfries
Dumfries — in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Cowan or Palmer
and
the said Janet Cowan or Palmer 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 has no Expectation of anything being done for her Says at visit that she knows as to the safety of her

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governess state that she is constantly disturbed by her talking from her bed and keeping the

Name and Medical Designation, } W Marshall MD

Place of Abode, Buccleuch St Dumfries

DATED this Fifteenth day of July One thousand eight hundred and Eighty six

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 Smith —
being a (1) Graduate in 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) The Poor
Dumfries
Dumfries — in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Cowan or Palmer
Pauper
and
the said Janet Cowan or Palmer 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. Attendants state that she takes fits & cannot restrain herself from violent acts has also injured herself by pulling out hair

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Governor & several females in the house inform me that after the fits she is very violent & almost unmanageable.

Name and Medical Designation, } John Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 15th day of July One thousand eight hundred and eighty six 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 Marshall
hing (1) Graduate of Medicine of St Andrews University
hereby certify, on soul and conscience, that I have this day, at (2) Poorhouse Dumfries
in the County of Dumfries, seen and personally examined
Janet Cowan or Palmer, 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.

William Marshall M.D.

DATED this Fifteenth day of July One thousand eight
hundred and Eighty six

(1) State medical qualification. (2) State place of examination.

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

David Boyle Hope, — (1) Sheriff Substitute, —
of the (2) County of Dumfries, of
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall,
and John Smith, 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 Cowan or Palmer, Poorhouse, Dumfries and that the said
Janet Cowan or Palmer, is a (5) (a pauper) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Cowan or Palmer — as a Patient into the Public — Asylum of Southern Counties, 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 Janet Palmer or Cowan which accompanied the said Petition.

DATED this Sixtenth day of July, — One thousand eight
hundred and eighty six years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

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

Palmer

Dumfries

Admitted 15 July 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward, Sheriff or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes,—

Christian Name and Designation.

The Petition of (3) Alexander McWilliam Inspector of Poor Parish of Carlaverock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Craig

State degree of Relationship or other capacity in which Petitioner stands to Patient, &c.

your Petitioner's (4) pauper 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 Craig to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Alex McWilliam

The date of the Petition to be within four days following date of the Medical Certificate.

DATED this 16th (5) day of July One thousand eight hundred and eighty 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,	Janet Craig
2. Sex and age,	Female, 49
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Est. Church of Scotland
6. Previous place of abode,	Dumfries
7. Place where found and examined,	Glencaple
8. Length of time Insane,	Ten days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Not Known
11. When and where previously under Examination and treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	Ten days
13. Supposed Cause,	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,	Carlaverock
18. Date of becoming Chargeable,	16th July 1886
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,	James Craig, Manchester — Brother No
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 16th day of July One thousand eight hundred and eighty six

(To be signed by the Party applying). Alex McWilliam

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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, Richard B. Lorraine being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Glencaple - Calsw in the County of Dumfries, seen and personally examined Janet Craig. (a pauper), 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.

Richard B. Lorraine MCM

DATED this sixteenth day of July One thousand eight hundred and eighty six

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Richard B. Lorraine
being (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Glencaple Cauleroock in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Craig a pauper and that the said Janet Craig (Pauper) 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.

Facts indicating Insanity observed by myself: (6) She is very restless and irritable. very suspicious of those in the house. thinks people among her. Talks a great deal but without any sense in it

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) Captain Charteris with whom she lives says. she sings at times and then cries " . She is very irritable. does not sleep at . at night, Talks to people who pass the house whether she knows them or not

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

Name and Medical Designation, } ~~RBL~~ Richard B. Lorraine MB Clk Edin:

Place of Abode, 16 Castle St. Dumfries

DATED this sixteenth day of July One thousand eight hundred and eighty six

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MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Dall MacDonald
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Craig. Pauper and that the said Glencaple Janet Craig 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) is very restless and excitable Keeps moving about and mistaking every one for friends whom she knew before.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) has been in the Asylum previously

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

Name and Medical Designation, } A D MacDonald MD

Place of Abode, 18 Castle St - Dumfries

DATED this 16th day of July One thousand eight hundred and eighty six

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMIS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, Esquire, Advocate Sheriff Su[illegible] ~~Alexander McWilliam, (1) Inspector of Poor Ca[illegible]~~ of the (2) ~~parish of Caerlaverock~~ County of Du[illegible] having had produced to me, with a Petition at the instance of (3) Alexand[illegible] William, Inspector of Poor Caerlaverock ——— Certificates under the hands of Richard B. Lorraine ——— and Alexander Dall Macdonald ———, being two Medical P[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Ca[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of L[illegible] Asylums in Scotland," setting forth that they had separately visited and examin[illegible] Janet Craig Domestic Servant, Glencaple (a pauper) and that th[illegible] Janet Craig ——— is a (5) person of unsound m[illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE y[illegible] receive the said Janet Craig ——— as a Patient in[illegible] ~~Crichton Royal Institution~~ Southern Counties Asylum for the Insane at Dumfries, and I authorize her ——— Transmission to the said Asylum accordingly; and I transmit you herewith the[illegible] Medical Certificates, and a Statement regarding the said Janet Craig ——— 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.

D. B
H.

DATED this Seventeenth day of July ——— One thousand [illegible] hundred and eighty six ~~thirteen words~~ deleted.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

David Boyle [illegible]

Name, Janet Craig
Caerlaverock
Date of Admission, 16 July 1886

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. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfries and Galloway, ——— *and his Substitutes*—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Mc Caskie

your Petitioner's (2) Pauper

(2) The degree of relationship or other ground on which Petitioner sues to Lunacy.

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 Mc Caskie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) per Miles Mc Innes J. Graham

DATED this 18th (3) day of July — One thousand eight hundred and eighty six years.

(3) The date of the Petition must be within seven clear days from 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,	George Mc Caskie
2.	Sex and Age,	Male — 36
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Shoemaker
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Friars Vennel, Dumfries
7.	Place where Found and Examined,	Dfs. Galloway Royal Infirmary
8.	Length of time Insane,	first
9.	Whether First Attack,	=
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*],	Not Known
12.	Duration of Existing Attack,	=
13.	Supposed Cause,	yes
14.	Whether subject to Epilepsy,	yes
15.	Whether Suicidal,	yes
16.	Whether Dangerous to others,	Dumfries
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	18 July 1886
18.	Date of becoming Chargeable,	Mary Roddan, mother
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,	Friars Vennel, Dumfries
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 18th day of July — One thousand eight hundred and eighty six years.

(*To be signed by the Party applying*) per Miles Mc Innes P. p. J. Graham

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 Smith ——— being a (1) Graduate in Medicine & 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) 2a Rye Lane, Dumfries ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) George McCorkle. Shoemaker, Dumfries. & Dumfries ——— and the said George McCorkle ——— 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) His insane appearance & rambling incoherent. Has also delusions.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Black informs me that he is constantly muttering to himself. Also that he is of late excited & violent. that he attempted to strike one of the other patients.

Name and Medical Designation, John Smith

Place of Abode, 24 Castle St Dumfries

DATED this 18th day of July One thousand eight hundred and eighty six 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 William Marshall ——— being a (1) Graduate in Medicine of St. Andrews & 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) Infirmary Dumfries ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) George McCorkle ——— and the said George McCorkle ——— 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) Looks suspicious. Has delusions as to being on list to go to the Lord Provost. Looks wrong. Refused to take food. Has been breaking windows in the same ward with violence.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The House Surgeon states that patient violent & threatens to strike by any means

Name and Medical Designation, Wm Marshall M.D.

Place of Abode 27 Buccleuch St Dumfries

DATED this 18th day of July One thousand eight hundred and eighty six 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 Smith, ——————
beg (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) The Royal Infirmary
in the County of Dumfries. ——, seen and personally examined
George McCaskie ——————, 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.

John Smith. Md &c.

DATED this 18th day of July — One thousand eight
hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I Norman MacPherson, (1) Sheriff of Dumfries
(2) and Galloway, —— of ——————
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor Dumfries, ——————
Certificates under the hands of John Smith,
and William Marshall, ——, 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 McCaskie Dumfries Galloway Royal Infirmary (a pauper)
and that the said George McCaskie, — 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 McCaskie, —— as a Patient into the Public —— Asylum of Southern Counties — 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 McCaskie which accompanied the said Petition.

DATED this Nineteenth day of July, — One thousand eight hundred and eighty six. —

Norman MacPherson

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

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

George Mc Caskie

Dumfries

Admitted 18th July 1886

8733

[FORM B²]

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

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

9 So Charlotte Str.

I the undersigned J & N F Adam, Writers to the Signet, Edinburgh
ng desirous to transfer Mr. John MacDougall of Lunga
present a Patient in Mavisbank Asylum, Polton, and (¹)
tained at the instance of Captain Stewart Macdougall of the Third Battalion, Argyll
Sutherland Highlanders his nearest known relative from the said Asylum to ~~the~~
ylum at Crichton House, Dumfries
hereby request the authority of
Board to such transfer; and I subjoin a Statement of Particulars regarding the said
John MacDougall and a Medical Certificate with
pect to his mental and bodily condition.

J & N F Adam p W M M Lachlan

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

Agents for the said Capt. Stewart Macdougall & also for Archibald McEwan, Curator Bonis to the said John Macdougall

DATED at Edinburgh this twentieth day of July
e thousand eight hundred and Eighty six

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

STATEMENT.

Christian Name and Surname of Patient at length,	John MacDougall
Sex and Age,	Male, 35
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Officer in the Army
Religious Persuasion, so far as known,	Church of Scotland
Date of Admission into Asylum,	29th October 1878
Length of time Insane,	8 years
Whether first Attack,	Yes
Age (if known) on first Attack,	24
Duration of existing Attack,	8 years
Supposed Cause,	Sunstroke
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is Chargeable,	
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,	Captain Stewart Macdougall 3d Batt. Argyll & Sutherland Highlanders Irvine.

We certify that, to the best of ~~my~~ our knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) J & N F Adam p W M M Lachlan

DATED this twentieth day of July One thousand eight hundred and Eighty six.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Admitted 18th July 1886

MEDICAL CERTIFICATE.

I, the undersigned James Dunbar being (1) M.B. & C.M. of Edinburgh University, hereby certify that I have this day at (2) Morisbank personally examined John McDougall at present Patient in said Asylum, and with respect to his Mental State that he has exalted delusions & at times talks incessantly & incoherently - He is ~~sometimes~~ liable to attacks of excitement & they recur periodically ; and with respect to his Bodily Health and Condition that it is indifferent -

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Royal Crichton Institution, Dumfries

James Dunbar

DATED this 20th day of July One thousand eight hundred and eighty six

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SANCTION BY THE BOARD OF LUNACY.

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

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) J. & A. F. as

to authorize the transfer of John MacDougall from Morisbank Private Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said John MacDougall as requested.

(2) Valid for fourteen days from date.

Commissioner

DATED at Edinburgh, this 20th day of July thousand eight hundred and eighty six.

Date of Sheriff's Order:-

31st October, 1878.

No 4084.
Mr. John Macdougall
Admitted 21st July 1886

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.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of James Hay Inspector of Poor of the Parish of Hutton & Corrie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Halliday your Petitioner's (3) pauper 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 Halliday to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) The degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Hay

Dated this 25th (4) day of July One thousand eight hundred and Eighty Six

(4) The date of the Petition must be within five or six 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,	Jane Halliday
2.	Sex and Age,	Female, 73.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Worker in fields
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Boreland, Lockerbie
7.	Place where Found and Examined,	Boreland
8.	Length of time Insane,	Four years
9.	Whether first Attack,	Second attack
10.	Age (if known) on first Attack,	40 years
11.	When and where previously under Examination and Treatment,	Dumfries Asylum
12.	Duration of existing Attack,	Four years
13.	Supposed Cause,	Unknown
14.	Whether subject to Epilepsy,	No.
15.	Whether Suicidal,	Threatens suicide
16.	Whether Dangerous to others,	No.
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Hutton
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,	Mary, wife of William Young - Johnsfield, Lockerbie, and Sister of Jane Halliday
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 25th day of July One thousand eight hundred and Eighty-Six

(*To be signed by Party applying*) James Hay
Inspector of Poor

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, James Maclachlan being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bareland Parish of Hutton Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Jane Halliday, Pauper and the said Jane Halliday 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) Refuses to undergo cleaning & comforting her state of mind. Has the hairs in her eyelids & eyebrows removed. Fancies that certain persons are in love with her & uses for them to be brought to her

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Crich, Saunders states that she is frequently excited raving, abusive & disgusting towards her neighbours

Name and Medical Designation, James Maclachlan

Place of Abode, Lochmaben

DATED this 19th day of July One thousand eight hundred and eighty six

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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, George Irvin being a (1) Bachelor of Medicine & Master in Surgery and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bareland Parish of Hutton Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Jane Halliday, Pauper Bareland and the said Jane Halliday 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) Depression. At times much depressed. Delusions. She fancies persons are in love with her & keeps constantly crying for them & lamenting her condition when she comes to

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Archibald Saunders, Bareland informs me that she has threatened her own life & that she has been confined in the Dumfries Asylum before.

Name and Medical Designation, George Irving M.B. C.M.

Place of Abode, Lochmaben

DATED this 20th day of July One thousand eight hundred and eighty six

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 Maclachlan
being (1) Bachelor of Medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Berrybead
in the County of Dumfries, seen and personally examined
Jane Halliday Pauper, 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 Macdachlan M.B.C.M.

DATED this 19th day of July One thousand eight
hundred and eighty six

(1) State medical qualification. (2) State place of examination.

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

I William Young Herries Short (1) Esq. Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Hay
Inspector of Poor Hutton and Corrie
Certificates under the hands of James Macdachlan
and George Irving, 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 Halliday, Bordland, Lockerbie a pauper and that the said
Jane Halliday 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 Halliday as a Patient into the (6) Public Asylum of Southern Counties and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Halliday which accompanied the said Petition.

DATED this Twenty fourth day of July One thousand eight
hundred and eighty six

To the Superintendent of the (7) Public Asylum of Southern Counties.

W H Short

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

Hutton & Corrie,

Admitted 24 July 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway:

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Samuel Hewetson, Retired Draper, Penpont.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Isabella Hewetson

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

your Petitioner's (4) 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 Hewetson, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Samuel Hewetson

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 30th (5) day of July One thousand eight hundred and 86

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 Hewetson
2. Sex and age,	Female 66
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	South Wales (Llandavory)
7. Place where found and examined,	Bilboa Penpont
8. Length of time Insane,	9 months
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	63
11. When and where previously under Examination and treatment,	Bilboa Penpont
12. Duration of Existing Attack,	9 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. 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,	~~No relation Uncle~~ Duncan Williamson. Uncle. None
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 27th day of July One thousand eight hundred and Eighty Six

(To be signed by the Party applying) Samuel Hewetson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

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 Smith, being (1) Licentiate in medicine of Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) the Custom House in the County of Dumfries, seen and personally examined Isabella Hutchison, 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.

John Smith M.D.

DATED this 30th day of July One thousand eight hundred and 86 years.

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) The Archton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hewitson Bilboa Penpont. and that the said Isabella Hewitson 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.

Facts indicating Insanity observed by myself: (6) Delusions that she is seventy years of age she is pregnant. that she imagines her food has been poisoned & that she is [illegible] at night by unseen persons.

(6) *State the Facts.*

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

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

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 30th day of July One thousand eight hundred and 86 years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Mair Robertson
being a (1) Bachelor of medicine & master in Surgery of the University of Glasgow Licentiate of Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bilboa Penpont Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Hewitson and that the said Isabella Hewitson 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 suspicious that her friends are plotting against her abstaining from food for fear of being poisoned. Suffering from an oppression causing her to state she is at times unaccountable for her actions & at times tired of life

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Believes that people attend the house at night with malicious intents
She states she is pregnant & is to be confined tonight

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

Name and Medical Designation, John Mair Robertson M.B. Cm. L.R.C.S. Edin.

Place of Abode, Penpont

DATED this 28th day of July One thousand eight hundred and Eighty Six.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSM[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

D. B.

John Smith,

H.

(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.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Samuel Retired Draper, Penpont, Certificates under the hands of ~~Isabella Newetson~~ and John Mair Robertson, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exam[illegible] Newetson Bilbow Penpont (Retrewife) and that [illegible] Isabella Newetson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Isabella Newetson, as a Patient [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said Isabella [illegible] which accompanied the said Petition.

DATED this Thirtieth day of July One thousand [illegible] hundred and eighty six. Four words deleted

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Isabella Newetson.

Date of Admission, 30th July 1886.

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) Sire or Stewartry.

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

The Petition of Andrew Thomson Alston Inspector of Poor for the Parish of New Monkland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Wilson your Petitioner's (3) Pauper 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 Wilson to the Crichton Royal Asylum Dumfries 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) Aud. T. Alston

DATED this Second (4) day of August One thousand eight hundred and Eighty Six

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

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 Wilson
2	Sex and Age,	Male 29 years
3	Married, Single, or Widowed,	Single
4	Condition of Life, and previous Occupation (if any),	Pickshaft Maker
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Old Monkland Poorhouse Lunatic Wards
7	Place where Found and Examined,	Do Do Do
8	Length of time Insane,	Since 30th October 1878.
9	Whether First Attack,	Yes
10	Age (if known) on First Attack,	21 years
11	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Gartnavel from 30 Oct 1878 to 25 Nov 1885. In Old Monkland Since 25 Nov 1885.
12	Duration of Existing Attack,	Since 30 Oct 1878.
13	Supposed Cause,	Not known
14	Whether subject to Epilepsy,	Yes
15	Whether Suicidal,	Not known
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	New Monkland
18	Date of becoming Chargeable,	30 Oct 1878.
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,	Mother address not 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 Second day of August One thousand eight hundred and Eighty six

(To be signed by the Party applying) Aud. T. Alston

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, Hugh Arthur
being a (1) Doctor of Medicine of Glasgow Univers
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Lunatic
Wards of old Monkland Poorhouse in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) John Wilson a Pau
and th
the said John Wilson is a (5) Person of
unsound mind and a proper Person to be detain
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherent
cannot tell his age, & from his
general behaviour & conversation he
widently insane.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William McAndrew (Governor of Poorhou
states that pinupset out through a w
& was captured in a boat of wat

Name and Medical Designation, Hugh Arthur M.D.

Place of Abode, Airdrie

DATED this second day of August One thousand eigh
hundred and eighty six.

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 Farquharson
being a (1) M.D. of Aberdeen Univers
and being in actual practice as a (2) General practitio
do hereby certify, on soul and conscience, that I have this day, at (3) Old Poo
and Parkhouse (Lunatic Wards) in the County
Lanark separately from any other Medical Practitioner
visited and personally examined (4) John Wilson, a pau
and tha
the said John Wilson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent in
his talk - Has no idea of supporting
himself - wanders about among abusive
terms is violent.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Governor.
Has a bedridden - is unable to
attend himself - defective in mem
& requires constant supervision.

Name and Medical Designation, J. Farquharson M.

Place of Abode Coatbridge

DATED this 2nd day of Aug. One thousand eight
hundred and eighty six 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 Farquharson (1) M.D. of Aberdeen University being (1) hereby certify, on soul and conscience, that I have this day, at (2) John Wilson Cottage in the County of Lanark, seen and personally examined John Wilson, 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 Farquharson M.D.

DATED this Second day of August One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I, Andrew Aitken Esquire (1) Sheriff Substitute of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Andrew Thompson Alston Inspector of Poor of the Parish of New Monkland Certificates under the hands of Hugh Arthur M.D. Airdrie and James Farquharson, M.D. Coatbridge 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 Wilson, a pauper and that the said John Wilson is a (5) person of unsound mind (6) a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Wilson as a Patient into the Royal Asylum Dumfries 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 John Wilson which accompanied the said Petition.

DATED this Second day of August One thousand eight hundred and eighty six years.

A Aitken

To the Superintendent of the (7) Asylum Crichton Royal Dumfries.

---

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

John Wilson

New Monkland

Admitted 3 August 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway,

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Victor Eugene Sutcliffe, Surgeon, Chesterfield

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Lydia Emily Sutcliffe,

(4) State degree of Relational, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Lydia Emily Sutcliffe, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

V. E. Sutcliffe

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Fifth (5) day of August, One thousand eight hundred and eighty 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,	Lydia Emily Sutcliffe.
2. Sex and age,	F. about 27.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous place of abode,	Chesterfield
7. Place where found and examined,	81 Salte Gate Chesterfield.
8. Length of time Insane,	10 days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	Death of a favourite child
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 her Family known to be or to have been Insane,	V. E. Sutcliffe — Husband (above designed) Not known.
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 Fifth day of August — One thousand eight hundred and eighty six.

(To be signed by the Party applying) V. E. Sutcliffe

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Woodbridge, Suffolk
2. Character of Education,	Good.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Most industrious & quite
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	First attack.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Not known - tho' father suicide.
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	She has been grieving for the loss of her only child
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	say that her mind is far from balanced at the best of [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	A sullen moroseness, was [illegible] refusal to take food though [illegible] been mesmerised. That [illegible] her hair was changed to
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.?	She is habitually a very poor [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	She has got quieter, tho' [illegible] one period of excitement [illegible] got out of bed, stripped & [illegible] of her hair, & positively decl[illegible] any clothes.
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	She has at previous times [illegible] to commit suicide
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	10 days

*

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 Hunter Dryden
being (1) Licentiate of the Royal College of Physicians Edinr.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Mrs Lydia Emily Sutcliffe, 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.

J Hunter Dryden PRCPE

DATED this 3rd day of August One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, James Hunter Dryden ——— being (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh ——— being in actual practice as a (2) general medical practitioner hereby certify, on soul and conscience, that I have this day at (3) Dumfries Railway Station, ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lydia Emily Sutcliffe 8 Salter Gate, Chesterfield ——— and that the said Mrs Lydia E. Sutcliffe 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.

Facts indicating Insanity observed by myself: (6) Her facial expression indicates insanity; she is very dull and melancholic, and morose; & refuses to speak when questioned

(6) *State the Facts.*

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

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

Her Husband — Her behaviour & demeanour has changed lately, she has refused food, & has threatened to commit suicide

Name and Medical Designation, J Hunter Dryden LRCMs & PEs

Place of Abode, 39 Castle Street, Dumfries

DATED this third day of August One thousand eight hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Dall MacDonald, being a (1) Graduate of Edinburgh University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries ——— in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Lydia Emily Sutcliffe 8 Salter Gate Chesterfield, ——— and that the said Lydia Emily Sutcliffe, 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 very excitable. running about without apparent purpose. never still. says she has a son by years of age. whereas he died a year ago she has also an excitable expression.

(6) *State the Facts.*

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

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

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 4th day of August One thousand eight hundred and eighty six

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 Stewartry.
(3) Insert Name and Designation.

I William Young Herries Shortt, Hon[illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Victor Emily Sutcliffe, Surgeon, Chesterfield, Certificates under the hands of James Hunter Bryden and Alexander Dall MacDonald being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Emily Sutcliffe 81 Salter Gate, Chesterfield, and [illegible] Lydia Emily Sutcliffe, is a (5) person of unsound mind

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lydia Emily Sutcliffe, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Lydia Emily Sutcliffe which accompanied the said Petition.

DATED this Fifth day of August, One thousand eight hundred and eighty six years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shortt

No. 1408

Name, Mrs Lydia Emily Sutcliffe

Date of Admission, 3rd August 1886.

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. Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & and Galloway *and his Substitutes,*—

The Petition of James Middleton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Middleton Father

(3) State degree of Lordship or other relation 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 Thomas Middleton to the Crighton Asylum and to sanction his admission into the said Asylum.

James Middleton

(4) See date of the Order must be within seven clear days following the dates of the Medical Certificates.

DATED this 5th (4) day of August One thousand eight hundred and eighty-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,	Thomas Middleton
2.	Sex and Age,	male, 49 years
3.	Married, Single, or Widowed,	married.
4.	Condition of Life, and previous Occupation (if any),	Dyker
5.	Religious Persuasion, so far as known,	Protest ant
6.	Previous Place of Abode,	Kirkcudbright
7.	Place where Found and Examined,	Kirkcudbright
8.	Length of time Insane,	six years.
9.	Whether First Attack,	No.
10.	Age (if known) on First Attack,	43
11.	When and where previously under Examination and Treatment,	Southern Counties
12.	Duration of Existing Attack,	Never altogether sane since first attack
13.	Supposed Cause,	Affections of the Brain.
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 now
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,	Brother James Middleton no other member of family known to have 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 5th day of August One thousand eight hundred and eighty-six.

(*To be signed by Party applying*) James Middleton

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 S. S. Reid.
being a (1) Batchelor of Medicine and Master of Surgery of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Union St. Kirkcudbright in the Co. Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Middleton Union St. Kirkcudbright.
the said Thomas Middleton is a (5) person unsound mind and a proper Person to be d under Care and Treatment, and that I have formed this opinion upon the fo grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Very Excited manner - Has assaulted his without any reasonable cause - Says he is to work on account of weakness when he is ab long distances. Says he is not well in health when

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

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

Sleeps very little at night. Threatens do for his wife. Is very irritable and excitable - Is constantly abusing in language related to me by his wife and son James Middleton.

Name and Medical Designation, W. S. S. Reid M.B.

Place of Abode, Oakley. Kirkcudbright

DATED this fourth day of August One thousand hundred and Eighty six.

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 MacMyn
being a (1) Bachelor of Medicine and Master of Surgery of Edinburgh University
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Union St. Kirkcudbright in the Co. Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Middleton, Union St. Kirkcudbright
the said Thomas Middleton is a (5) person unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the fol grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Has abused his wife without any just Is violent and excited in his manner Sleeps very little; some nights not at all.

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

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

His son James Middleton informs me that he has threatened often to kill his wife that he has ~~threat~~ been previously an asylum.

Name and Medical Designation, John MacMyn M.B.

Place of Abode Kirkcudbright

DATED this 3d day of August One thousand hundred and eighty six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Bell (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Middleton,

Certificates under the hands of W. S. S. Reid
and John 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)
Thomas Middleton and that the said
Thomas Middleton 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 Middleton as a Patient into the (6) Crichton Asylum of Dumfries 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 Thomas Middleton which accompanied the said Petition.

DATED this 9th day of August One thousand eight hundred and Eighty five

William Bell Sheriff Substitute

To the Superintendent of the (7) Crichton
Asylum of Dumfries.

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

Kirkcudbright

Admitted 5th August 1886

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) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of John Thurston Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Bartholomew Dodds your Petitioner's (3) pauper 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 Bartholomew Dodds to the Royal Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic, &c.

J. Thurston
Inspector of Poor Cunningham

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

DATED this seventh (4) day of august One thousand eight hundred and Eighty six 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,	Bartholomew Dodds
2. Sex and Age,	male 36.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	as a message lad
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	69 victoria street newton stewart
7. Place where Found and Examined,	police station newton stewart
8. Length of time Insane,	suffered from Epilepsy 29 years but no outbreak until yesterday
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	six years old when first attacked by Epilepsy
11. When and where previously under Examination and Treatment,	at his home as above with Bromide of potassium for 14 years
12. Duration of Existing Attack,	—
13. Supposed Cause,	mother says was knocked by horse & thrown head
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	occasionally.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	12 april 1874 as ordinary pauper
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,	Mother. Mrs Dodds 69 victoria Street Newton Stewart
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No —

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

DATED this seventh day of august One thousand eight hundred and Eighty six years

(*To be signed by Party applying*)

J. Thurston
Inspector of Poor P.
Penninghame
County Dumfries

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 being a (1) Member of the Faculty of Physicians & Surgeons, Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poor Office, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Bartholomew Dodds Vellum Vr, Newton Stewart, Pauper and the said Bartholomew Dodds 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)
From personal observation I have known him to be of unsound mind intellect since his childhood and subject at times very violent when excited & dangerous to be at large

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From information received from Mr. Muirhead, Inspector of Poor, Wigtown, who has had to take him before the Sheriff on several occasions for violence & threatening to kill himself & others

Name and Medical Designation, James Clark

Place of Abode, Newton Stewart

DATED this Sixth day of August One thousand eight hundred and eighty six 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, James Gibbons Dickson being a (1) Doctor of Medicine, University of [illegible] and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) the Poor Station, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Bartholomew Dodds, Pauper, 69 Victoria Street, Newton Stewart and the said Bartholomew Dodds 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 have known him to be an epileptic of weak intellect and subject to attacks of frenzy for many years. Says himself that when excited he loses all self control.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector of Poor informs me that when he went to day remonstrating with him for ill-treating his wife, he violently attacked him and Constable McMillan arrested him shortly afterwards when in search the Inspector with a table knife concealed in his pocket

Name and Medical Designation, James G. Dickson

Place of Abode Woodlea, Newton Stewart

DATED this Sixth day of August One thousand eight hundred and Eighty Six 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.)

the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
ndred and

(1) State medical qualification. (2) State place of examination.

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

William Young Stennis Shortt Esq Stony Sh: Sub:
f the (2) County of Dumfries
aving had produced to me, with a Petition at the instance of (3) John Johnston
Inspector of Poor, Penningham,
Certificates under the hands of James Clark
and James Gibbons Dickson , 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) Bartholomew Dodds Messenger 69 Victoria } and that the said Street Newton Stewart a pauper } is a (5) Epileptic pauper lunatic and Bartholomew Dodds — a person of unsound mind
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eceive the said Bartholomew Dodds as a Patient into the
6) Public Asylum of Crichton Royal Institution and I authorize
his — Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said Bartholomew Dodds which accompanied the said Petition.

DATED this Seventh - day of August — One thousand eight
undred and eighty six years.

W H Shortt

To the Superintendent of the (1) Public
Asylum of Crichton Royal Institution }

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

Bartholomew Dodds.
Fenning Lane.
Admitted 7th August 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE ~~CRICHTON ROYAL INSTITUTION~~ Southern Counties Asylum.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,* at Dumfries

(3) Patient Name and Designation.

The Petition of (3) James Muirhead

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Robson or Muirhead

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

your Petitioner's (4) 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 Jane Robson or Muirhead to the ~~Crichton Royal Institution~~ Southern Counties Asylum for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Muirhead

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this seventh (5) day of August One thousand eight hundred and eighty six 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,	Jane Robson or Muirhead
2.	Sex and age,	Female - fifty nine 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,	Throughgate, Dunscore
7.	Place where found and examined,	East Auchen
8.	Length of time Insane,	One month
9.	Whether First Attack,	first attack
10.	Age (if known) on First Attack,	59 years
11.	When and where previously under Examination and treatment,	
12.	Duration of Existing Attack,	one month
13.	Supposed Cause,	Weakness
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,	James Muirhead, East Auchen, Holywood Husband. No
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 August One thousand eight hundred and eighty six years.

(To be signed by the Party applying) James Muirhead

Admitted 7th August 1886

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) East Calder in the County of Dumfries, seen and personally examined Jane Robson or Muirhead, 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.

Hugh Cunningham L.R.C.P.Ed.

DATED this Seventh day of August One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

he undersigned, John Cunningham
a (1) Licentiate of the Royal Colleges of Physicians
Surgeons Edinburgh & Ind
being in actual practice as a (2) Physician & Surgeon
certify, on soul and conscience, that I have this day at (3) East Clouden
in the County of
Dumfries separately from any other Medical Practitioner,
and personally examined (4) Jane Robson or Muirhead
Housewife, East Clouden and that
said Jane Robson or Muirhead is a (5) person of
unsound mind and a proper person to be detained
Care and Treatment, and that I have formed this opinion upon the following
ds, 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) Her facial expression indicates mental disorder. She talks incoherently & is extremely restless in her manner.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter, who resides with her, informs me that her mother does not sleep & refuses to take any food

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

Name and Medical Designation, John Cunningham M.D. L.R.C.P. & Ed.

Place of Abode, 35 Brooklands Street, Dumfries

DATED this Seventh day of August One thousand eight hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians
in Edinburgh, and of the Faculty of Physicians and Surgeons Glasgow
being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) East Cluden,
in the County of
Plywood
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Robson or Muirhead
Housewife, East Cluden and that
the said Jane Robson or Muirhead 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 very restless, talks nonsence, and has a maniacal look.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she refuses food.

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

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edin.

Place of Abode, 25 Castle Street, Dumfries

DATED this Seventh day of August One thousand eight hundred and eighty six years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSM[ISSION]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Stevenson Shortt, Honorary Sheriff-Substitute (1) of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jane Muirhead, East Cluden, Holywood Certificates under the hands of John Cunningham and Hugh Cunningham, being two Medical [Practitioners] 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 [Public] Asylums in Scotland," setting forth that they had separately visited and examined

(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.

Jane Robson or Muirhead, Housewife, East Cluden (Pauper), and that Jane Robson or Muirhead is a (4) Pauper of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [you] to receive the said Jane Robson or Muirhead as a Patient in the ~~Criehton Royal Institution~~ Southern Counties Asylum for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith [the] Medical Certificates, and a Statement regarding the said Jane Robson or [Muirhead] which accompanied the said Petition.

DATED this Sixth day of August One thousand eight hundred and eighty six years

W. H. Shortt

To the Medical Superintendent of the
~~Criehton Royal Institution~~, *Dumfries.*
Southern Counties Asylum

Name Jane Robson or Muirhead

Date of Admission 9th August 1886.

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.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Shire~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of Robert Shields Inspector of Poor, Durisdeer,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Muir Jun, Eastside Cottage, Durisdeer, your Petitioner's (3) Pauper, 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 Muir to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

Robert Shields

Dated this 11th (4) day of August — One thousand eight hundred and Eighty 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,	John Muir
2. Sex and Age,	Male 38 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	—
7. Place where Found and Examined,	Eastside Cottage
8. Length of time Insane,	—
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,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	No
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Durisdeer.
18. Date of becoming Chargeable,	10th August 1886.
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 Muir, Eastside Cottage. (Father) Jane Dargavile or Muir Eastside Cottage, Durisdeer, (Mother)
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 Eleventh day of August — One thousand eight hundred and Eighty six

(*To be signed by Party applying*) Robert Shields
Inspector of Poor — P. P.

John Muir.

Durisdeer.

Admitted August 14th 1886

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.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie McGregor or Milligan, your Petitioner's (3) Daughter

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 McGregor or Milligan to the Southern Counties Asylum and to sanction her admission into the the said Asylum. Two words, delete

Miles Mc Dowall

Dated this 25th (4) day of August One thousand eight hundred and Eighty Six years.

STATEMENT.

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

Christian Name and Surname of Patient at birth,	Annie McGregor or Milligan
Sex and Age,	Female 39 years
Married, Single, or Widowed,	Widowed
Condition of Life, and previous Occupation (if any),	Tailoress
Religious Persuasion, so far as known,	Presbyterian R.C.
Present Place of Abode,	Milltown Aberfoyle
Where here Found and Examined,	Milltown "
Duration of time Insane,	
Whether first Attack,	No
Age (if known) on first Attack,	36 years
When and where previously under Examination and Treatment,	North District Asylum, Transferred to Dumfries Asylum
Duration of existing Attack,	—
Supposed Cause,	—
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Dumfries
Date of becoming Chargeable,	25th August 1886
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 Jane McGregor residing at Milltown Aberfoyle. Aunt
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 Twenty third day of August — One thousand eight hundred and eighty six years.

Miles Mc Dowall

(To be signed by 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.

(6) *State the facts.*

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

I, the undersigned, John D. McGrain.
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Milton of Aberfoyle Perthshire in the County of Perth separately from any other Medical Practitioner visited and personally examined (4) Annie McGregor or Milligan Widow. Milton of Aberfoyle Pauper
the said Annie McGregor or Milligan is a (5) Pauper Lunatic and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Accuses her children of destroying her furniture & to do as the neighbours. Has dec. her furniture covered up. Thinks old names. Excitable appearance

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Thrashed her children, administers medicine & applies blisters. Threatens her aunt. Former Parish Lodgers not to Throw. Previous Confinement

Name and Medical Designation, John D. McGrain Medical Officer

Place of Abode, Buchlyvie Stirlingshire

DATED this 23rd day of August — One thousand eight hundred and Eighty six.

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, William Mc Candlish
being a (1) Member of Royal College of Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Milton of Aberfoyle Perthshire, in the County of Perth separately from any other Medical Practitioner visited and personally examined (4) Annie Mc Gregor or Milligan
the said Annie McGregor or Milligan is a (5) Pauper Lunatic and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Fancies her boarders destroy her property. Violent & threats her person

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Cruelly uses her children, and attacks those who go to their assistance. Previous Confinement in Asylum

Name and Medical Designation, W. Mc Candlish M. R. C. S. Edin.

Place of Abode, Balfron

DATED this 23rd day of August — One thousand eight hundred and eighty six

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 D. McVean, being (1) Bachelor of Medicine & Master - Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Millhorn, Aberfoyle, in the County of Perth, seen and personally examined Annie McGregor or Milligan, 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.

John D. McVean.

DATED this 23rd day of August, One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Sherries Shortt Esquire, (1) Honorary Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William McCandlish, and John D. McVean, 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 McGregor or Milligan (a pauper) and that the said Annie McGregor or Milligan, is a (5) ~~person of unsound mind~~, Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie McGregor or Milligan, as a Patient into the (6) Public, Asylum of Southern Counties, 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 Annie McGregor or Milligan, which accompanied the said Petition.

DATED this Twenty fifth day of August, One thousand eight hundred and eighty six years. Four words deleted.

To the Superintendent of the (7) Public *Asylum of* Southern Counties. Dumfries.

W. H. Shortt

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

Milligan.

Dumfries

Admitted 24 August 1886

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.

...er Steward. ...ire Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) of Dumfries & Galloway *and his Substitutes,*—for Wigtownshire

The Petition of William Rodger, Engineer, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Rodger residing in Wigtown your Petitioner's (3) Daughter 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 Rodger to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

William Rodger

(3) Sta degree of ...ion p or other ...ity which Peti... ...s to Luna...

Dated this second (4) day of September One thousand eight hundred and Eighty-six years.

(4) T date of the ...ion ust be with... ...ent clear days ...in the dates of ...Medical Certifi...

STATEMENT.

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

...Christian Name and Surname of Patient at ...ength,	Mary Rodger
...S and Age,	27 - Female
...Married, Single, or Widowed,	Single
...Condition of Life, and previous Occupation (if any),	Housekeeper to her father a steam-mill owner & Engineer
...Religious Persuasion, so far as known,	Protestant
...Previous Place of Abode,	Wigtown
...Place where Found and Examined,	Wigtown
...Length of time Insane,	Last three days
...Whether First Attack,	First
...Age (if known) on First Attack,	27.
...When and where previously under Examination and Treatment,	at Wigtown
...Duration of Existing Attack,	Three days
...Supposed Cause,	Religious Excitement
...Whether subject to Epilepsy,	no
...Whether Suicidal,	no.
...Whether Dangerous to others,	no.
...Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not chargeable to any parish
...Date of becoming Chargeable,	—
...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,	William Rodger, Wigtown, father No member of the family or relation ever known to have been insane
...Special circumstances (if any) preventing the insertion of any of the above particulars,	none

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

Dated this second day of September One thousand eight hundred and eighty six years.

(*To be signed by Party applying*) William Rodger

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 Robert Dobie being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Church Place Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Rodger, Woman, Church Place Wigtown the said Mary Rodger is a (5) Person of Unsound Mind and a proper Person to be taken 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 taciturn, expression of countenance – pale, dreamy eyes – refuses to take food; muttering to herself – passage of Scripture

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) William Rodger, her father, says she refuses to do as bidden, seems on her own, says the Lord must be served first – she will take it and is dreamy and absorbed in her actions.

Name and Medical Designation, John Robert Dobie

Place of Abode, Wigtown

DATED this second day of September One thousand eight hundred and eighty-six.

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 MacBride being a (1) Doctor of Medicine of the University and Physician and Surgeon and in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Church Place Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Rodger, Woman, Church Place Wigtown the said Mary Rodger is a (5) Person of Unsound Mind and a proper person to be taken 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) Refused to take food "Trying the Lord will provide" "The Lord over all" refuses to speak, open her eyes, or do what is asked

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) William Rodger her father says: She will not go to her bed at night has not taken a particle of food since

Name and Medical Designation, Charles MacBride

Place of Abode, Wigtown

DATED this 2nd day of Sept. One thousand eight hundred and eighty six 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.)

, the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
ndred and

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Rodger Engineer Wigtown
Certificates under the hands of John Robert Bobie M.B. C.M. Whithorn
and Charles MacBride M.D. Wigtown, 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 Rodger Housekeeper Church Place Wigtown and that the said
Mary Rodger ——— 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 Rodger as a Patient into the (6) Southern Counties Asylum of Dumfries or Crichton and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Rodger which accompanied the said Petition.

or Crichton Royal Institution Dumfries

DATED this third day of September One thousand eight hundred and eighty six

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries or Crichton Royal Institution Dumfries

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

Admitted 3 September 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Sheriffdom or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, *and his Substitutes,—*

Name and Designation

The Petition of (3) John Hunter, Farm Servant, Holm Head, Kirkwald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Jane Maxwell or Hunter

State degree of Relationship, or other capacity in which petitioner stands

your Petitioner's (4) 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 Jane Maxwell or Hunter, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Hunter

The date of the Petition must be within four-teen days following the date of the Medical Certificates

DATED this Sixth —(5) day of September, One thousand eight hundred and eighty six 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,	Jane Maxwell or Hunter.
2. Sex and age,	Female. 69 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,	Mousewald Village, Mousewald.
7. Place where found and examined,	
8. Length of time Insane,	about two weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	as above
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	about two weeks
13. Supposed Cause,	fright
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 Hunter, Mousewald Village Husband. No
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 Sixth — day of September One thousand eight hundred and eighty six years.

(To be signed by the Party applying). John Hunter

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Mouswald
2. Character of Education,	
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	yes
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No
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?	Father died 20 years ago Mother " 3 weeks ago aged 8. 8 of them - all alive.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Nursed her Mother - se[illegible] Prolapsus Uteri appeared 3 [illegible]
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Nursing
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Became cross & irritable [illegible] Depressed in spirits at times. Cry[illegible]
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.?	Appetite slightly diminished for [illegible] worse for about 2 weeks or only in [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Greatly increased, coherence quite [illegible] Person.
13. What changes have taken place in his bodily symptoms?	Sleeplessness increased, appetite [illegible]
14. Is he dirty, destructive, untidy, or obscene?	Dirty, destructive.
15. Has he threatened or attempted violence to himself? If so, in what way?	Threatened to destroy herself, in [illegible]
16. Has he threatened or attempted violence to others? If so, in what way?	Attacked her daughters with teeth [illegible]
17. How long has he been insane?	Five weeks.

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 Cunningham ——— being (1) Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Mouswald Villa in the County of Dumfries ———, seen and personally examined Jane Maxwell or Hunter ———, 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.

Hugh Cunningham L.R.C.P.E.

DATED this Second day of September, One thousand eight hundred and eighty six years -

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, Hugh Cunningham
g a (1) Licentiate of the Royal College of Physicians in Edinburgh
d of the Faculty of Physicians and Surgeons Glasgow
bei in actual practice as a (2) Physician and Surgeon
eby rtify, on soul and conscience, that I have this day at (3) Mouswald
llage, Mouswald in the County of
umfries separately from any other Medical Practitioner,
ted d personally examined (4) Jane Maxwell or Hunter,
ouswife, Mouswald Village, and that
sai Jane Maxwell or Hunter is a (5) person of
nsound mind and a proper person to be detained
ler re and Treatment, and that I have formed this opinion upon the following
and 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 talks incessantly
is very restless and refuses food.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
er daughter informs me she is sleepless, and
mashes anything she can lay her hands on.

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

Name and Medical Designation, Hugh Cunningham L.A. C.P. Edin.

Place of Abode, 25 Castle Street, Dumfries

ATED this second day of September One thousand eight
hundred and eighty six years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Cunningham
being (1) Licentiate of the Royal Colleges of Physicians
& Surgeons Edinburgh Md.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum, Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Maxwell or Hunter,
Housewife, Mouswald Village, and that
the said Jane Maxwell Hunter 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.

Facts indicating Insanity observed by myself: (6) Her facial
expression indicates mental disorder, She is
recolment.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
She is sleepless & threatens those around her
Seven attacked her daughter Mary. This in-
formation received from her husband.

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

Name and Medical Designation, John Cunningham Md L.C.P. Ed.

Place of Abode, Dumfries

ATED this 6th day of Sept One thousand eight
hundred and Eighty six years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

Arthur Young Herries Thorn Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Hunter Farm Servant, Holmhead, Mouswald, Certificates under the hands of Hugh Cunningham, and John Cunningham, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the C[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exam[illegible] Jane Maxwell or Hunter Mouswald Village (Peter's wife) and that [illegible] Jane Maxwell or Hunter, is a (5) person of unsound [illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Jane Maxwell or Hunter, as a Patient [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said Jane Maxwell [illegible] 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.

DAYED this Sixth day of September, One thousand [illegible] hundred and eighty six

[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Jane Maxwell or Hunter

Date of Admission 6th September 1886

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) Sire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~*the*~~ (2) Dumfries and ~~of~~ Galloway *and his Substitutes,*—

The Petition of John Maxwell. Insp^r of Poor Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard Quinn, Under Gamekeeper your Petitioner's (3) Pauper 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 Richard Quinn, to the Southern Counties 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 Maxwell.

DATED this Seventh (4) day of September, One thousand eight hundred and eighty six 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.

Christian Name and Surname of Patient at length,	Richard Quinn
Sex and Age,	Male. aged 23 past on the 16th of Feby
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Under Gamekeeper.
Religious Persuasion, so far as known,	Roman Catholic
Previous Place of Abode,	Mains of Kirkconnell. Troqueer.
Place where Found and Examined,	Same place.
Length of time Insane,	about 3 weeks.
Whether First Attack,	First
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never under treatment before.
Duration of Existing Attack,	about 3 weeks.
Supposed Cause,	none.
Whether subject to Epilepsy,	no.
Whether Suicidal,	no.
Whether Dangerous to others,	yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Troqueer
Date of becoming Chargeable,	7th September. 1886.
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 Richard Quinn. Fisherman residing at Mains of Kirkconnell, says he never knew any of his relatives to be insane.
Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

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

DATED this Seventh day of September One thousand eight hundred and eighty six years.

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

Insp. of Poor. Troqueer,

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 Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh & Lond 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) 35 Buccleuch Street, Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Richard Quinn, Pauper, Kirkconnell Mains, Troqueer, and the said Richard Quinn 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 facial expression indicates mental disorder. He has strange fancies & imaginations all sorts of things.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is dangerously destructive & should be required to be well watched. Mrs Quinn the foregoing information

Name and Medical Designation, John Cunningham MD LRCP&S

Place of Abode 35 Buccleuch Street, Dumfries

DATED this 7th day of Sept One thousand eight hundred and eighty six 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, James Hunter Dryden being a (1) Licentiate of the Royal College of Surgeons & Physicians Edinburgh and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Richard Quinn, a pauper, Kirkconnel Mains, Troqueer, and the said Richard Quinn 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 a wicked look, and has delusions. He says he hears voices at night urging him to fight for his Church. He also says he has seen the Blessed Virgin & the Saviour &c.

(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 Hunter Dryden LRCP&S

Place of Abode 39 Castle Street, Dumfries

DATED this seventh day of September One thousand eight hundred and eighty six 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 Cunningham
(1) L.R.C.P.1880.
here certify, on soul and conscience, that I have this day, at (2) 35 Buccleuch Street, Dumfries
in the County of Dumfries, seen and personally examined
Richard Quinn, pauper, , 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.

John Cunningham, M.D. L.R.C.P. & S.

DATED this seventh day of September One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I, (1) Sheriff Substitute
of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell,
Deputor of Poor Iroquer,
Certificates under the hands of John Cunningham
and James Hunter Dryden, , 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)
Richard Quinn Kirkconnel Mains Iroquer (pauper) and that the said
Richard Quinn, 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 Richard Quinn, as a Patient into the (6) Public Asylum of Southern Counties and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard Quinn which accompanied the said Petition.

DATED this Eighth day of September One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

Richard Quinn

Iroquois.

Admitted 7th September 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, ——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) George Agnew Main, Rutland Sq, Carlisle, (Brother in law) humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Eleanora Main, Cairnryan, Wigtownshire, your Petitioner's (4) ~~Brother in law Eleanor~~ 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 Eleanora Main, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity with Petitioner stands in Lunatic.

G. O. C. Main

(5) The date of the Petition must be within four-teen year days following the dates of the Medical Certificate.

DATED this Tenth — (5) day of September, One thousand eight hundred and eighty six 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,	Eleanora Main
2. Sex and age,	Female - 66 -
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Gentlewoman - no occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	Cairns Ryan, Wigtownshire
7. Place where found and examined,	
8. Length of time Insane,	Has been in Dumfries twice - has not recovered since she was last there.
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Dumfries - Crichton Institution
12. Duration of Existing Attack,	One year
13. Supposed Cause,	Cannot tell
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not to Buy Knowledge
16. Whether Dangerous to others,	Not that I know of though she gets into bad temper & is violent.
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 her Family known to be or to have been Insane,	George Agnew Main of Rutland Square Carlisle and Arch Main Banker Alloa - both Brothers in Law to Miss E Main
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 Tenth — day of September One thousand eight hundred and eighty six

(To be signed by the Party applying) G. O. C. Main

Admitted 7th September 1886

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.
2. Character of Education.
3. Is the natural disposition cheerful or melancholy—reserved or frank,
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?
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?
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?
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.?
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?
13. What changes have taken place in his bodily symptoms?
14. Is he dirty, destructive, untidy, or obscene?
15. Has he threatened or attempted violence to himself? If so, in what way?
16. Has he threatened or attempted violence to others? If so, in what way?
17. How long has he been insane?

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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries _____, seen and personally examined Miss Eleanora Irain _____, 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.

J Hunter Dryden M.R.C.P.E.

DATED this twelfth day of September One thousand eight hundred and eighty sixth.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

th undersigned, James Hunter Dryden
g a (1) Licentiate of the Royal College of Physicians
Surgeons of Edinburgh
being in actual practice as a (2) general medical practitioner
by certify, on soul and conscience, that I have this day at (3) Dumfries
Railway Station, in the County of
Dumfries separately from any other Medical Practitioner,
ed and personally examined (4) Miss Eleanora Main,
Carryan, Wigtonshire and that
sa Miss Eleanora Main is a (5) person of
unsound mind and a proper person to be detained
er are and Treatment, and that I have formed this opinion upon the following
ns, 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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

She is excited & very violent, and has to
be restrained from injuring those near her.

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

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

By her cousin — She has twice previously been
in the Crichton Institution — She has struck her
relatives frequently without any cause or provocation

Name and Medical Designation, J. Hunter Dryden LRCPSEd

Place of Abode, 39 Castle Street Dumfries

ATED this tenth day of September One thousand eight—
ned and eighty six years

MEDICAL CERTIFICATE.—No. II.

, he undersigned, Alexander Dale MacDonald
ein a (1) Graduate of Edinburgh University
nd being in actual practice as a (2) general practitioner
ere certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
isit and personally examined (4) Miss Eleanora Main
Carryan Wigtonshire and that
he id Eleanora Main is a (5) person
of unsound mind and a proper Person to be detained
nd Care and Treatment, and that I have formed this opinion upon the following
rou ls, 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.

. Facts indicating Insanity observed by myself: (6) is of a
depressed expression of countenance
is irritable & restless and says
herself that she is impatient of all
control and that this feeling is increasing

(6) *State the Facts.*

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

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

has been in this Asylum
twice before

Name and Medical Designation, A D MacDonald MD.

Place of Abode, 18 Castle St Dumfries

DATED this tenth day of September One thousand eight
hun ed and eighty six

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George Main, Rutland Square, Carlisle, Certificates under the hands of James Hunter Dryden, and Alexander Dall Mac Donald — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Law 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 Eleanora Main, Cavmryan Wigtownshire, Petersburg Sestrelle, and that Eleanora Main, — 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 Eleanora Main, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Eleanora Main, 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 this Eleventh - day of September, One thousand eight hundred and eighty six

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Eleanora Main

Date of Admission, 10 September 1886

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.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway ~~of~~ of Kirkcudbright and his Substitutes, for the Stewartry

The Petition of Barbara Houston or Gordon residing at Burnyard in the Parish of Borgue, Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Symington Gordon your Petitioner's (3) daughter 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 Symington Gordon to the Crichton Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other relation which Petitioner stands to Lunatic.

Barbara Gordon

(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 September One thousand eight hundred and eighty six

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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 Symington Gordon
2.	Sex and Age,	Female. Twenty years.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Dressmaker
5.	Religious Persuasion, so far as known,	Church of Scotland
6.	Previous Place of Abode,	Was in Liverpool at her business & short time
7.	Place where Found and Examined,	Her Mother's residence Burnyard
8.	Length of time Insane,	Borgue about three Months
9.	Whether First Attack,	First attack
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and Treatment,	—
12.	Duration of Existing Attack,	About three Months
13.	Supposed Cause,	Not Known
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	Yes — only to day.
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,	Petitioner
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 7th day of September One thousand eight hundred and

(*To be signed by Party applying*) Barbara Gordon

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm S. S. Reid

being a (1) Bachelor of medicine master in surgery of Edinburgh University

and being in actual practice as a (2) General practitioner Burgh

hereby certify, on soul and conscience, that I have this day, at (3) in the

Borgue Kirkcudbright separately from any other Medical Practitioner

visited and personally examined (4) Jessie Symington Gordon

the said Jessie Symington Gordon is a (5) person

unsound mind and a proper Person to be

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 an excessively excited manner. Talks & screeching at the top of her voice & melancholy countenance & is when quiet depressed about

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

Her uncle tells me she has threatened to make away with herself & is under the delusion that she has murdered her sister. She is excessively excited &

Name and Medical Designation, W. S. S. Reid

Place of Abode, Borgue Kirkcudbright

DATED this 7th day of September One thousand

hundred and eighty six

(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, James Nicol Cox

being a (1) Member of the Royal College Surgeons

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Burgh in the

Borgue Kirkcudbright separately from any other Medical Practitioner

visited and personally examined (4) Jessie Symington Gordon

the said Jessie Symington Gordon is a (5) Person

unsound mind and a proper person to be

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 an excedingly excited manner. Talks & Screeching at the top of her voice & melancholy Countenance & is when quiet depressed about

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

Her uncle tells me she has threatened to make away with herself. & is under the delusion that she has murdered her sister. She is excessively excited &

Name and Medical Designation, Pro J. N. Cox L.R.C.P. & S. Edin. & L.M. William Symington Gordon

Place of Abode Galetonsel & Cult.

DATED this 7th day of September One thousand eight

hundred and eighty six

(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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, John Williamson (1) Sheriff Substitute
of the Stewartry and County of Kirkcudbright
having had produced to me, with a Petition at the instance of (3)
Barbara Gordon Bairny and Borgue
Certificates under the hands of Dr. Reid of Kirkcudbright
and Dr Cox of Gatehouse, 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)
Lepie Symington Gordon and that the said
Lepie Symington Gordon (5)
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lepie Symington Gordon as a Patient into the (6) Chrichton Asylum of Dumfries 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 Lepie Symington Gordon which accompanied the said Petition.

DATED this twelfth day of September One thousand eight hundred and eighty five year

John Williamson S.S.

To the Superintendent of the (7) Chrichton Asylum of Dumfries
Asylum of

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

Admitted 13th September 1886

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 Dumfries & Galloway *and his Substitutes,*—

The Petition of James Christison Inspector of Poor Kirkinner

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Jane Newall, Wharfhill, Kirkinner your Petitioner's (3) Pauper 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 Sarah Jane Newall to the Southern Counties Asylum Dumfries 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 Christison

Dated this fourteenth (4) day of September One thousand eight hundred and eighty one

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

STATEMENT.

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

Christian Name and Surname of Patient at length,	Sarah Jane Newall
Sex and Age,	Female 33 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Pauper. Previously Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkinner
Place where Found and Examined,	Wharfhill, Kirkinner
Length of time Insane,	Has been in bad health for some months
Whether First Attack,	no
1 Age (if known) on First Attack,	28
1 When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern counties asylum, from 13th. March to 6th. Sept. 1882
1 Duration of Existing Attack,	complaining for some time. certified of this
1 Supposed Cause,	Unknown
1 Whether subject to Epilepsy,	no
1 Whether Suicidal,	yes
1 Whether Dangerous to others,	no
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown, presently chargeable in Kirkinner
1 Date of becoming Chargeable,	11th. Nov. 1881, in Kirkinner 5th. Feb. 1884
1 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 James Newall residence unknown
	Not known
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this fourteenth day of September One thousand eight hundred and eighty six

(To be signed by the Party applying) James Christison

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Robert Dobie being a (1) Bachelor of Medicine and a 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) Lubbock in the County of Wigtonshire separately from any other Medical Practitioner visited and personally examined (4) Sarah Jane Newall, a pauper and the said Sarah Jane 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. :—

(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) She talks incoherently — incoherently at times that she is married to God — she takes off her clothes — is very excited.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John McLeod, a neighbour says think she has fits of goldness married in Liverpool — is very excited

Name and Medical Designation, John Robert Dobie

Place of Abode, Lubbock Wigtonshire

DATED this Fourteenth day of September One thousand eight hundred and Eighty five.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Charles McBride being a (1) Doctor of medicine of the University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Sarah Jane Newall Wharnpholl, a Pauper and the said Sarah Jane 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. :—

(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) Is very excited out. Says she is married and but for Age. That she is singing Takes Clothing out of her Drawers Incoherent.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Elizabeth McKenna says: Sarah has a lot of Money from her Husband to be expended for her Maintenance & cut off her friends.

Name and Medical Designation, Charles McBride

Place of Abode Wigtown

DATED this Fourteenth day of September One thousand eight hundred and Eighty five 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,
(1)
do 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown of
having had produced to me, with a Petition at the instance of (3) James Christison
Inspector of Poor Kirkinner
Certificates under the hands of John Robert Dobie MB, CM, Whithorn
and Charles McBride MB Whithorn Wigtown 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)
Sarah Jane Newall Wheatphill and that the said
Sarah Jane Newall (Pauper) 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 Sarah Jane Newall as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Sarah Jane Newall which accompanied the said Petition.

DATED this fourteenth day of September One thousand eight hundred and eighty six

Wm Mackie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

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

Kirkeiner.

Admitted 15 September
1886

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.

Sheriff - Steward. Sheriff - Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway *and his Substitutes,—* of the (2) Sheriffdom of Wigtownshire

The Petition of William Mackie, Inspector of Poor, Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Martin, residing at Agnew Crescent, Wigtown your Petitioner's (3) Pauper 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 Susan Martin to the Southern Counties Asylum, Dumfries and to sanction the admission into the said Asylum.

(3) State degree of relationship or other circumstance which Petitioner has to Lunatic.

Wm Mackie Inspector of Poor

DATED this Fourteenth (4) day of September One thousand eight hundred and Eighty nine years

(4) The date of the Petition must be within seven clear days preceding 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, ... Susan Martin
2. Sex and Age, ... Female aged 37
3. Married, Single, or Widowed, . . . Single
4. Condition of Life, and previous Occupation if any), ... Pauper, Dressmaker
5. Previous Persuasion, so far as known, . Protestant
6. Previous Place of Abode, ... Wigtown
7. Place where Found and Examined, . . Wigtown
8. Length of time Insane, ... Has had three short fits of about fourteen days each within last four years.
9. Whether First Attack, ... Third
10. Age (if known) on First Attack, . . 33.
11. When and where previously under Examination and Treatment, ... Wigtown - Two short periods within last four years.
12. Duration of Existing Attack, . . . About ten days
13. Supposed Cause, ... Hereditary
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, ... Wigtown
18. Date of becoming Chargeable, . . . 12 Sept. 1889
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 her Family known to be or to have been Insane, ... Mother, Mrs Martin, Agnew Crescent, Wigtown Uncle by the mother's side Commercial Traveller
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 fourteenth day of September One thousand eight hundred and Eighty nine years.

(To be signed by Party applying) Wm Mackie

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 Robert Dobie being a (1) Bachelor of Medicine and a [illegible] in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Agnew Wigtown in the [illegible] Wigtonshire separately from any other Medical Pr[illegible] visited and personally examined (4) Susan Martin [illegible] in Wigtown - a pauper the said Susan Martin is a (5) person of Unsound Mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). She is [illegible] refusing to answer questions - lay in a hysterical way if a question addressed to her - suspicious movement and threatening aspect.

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

2. Other facts (if any) indicating Insanity communicated to me by others: Elizabeth Hughan - a neighbour. She is very violent at times - attacked her mother a stick and attempted to throttle her - use [illegible] language.

Name and Medical Designation, John Robert [illegible]

Place of Abode Whithorn Wigtown

DATED this Fourteenth day of September One thousand [illegible] hundred and eighty six.

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 McBride being a (1) Doctor of Medicine of the [illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Agnew Wigtown in the Co[illegible] Wigtown separately from any other Medical Pract[illegible] visited and personally examined (4) Susan Martin Agnew Crescent Wigtown a pauper the said Susan Martin is a (5) person of unsound mind and a proper person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Laughs and cries alternately. Says she [illegible] going to die. Threatens her mother [illegible] is not her mother - Wears at [illegible] in the House -

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Martin. Her mother says she [illegible] her with a clothes brush and [illegible] to choke her

Name and Medical Designation, Charles McBride [illegible]

Place of Abode Wigtown

DATED this Fourteenth day of September One thousand [illegible] hundred and eighty six 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.)

, the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

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

, Jmye Dickson (1) Sheriff substitute
the (2) Dumfries & Galloway
aving had produced to me, with a Petition at the instance of (3) William Mackie
Inspector of Poor Wigtown
Certificates under the hands of John Robert Dobie M.B. Whithorn Wigtownshire
and Charles McKeride M.D. Wigtown , being two Medical Persons
uly 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)
Susan Martin residing at Agnew Crescent Wigtown Pauper and that the said
Susan Martin is a (5) person of unsound mind

nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said Susan Martin as a Patient into the
Southern Counties Asylum of Dumfries and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said Susan Martin
hich accompanied the said Petition.

DATED this fourteenth day of September One thousand eight
undred and eighty six

Jmye Dickson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

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

Wigtown

Admitted 15 Septer:
1886

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, Steward, Sheriff-Stewartry.

Unto the Honourable the (1) Sheriff Substitute of the (2) ~~Dumfries~~ County of Dumfries and his Substitutes,—

The Petition of Robert Shiells, Inspector of Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Walker your Petitioner's (3) Pauper 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 Southern Counties Asylum and to sanction admission into the said Asylum.

Robert Shiells, Insp of Poor

(3) State degree of Idiocy or other infirmity in which Petitioner stands to Lunacy.

(4) The date of the Petition not to be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of September One thousand eight hundred and Eighty 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,	Jane Walker
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation if any),	Protestant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Auchensell Wood Dunscore Parish
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
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. 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,	
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 20th day of September One thousand eight hundred and Eighty Six

(*To be signed by Party applying*) Robert Shiells

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 Oatts Reddie being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Upper Nithsdale Poorhouse in the Dumfries separately from any other Medical visited and personally examined (4) Jane Walker - pauper the said Jane Walker is a (5) person of unsound mind and a proper Person to under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Labours under delusions - called herself "King of the Irrational answers to questions etc.

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

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

Mr. Little, governor of Poorhouse says she is violent & to murder the other inmates. She gets up & wakens them given food she often throws it at the giver. Tears her

Name and Medical Designation, John Oatts Reddie

Place of Abode, Thornhill Dumfries

DATED this 20th day of September One thousand hundred and eighty six

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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 Davidson being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) U. Nithsdale Combination Poorhouse in the Dumfries separately from any other Medical visited and personally examined (4) Jane Walker pauper the said Jane Walker is a (5) person of unsound mind and a proper person to under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Labours under delusions. Calls herself all [illegible] names. Refuses to speak & when she does so uses obscene language. Defaecates in bed & throws faeces about [illegible]

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

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

By Mr Little & Mrs Little Governor & matron

Tares her clothes to pieces, throws them down closet &c. Threatens to murder other inmates. Tends to run out at night in a naked state & one [illegible] naked in a field near

Name and Medical Designation, Thomas Davidson

Place of Abode Thornhill

DATED this Twentieth day of September One thousand hundred and eighty six.

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 Davidson~~ being (1) Bachelor of Medicine Member of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Wamphray Parish Poorhouse in the County of Dumfries, seen and personally examined Jane Walker Pauper, 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.

Thomas Davidson M B Cm

DATED this twentieth day of September One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Fields Inspector of Poor, Dumfries Certificates under the hands of John Watts Reddie M.B. C.M. and Thomas Davidson 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) Jane Walker Upperwamphraydale Combination Poorhouse, a pauper and that the said Jane Walker 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 Walker as a Patient into the (6) Public Asylum of Southern Counties 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 Walker which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and eighty six years

David Boyle Sheriff

To the Superintendent of the (7) Public *Asylum of* Southern Counties.

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

1

Curris deer

Admitted 20 September
1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Shirr or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,—*

Insane Name and Detention.

The Petition of (3) Mrs Anna Wray, Widow of Oak Park Letterkenny - Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Cecil Wray your Petitioner's (4) 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 Cecil Wray to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Stated degree of Relationship, other capacity which Petitioner stands in usual.

The date of the Petition must be within four-clear days following date of the Medical Certificate.

DATED this 23th (5) day of September One thousand eight hundred and eighty six - Anna Wray.

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 Cecil Wray
2. Second age,	35 years.
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,	Found Oak Park Exd at Dumfries
7. Place where found and examined,	
8. Length of time Insane,	10 years -
9. Whether First Attack,	25 -
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Hampstead, Glasnevin Dublin
12. Duration of Existing Attack,	
13. Supposed Cause,	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. 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,	Anna Wray Oak Park Letterkenny Ireland An Uncle, Captn Wray - died insane at Hampstead Asylum. Glasnevin.
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 23d day of Sept. One thousand eight hundred and 86 -

(To be signed by the Party applying). Anna Wray

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Oak Park
2. Character of Education, - - - - Military
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Unsettled
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - —
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - —
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - - —
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - —
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - —
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? - Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - —
16. Has he threatened or attempted violence to others? If so, in what way? - - Language Theatre
17. How long has he been insane? - - - 10-year

A. W.

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, Ignwick Carre being (1) Fellow of Roy College Surgeons Ireland and Licentiate King & Queen College of Physicians hereby certify, on soul and conscience, that I have this day, at (2) Oak Park, Letterkenny in the County of Donegal, seen and personally examined William C. Wray, 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.

Ignwick Carre F.R.C.S.I.

DATED this 23rd day of September One thousand eight hundred and Eighty Six.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Dane MacDonald (1) Graduate of Edinburgh & Glasgow being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Cecil Greay of Park Letterkenny Donegal and that the said William Cecil Greay 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) *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) Says that he has come through great trouble, Grief, Losses, & other sources, Medicines which induced Insanity and says they (the jurors) tried to poison him. In this Country he has been confined in Asylum for two years before. And his present Medical Attendant says he has attacks of violent behaviour as Kicking & wounding others

(6) *State the Facts.*

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

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

Name and Medical Designation, A. D. MacDonald M.D

Place of Abode, 18 Castle St Dumfries

DATED this 25th day of Sept One thousand eight hundred and eighty six, etc

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MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden (1) Licentiate of the Royal College of Surgeons Edin being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Cecil Greay of Park Park, Letterkenny, Donegal, Ireland and that the said William Cecil Greay is a (5) Lunatic

(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.*

1. Whether Suicidal,
2. Whether Dangerous to others,
3. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
4. Date of becoming Chargeable,
5. 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,
6. 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 day of One thousand eight hundred and

(To be signed by the Party applying)

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Oak Park
2. Character of Education,	Military
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Unsettled
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	—
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	—
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	—
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?	—
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	—
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	—
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	—
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.?	Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	—
16. Has he threatened or attempted violence to others? If so, in what way?	Language Threat
17. How long has he been insane?	10-year

A. W.

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 Dall Mac Donald being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal in the County of Dumfries, seen and personally examined Cecil Wrong Oak Park Lebanon, 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.

A. Dall Mac Donald

DATED this 25th day of Sept One thousand eight hundred and eighty six

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

he undersigned, Alexander Dane MacDonald
a) Graduate of Edinburgh Univ
being in actual practice as a (2) General Practitioner
certify, on soul and conscience, that I have this day at (3) Crichton
Royal Institution ——— in the County of
Dumfries ——— separately from any other Medical Practitioner,
ited and personally examined (4) William Cecil Wray
York Park Lillerkenny Donegal ——— and that
said William Cecil Wray is a (5) person
of unsound mind and a proper person to be detained
for Cure 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) Says that he
has come through great trials, that Dreams,
that gave him medicines which induced
constipation and says they (the priests) tried
to poison him. He also says when Cecil had Meningitis suggestion in the head
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
has been in Hanwell Asylum
some years before. And his present
Medical attendant says he has attacks
of irritable behaviour as shouting & wandering about

(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 25th day of Sept — One thousand eight
hundred and eighty six

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries ——— separately from any other Medical Practitioner,
visited and personally examined (4) William Cecil Wray
York Park, Lillerkenny, Donegal, Ireland and that
the said William Cecil Wray 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) He is very
Suspicious, and is very suspicious of those who
come in contact with him — He says he has been disturbed
at nights by voices & he imagines that Roman Catholics
are seeking to do him injury
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
from his ~~wife~~ mother's statement —
She has had previous residence in an
Asylum in Dublin — ~~(for the same~~
~~cause)~~

(6) *State the Facts.*
(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden L.R.C.S.Ed &c

Place of Abode, 39 Castle Street Dumfries

DATED this 27th day of Sept. One thousand eight
hundred and eighty six

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRAN[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Sub[illegible] of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs [illegible] Wray, Widow of Oak Park, Letter[illegible] Certificates under the hands of Alexander Dall [illegible] and James Hunter Dryden, being two Med[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Cu[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lu[illegible] Asylums in Scotland," setting forth that they had separately visited and e[illegible] Cecil Wray of Oak Park, aforesaid [illegible] William Cecil Wray is a (5) person of un[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said William Cecil Wray as a Patient [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize his [illegible] Transmission to the said Asylum accordingly; and I transmit you herewi[illegible] Medical Certificates, and a Statement regarding the said William Cecil [illegible] 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 this Twenty seventh day of September, One thousand eight hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name,

Date of Admission,

MEDICAL CERTIFICATE.—No. I.

th undersigned, Ignwich Carre
ng (1) Fellow of Royal College of Surgeons and Licentiate
Eng & Queens College of Physicians
being in actual practice as a (2) Surgeon & Physician
certify, on soul and conscience, that I have this day at (3) Oak Park
Letterkenny in the County of
Donegal separately from any other Medical Practitioner,
and personally examined (4) William Wray of Oak
Park, Letterkenny and that
William Wray is a (5) person
unsound mind and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, 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) General manner.
Irrational conversation, hallucinations,
Groundless fears and suspicions

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
Violent & threatening actions,
shouting & wandering about at
nights

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

Name and Medical Designation, Ignwich Carre FRCSI

Place of Abode, Letterkenny

ATED this 23 day of September One thousand eight
unred and Eighty six

MEDICAL CERTIFICATE.—No. II.

I, he undersigned,
ein a (1)

and ing in actual practice as a (2)
here certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner,
visit l and personally examined (4)
and that
the id is a (5)
and a proper Person to be detained
und Care and Treatment, and that I have formed this opinion upon the following
grou ds, 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.*

. Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

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

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

Name and Medical Designation, ...

Place of Abode, ...

DATED this day of One thousand eight
hun red and

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 Stewartry.
(3) Insert Name and Designation.

I, (1)

of the (2)

having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of

and , being two Medical Insane

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) and that the said

(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.

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE to receive the said as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

.....

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 11400

Name, William Cecil Wray

Date of Admission, 25 September 1880

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(2) Sheriff or Steward.
(3) Sire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Susan Cape. Widow. of 7 Etterby Street Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Susan Cape your Petitioner's (4) Daughter 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 Susan Cape, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

Susan Cape

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

DATED this 28th (5) day of Sept. One thousand ~~eight~~ eight hundred and eighty 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,	Susan Cape
2. Sex and age,	Female. 30
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Lady Companion to the late Mrs James Carr Christina Bretholl
5. Religious Persuasion, so far as known,	
6. Previous place of abode,	7 Etterby Street Carlisle
7. Place where found and examined,	Ladies Waiting Room - Railway Station Dumfries.
8. Length of time Insane,	6 weeks -
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	six weeks
13. Supposed Cause,	prolonged nursing of the sick
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,	Mrs Cape 7 Etterby Street Carlisle
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 28th day of Sept. One thousand eight hundred and Eighty six

(To be signed by the Party applying) Susan Cape

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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 Dale Macdonald being (1) a Graduate of Edinburgh Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Kelvin Hyp in the County of Dumfries, seen and personally examined Susan Capie of 7 Etterby St Carlisle 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.

A. D. Macdonald M.D.

DATED this 25th day of Sept One thousand eight hundred and eighty six

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Alexander Dale MacDonald
ng a (1) Graduate of Edinburgh University

l bei in actual practice as a (2) general practitioner
reby rtify, on soul and conscience, that I have this day at (3) Dumfries
Railway Station in the County of
Dumfries separately from any other Medical Practitioner,
ited nd personally examined (4) Susan Cape of
Etterby Street Carlisle and that
said Susan Cape is a (5) person
unsound mind and a proper person to be detained
der re and Treatment, and that I have formed this opinion upon the following
ound 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. acts indicating Insanity observed by myself: (6) is of a
melancholy appearance and is
of the opinion she is not good and
not fit to live therefore she tried to
commit suicide & is very sleepless

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Carr informs me that
she has been violent and tried
twice to commit suicide

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

Name and Medical Designation, A D MacDonald M.D.

Place of Abode, 18 Castle St Dumfries

ATED this 25th day of Sept One thousand eight
und d and eighty six

MEDICAL CERTIFICATE.—No. II.

, t undersigned, Thomas Ferguson
eing (1) Graduate of Edinburgh University

nd bing in actual practice as a (2) Physician & Surgeon
ereb certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
isite and personally examined (4) Susan Cape
and that
he sa Susan Cape is a (5) person of
unsound mind and a proper Person to be detained
nder are and Treatment, and that I have formed this opinion upon the following
grou , 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.

Facts indicating Insanity observed by myself: (6)
She is depressed & dull & can scarcely be got to speak.
She says she has been a very wicked person indeed & unkind to
all her friends & to herself & can never atone for her wickedness.
She says she would rather take no food as she prefers to die & can never be
happy again.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Miss Wilson That she has to be fed
otherwise she would take no food at all.

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

Name and Medical Designation, Thomas Ferguson M.B. & Com.

Place of Abode, 22 Castle St Dumfries

ATED this twenty seventh day of September One thousand eight
hund d and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, —(1) Sheriff Substitute, of the (2) County of Dumfries, ——— having had produced to me, with a Petition at the instance of (3) Susan Cape of 7 Etterby Street, Carlisle, ——— Certificates under the hands of Alexander Dall Mac Donald and Thomas Ferguson, ———, 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 Susan Cape 7 Etterby Street Carlisle Petrus daughter, and the said Susan Cape ——— 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 Susan Cape, ——— as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize he ——— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan Cape 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 this Twentyeighth day of September One thousand eight hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Miss Susan Cape.

Date of Admission, 25 September 1886

No. 4423

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. Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (1) Dumfries and Galloway, — *and his Substitutes*—

The Petition of Robert Duff, Inspector of Poor, Kirkmabreck.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Balmer —

(2) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper (George Balmer) 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 Balmer — to the L.C. Asylum, Dumfries, — and to sanction his admission into the said Asylum.

Robert Duff, Inspector of Poor, Kirkmabreck

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

DATED this 27th (3) day of September, One thousand eight hundred and Eighty 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,	George Balmer
2.	Sex and Age,	Male. 54 years
3.	Married, Single, or Widowed,	married
4.	Condition of Life, and previous Occupation (if any),	Labourer
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Quarrelwood Kirkmabreck
7.	Place where Found and Examined,	Sunnybrae. "
8.	Length of time Insane,	Five days
9.	Whether First Attack,	no.
10.	Age (if known) on First Attack,	34 years
11.	When and where previously under Examination and Treatment,	L.C. Asylum Dumfries.
12.	Duration of Existing Attack,	Five days
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,	~~Dalbeattie~~ Kirkmabreck.
18.	Date of becoming Chargeable,	27th Sept 1886
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,	~~Robert~~ Eliza Balmer Sunnybrae, Kirkmabreck (wife) —
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 27th day of September One thousand eight hundred and Eighty six

(*To be signed by Party applying*) Robert Duff. Inspector of Poor Kirkmabreck P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Joseph Dinwoodie —
being a (1) M.D. of Glasgow University and
Member of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lun
Kirkintilloch —
Dumpies — separately from any other Medical Pr
visited and personally examined (4) Pauper. George
the said George Balmer is a (5) Perso
Mind — and a proper Person to b
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Balmer
very frolicky when met on the road
Yesterday, and again this morning, behaving ver
and using most obscene language, which my pres
evidence to his ear

2. Other facts (if any) indicating Insanity communicated to me by others (7)
Eliza Balmer wife of above Statem
he has been very restless & Suspici at night
some time, and also using violence & threa

Name and Medical Designation, J Dinwoodie
M.D.
Place of Abode, Kirkintilloch.

DATED this 27th day of Septr — One thou
hundred and eighty six.

(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, James Hunter Dryden —
being a (1) Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) General medical practi
hereby certify, on soul and conscience, that I have this day, at (3) Southern
counties asylum, Dumpies, — in the
Dumpies — separately from any other Medical Pr
visited and personally examined (4) Geo. Balmer, a pauper
Lunatical Kirkintilloch, Dumfriesshire, —
the said Geo. Balmer, — is a (5) person
unsound mind, — and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is very
tractacious. He curses & swears & resists
attempt on the part of his attendants to
restrain him. His expression generally
is that I am insane person

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

Name and Medical Designation, J Hunter Dryden M.D.
Place of Abode 36 Castle Street, Ab

DATED this 27th day of September One thousa
hundred and eighty six years

(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, Joseph Dinwiddie being (1) M.D. University of Glasgow & F.P.S. Glas hereby certify, on soul and conscience, that I have this day, at (2) Sunybrae in the County of Dumfries, seen and personally examined George Balmer, 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.

J. Dinwiddie M.D.

DATED this 27th day of September, One thousand eight hundred and Eighty six.

(1) State medical qualification. (2) State place of examination.

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

I William Young Harris Worth (1) Hon'y Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Duff, Inspector of Poor, Kirkmahoe, Certificates under the hands of Joseph Dinwiddie, M.D., and James Hunter Dryden, L.R.C.P.&S., 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 Balmer, Labourer, ~~Tunnel Wood~~, Kirkmahoe (Pauper) and that the said George Balmer, 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 Balmer, as a Patient into the (6) Public Asylum of Southern Counties, 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 George Balmer, which accompanied the said Petition.

DATED this Twenty seventh day of September, One thousand eight hundred and eighty six years.

W. H. Smith

To the Superintendent of the (7) ~~Southern~~ Public, *Asylum of* Southern Counties. Two words deleted. Dumfries.

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

George Balmer.

Kirkmahoe

Admitted 27 September 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway —

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Miss Susan Emily Corran, Lunatic Rectory, Sanquhar, Sister

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Frances Charlotte Corran,

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

your Petitioner's (4) 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 Frances Charlotte Corran, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Susan Emily Corran

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 30th (5) day of September, One thousand ~~eight~~ eight hundred and eighty 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,	Frances Charlotte Corran.
2.	Sex and age,	female 41
3.	Married, Single, or Widowed,	single
4.	Condition of Life and previous Occupation (if any),	Spinster. late highly respectable
5.	Religious Persuasion, so far as known,	Church of England
6.	Previous place of abode,	St Bartholomews Hedgerley Bucks
7.	Place where found and examined,	From Jail Surgeons Lodge, Stroud Green, Lond. attd.
8.	Length of time Insane,	Three years
9.	Whether First Attack,	no
10.	Age (if known) on First Attack,	about 35
11.	When and where previously under Examination and treatment,	Fisherton Asylum Salisbury.
12.	Duration of Existing Attack,	Three years
13.	Supposed Cause,	overwork & heart disease
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,	Susan Emily Corran sister Rectory Sanquhar. Mele Aunt
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 30th day of September, One thousand eight hundred and eighty six.

(To be signed by the Party applying) Susan Emily Corran

Admitted 2nd October 1886

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Paulbeg Curnew Co Wicklow
2. Character of Education,	At home by governesses
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	At intervals for seven years delusions. talking to herself
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Uncle & aunt insane.
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?	Father & brother both dead. [illegible] & diabetes. Subject to [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Sleeplessness & silence
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.?	Sleeplessness at St Bartholomew
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Intervals of almost [illegible] growing shorter.
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	~~No~~
17. How long has he been insane?	At intervals for seven years

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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, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians of Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Frances Charlotte Cowan, 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.

J Hunter Dryden M.C.S.E.

DATED this 29th day of September One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh,
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street
Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) miss Frances Charlotte Cowan,
of Well Rectory, Ilminster, Somersetshire, and that
the said Frances Charlotte Cowan, 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) Her conversation is disconnected & frequently unintelligible & she is very restless. She has no idea of time, forgets what day of the week & the month this is; she also says that her friends have endeavoured to bring on her illness.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She cannot remember her age, ~~&c &c~~

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

Name and Medical Designation, J Hunter Dryden LRCP&S Edr

Place of Abode, 39 Castle Street, Dumfries.

DATED this 29th day of September One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Dall MacDonald
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Frances Charlotte
Cowan of Well Rectory Taunton Somerset and that
the said Frances Charlotte Cowan 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) is of a restless excitable temperament says she is reading in the tongue & has been for three years. And about the Queen Charles.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in an asylum before.

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

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St—Dumfries

DATED this 30th day of Sept— One thousand eight hundred and eighty six.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Susan Cowan Swill Rectory, Tarnston Certificates under the hands of James Hunter and Alexander Dall Macdonald being two Medical duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and examined Charlotte Cowan Swill Rectory a person Frances Charlotte Cowan is a (3) person of unsound

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Frances Charlotte Cowan as a Patient in the Crichton Royal Institution for the Insane at Dumfries, 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 Frances Charlotte which accompanied the said Petition.

DAYED this First day of October, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Frances Charlotte Cowan

Date of Admission, 9 September 1886.

No. 1119.

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 (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of John Hunter Inspector

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jannet Dalrymple your Petitioner's (3) John Hunter Inspector of Poor 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 Jannet Dalrymple to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

John Hunter Inspector

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate

DATED this 29th (4) day of September One thousand eight hundred and eighty five 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,	Jannet Dalrymple
2 Sex and Age,	35 Years.
3 Married, Single, or Widowed,	Single. Female
4. Condition of Life, and previous Occupation (if any),	Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Braesyde
7. Place where Found and Examined,	in the house of her brother Thomas
8. Length of time Insane,	since the end of Feby last.
9. Whether First Attack,	previous attack about 12 years ago of
10. Age (if known) on First Attack,	23 a religious nature.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	since Feby last,
13. Supposed Cause,	Having gone through an operation in
14 Whether subject to Epilepsy,	December last, was in a very weak
15. Whether Suicidal,	state for sometime, about Feby last shewed
16 Whether Dangerous to others,	obvious symptoms of a wander in her Mind
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	yes.
18 Date of becoming Chargeable,	Gilton
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,	21st Sept 1886.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	Thomas Dalrymple her Brother
	none.

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

DATED this 21st day of September One thousand eight hundred and eighty five.

(*To be signed by Party applying*) John Hunter Inspector 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 Nichol Coy being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Catherine Gatehouse of Fleet Kirkcudbright in the [illegible] separately from any other Medical Practitioner visited and personally examined (4) Jannet Dalrymple the said Jannet Dalrymple is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has been restless & excited – Sleeps very little – wanders [illegible] her home – At times very incoherent – Shows a [illegible] & hatred towards her brothers & sisters & other relatives [illegible] reason. Has become very violent latterly & is now dangerous.

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

2. Other facts (if any) indicating Insanity communicated to me by others (7) Has several times assaulted her brother & [illegible] former to the effusion of blood. Has spent all [illegible] recklessly. The minister of the Parish has received several rambling & incoherent letters from her.

Name and Medical Designation, } J. Nichol Coy [illegible]

Place of Abode, Gatehouse of Fleet

DATED this 28th day of September One thousand eight hundred and eighty six

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 Symington being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Assistant practitioner hereby certify, on soul and conscience, that I have this day, at (3) Catherine Gatehouse of Fleet Kirkcudbright in the [illegible] separately from any other Medical Practitioner visited and personally examined (4) Jannet Dalrymple the said Jannet Dalrymple is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very [illegible] & incoherent. Has taken a violent dislike to her [illegible] & threatens to do them bodily injury. She is [illegible] labouring under delusion & her whole demeanour [illegible] insanity.

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

2. Other Facts (if any) indicating Insanity communicated to me by others (7) Four of her neighbours say that she has lately been [illegible] violent disturbing the whole neighbourhood using [illegible] her relatives and having actually bitten two persons to [illegible] effusion of blood. The neighbours are kept in a continual [illegible] of terror & alarm lest she should do any violence.

Name and Medical Designation, } William Symington [illegible]

Place of Abode Gatehouse of Fleet

DATED this 28th day of September One thousand eight hundred and eighty six.

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.)

, the undersigned,
eing (1)
ereby certify, on soul and conscience, that I have this day, at (2)
n the County of , seen and personally examined
, and that the said
erson 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.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macartney Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Hunter
Inspector of Poor of the said Parish of Girthon
Certificates under the hands of James Nicol Cox
and William Symington , 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 Dalrymple a Pauper and that the said
James Dalrymple 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 Dalrymple as a Patient into the (6) Northern Counties Asylum of Dumfries 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 James
Dalrymple which accompanied the said Petition.

DATED this Twenty ninth day of September One thousand eight
hundred and Eighty six years

Robt Gordon S.S.

To the Superintendent of the (7)
Northern Counties *Asylum of* Dumfries

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

Virchow
Admitted 30 September
1886

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.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of Robert C Lupton, Inspector of Poor New Luce humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McGraw, (a pauper) ~~your Petitioner's~~ (3) Stranraer 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 McGraw to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) See degree of relationship or other capacity in which Petitioner sends to Lunatic.

Robt. C Lupton.

Dated this seventh (4) day of October One thousand eight hundred and eighty six.—

(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 McGraw
2. Sex and Age,	female - 70 & upwards
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper - Lodging House Keeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New Luce
7. Place where Found and Examined,	No 7 St John Street Stranraer
8. Length of time Insane,	Not Known
9. Whether First Attack,	No
10. Age (if known) on First Attack,	70
11. When and where previously under Examination and Treatment,	Two months ago, New Luce from 9th August till 16th Sept 1886 -
12. Duration of Existing Attack,	a few weeks
13. Supposed Cause,	Not Known
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,	New Luce
18. Date of becoming Chargeable,	5th Oct 1886
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,	Mrs Herdman 7 St John Street, Stranraer - Sister - No -
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 October One thousand eight hundred and eighty six

(*To be signed by Party applying*) Robt. C Lupton

P. p.

Admitted 30 September 1886

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, Alexander William Galgan
being a (1) graduate in medicine & Surge
Aberdeen University
and being in actual practice as a (2) Physician & Surgeo
hereby certify, on soul and conscience, that I have this day, at (3) 7 St.
Street, Stranraer
Wigtown in th
separately from any other Medical P
visited and personally examined (4) Margaret McGraw
at Newluce, and a pauper.
the said Margaret McGraw is a (5) inso
person and a proper Person to
under Care and Treatment, and that I have formed this opinion upon th
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6). She talk
in a noisy incoherent manner. – is very
& tears her clothes. She constantly complai
people washing her at the windows & hears
noises. The expression of her face is wild

2. Other facts (if any) indicating Insanity communicated to me by other
Her friends say she has disturbed the whol
her cries. If not watched she gets out of bed & cl
head out of the windows often tears off all her cl
complains of being constantly annoyed & adders
her.

Name and Medical Designation, } Alexander William G

Place of Abode, 17 Lewis Street, Stran

DATED this Seventh day of October One thou
hundred and eighty six.

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, George Scott
being a (1) M.B. H.M. of Glasgow Univ
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 7 St
Stranraer
Wigtown in the
separately from any other Medical P
visited and personally examined (4) Margaret McGraw residing
New Luce & a pauper
the said Margaret McGraw. is a (5) person
unsound mind and a proper person to
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Margaret McG
restless talks incessantly & incoherently. Says
imps & hell are always looking at her, imagines
some dreadful has come on her & repeats the wo
this, God bless us & Lord Almighty bless us &c

2. Other Facts (if any) indicating Insanity communicated to me by other
Samuel Herdman says she goes on talking
& is continually swearing is very discontenting
takes her food, & says that her friends wish

Name and Medical Designation, } George Scott M

Place of Abode St George St. Stran

DATED this Seventh day of October One thous
hundred and Eighty Six 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William M'Gibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert C. Lupton
Inspector of Poor New Luce
Certificates under the hands of Alexander William Dalgarno Surgeon Stranraer
and George Scott Surgeon there , 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 M'Graw residing at New Luce a pauper and that the said
Margaret M'Graw is ~~a~~ lunsane person, or person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret M'Graw as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 M'Graw which accompanied the said Petition.

DATED this Seventh day of October One thousand eight hundred and eighty six years

W. M'Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

No. [illegible]

Margaret [illegible]

New Luce.

Admitted 8th October 1886

34 & 35 VICTORIA, CAP. 55, SEC. 6.

PETITION to the SHERIFF to grant order for the reception of Hugh Dickson a Prisoner in H.M. Prison Maxwelltown into the District Asylum at Dumfries.

UNTO the HONOURABLE the SHERIFF of ~~the County of~~ ~~Kirkcudbright~~ Dumfries and his Substitutes.

The PETITION of William Rutledge, Governor of H.M. Prison Maxwelltown as representing the Prison Commissioners for Scotland, incorporated under the Prisons (Scotland) Act, 1877, administrators of said Prison.

Humbly Sheweth,

That by Section 6 of the Criminal and Dangerous Lunatics (Scotland) Amendment Act, 1871, it is provided that "When in relation to any person confined in a "local prison in terms of the 'Prisons (Scotland) Administration Act, 1860,' it is "certified, on soul and conscience, by two medical persons that they have visited and "examined such prisoner, and that in their opinion he is insane, it shall be lawful "for the Sheriff, on summary application at the instance of the administrators of "such Prison, by a warrant under his hand, to order such prisoner to be removed to a "lunatic asylum," and that it appears from the appended Medical Certificates by two Medical Persons that Hugh Dickson presently confined in H.M. Prison Maxwelltown is insane.

May it therefore please your Lordship by a Warrant under your hand to order the said Hugh Dickson to be removed from H.M. Prison Maxwelltown to the District Lunatic Asylum at Dumfries and to sanction his admission into the said Asylum.

William Rutledge
Governor H.M. Prison.

Dated this twelfth day of October Eighteen Hundred and Eighty six.

M. & G.—100—3/84.

H M Prison Maxwelltown
12th October 1886

On the 12th October 1886 at H M Prison Maxwelltown I examined Hugh Dickson Monkey a prisoner charged with breach of the peace and find that he is of a suicidal tendency therefore rendering his confinement in a Lunatic Asylum or other place of safe custody necessary.

William Scott MD

On the 12th October 1886 at H M Prison Maxwelltown I examined Hugh Dickson Monkey a prisoner charged with breach of the peace and find that he is of a suicidal tendency and is therefore insane rendering his confinement in a Lunatic Asylum or other place of safe custody necessary.

A D MacDonald MD

I, the undersigned[1] William Scott being a Graduate of the University of Edinburgh and being in actual Practice as a Physician as a[2] _____, do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Maxwelltown in the County of Kirkcudbright visited and personally examined Hugh Dickson Montgomery, presently a prisoner in the said Prison, and that, in my opinion, the said Hugh Dickson is insane.

(Signed)[3] William Scott MD &c

Dated this 12th day of October One Thousand Eight Hundred and Eighty six

I, the undersigned[1] Alexander Hall Macdonald MD Edin. Univ. &c, and being in actual Practice as a[2] Physician & Surgeon, do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Maxwelltown in the County of Kirkcudbright visited and personally examined Hugh Dickson Montgomery presently a prisoner in the said Prison, and that, in my opinion, the said Hugh Dickson is insane.

(Signed)[3] A H Macdonald MD

Dated this 12th day of October One Thousand Eight Hundred and Eighty six

4. Dumfries, 12th October, 1886. The
Substitute, having considered the
:going Petition, and Medical
:ficates, grants warrant
removal of the Prisoner,
D.B. Mowbray, H. Dickson, from the Prison
Maxwelltown, to the Lou
counties Asylum, at Dum
all in terms of Statu
on.

David Boyle Sh

Mowbray, from
Maxwelltown Prison
Admitted 19th October 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries Galloway

and his Substitutes,—

The Petition of (3) William Bell Auctioneer Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ann Bell

your Petitioner's (4) 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 Ann Bell to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

William Bell

DATED this thirteenth (5) day of October One thousand eight hundred and eighty six.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Ann Bell
Actual age,	Female - 41 years
Married, Single, or Widowed,	Married
Condition of Life and previous Occupation (if any),	Auctioneer's wife -
Religious Persuasion, so far as known,	Church of England
Previous place of abode,	Newby - Irthington, Carlisle
Where found and examined,	Newby, Irthington, Carlisle
Length of time Insane,	4 weeks.
Whether First Attack,	Yes.
Age (if known) on First Attack,	41 years
Whether and where previously under Examination and treatment,	Nowhere.
Duration of Existing Attack,	4 weeks.
Supposed Cause,	Intemperance
Whether subject to Epilepsy,	No.
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
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,	Susannah Phillips Newby, Irthington - Carlisle - Mother. - no.
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 Eleventh day of October —One thousand eight hundred and eighty six

(To be signed by the Party applying) William Bell

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Newby, Irthington, Carlisle
2. Character of Education,	Such as got at Country Scho
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful - frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious - intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	3 Brothers Epileptic from Mother
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?	Father died from "Strokes" - one died from Epilepsy. Such as intemperance. slight Morph (Hypodermic).
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of Conduct. elevati
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.?	want of appetite, Sleeplessnes
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Somewhat quieter & easier to manage
13. What changes have taken place in his bodily symptoms?	not so flushed & excited looking
14. Is he dirty, destructive, untidy, or obscene?	dirty - obscene.
15. Has he threatened or attempted violence to himself? If so, in what way?	no.
16. Has he threatened or attempted violence to others? If so, in what way?	no.
17. How long has he been insane?	4 weeks.

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 Smith Kerr

being (1) Graduate of Glasgow University

hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal

in the County of Dumfries, seen and personally examined

Mrs Ann Bell, 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.

W. S. Kerr M.B. &c.

DATED this 12th day of Oct. One thousand eight hundred and Eighty Six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution
Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ann Bell of Newby Cottage Carlisle and that the said Mrs Ann Bell 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 has delusions about her wealth & grandeur with incessantly and incoherently.

(6) *State the Facts.*

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

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

Name and Medical Designation, W. S. Kerr M.B. &c.

Place of Abode, Dumfries

DATED this 12th day of Oct. One thousand eight hundred and Eighty Six years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Hugh Cunningham
being (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ann Bell of Newby Cottage, Carlisle and that the said Mrs Ann Bell 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 intends to dig up a dead doctor, and wants to buy a man. She talks incessantly, and incoherently

(6) *State the Facts.*

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

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

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin.

Place of Abode, 25 Castle Street, Dumfries

DATED this 13th day of October One thousand eight hundred and eighty ~~six~~ years.

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 Stewartry.
(3) Insert Name and Designation.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Practitioners
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
and that the
is a (5)

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE AND REQUIRE you to receive the said as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

.....

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, ...

Date of Admission, ...

MEDICAL CERTIFICATE.—No. I.

e undersigned, Thomas Allan Wotherspoon
(1) Doctor of Medicine of the University of Edinburgh
ing in actual practice as a (2) Physician
certify, on soul and conscience, that I have this day at (3) Irthing Villa
ly, Irthington. in the County of
berland separately from any other Medical Practitioner,
an personally examined (4) Ann Bell, wife of William
l auctioneer and that
id Ann Bell is a (5) person of
unsound mind and a proper person to be detained
Care and Treatment, and that I have formed this opinion upon the following
ds, 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) (6) *State the Facts.*
Fu. of delusions of grandeur. says that she has been offered £100,000 h. pony - that she intends buying all the large mansions in the neighbourhood, some villages & even Liverpool. Is highly erotic - says she, is going to marry many men in high position & is arranging 300 weddings for other people: intends raising the farmer husband from the grave & taking his name again.

2. Other Facts (if any) indicating Insanity, communicated to me by others: (7) (7) *State the Information, and from whom derived.*
Her husband informs me that during the present attack his wife has been riotous an unmanageable - talking incessantly about marrying all sorts of men & behaving in most unseemly manner - tearing her clothes & dressing herself in his ~~clothes~~. When thwarted is irritable & violent; ~~having~~ has smashed many windows & broken furniture without any provocation: often swears & uses most disgusting language. Speaks of building great mansions & of undertaking the most wonderful schemes.

Name and Medical Designation, } by Thomas Allan Wotherspoon M.D.

Place of Abode, Brampton, Cumberland

DATED this Eleventh day of October One thousand eight hundred and eighty six

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MEDICAL CERTIFICATE.—No. II.

the undersigned, Henry Ambrose Lediard
g a (1) Doctor of Medicine of Edinburgh University
being in actual practice as a (2) Surgeon
by certify, on soul and conscience, that I have this day, at (3) Irthing Villa
ly, Irthington in the County of
berland separately from any other Medical Practitioner,
ted and personally examined (4) Ann Bell, wife of William
l auctioneer and that
said Ann Bell is a (5) Lunatic
and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds 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) (6) *State the Facts.*
Intention to dig up a dead doctor. To purchase London Liverpool, Carlisle. To have 3 marriages

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*
Her sister informs me that she smashes windows furniture, & is incessantly rambling in her talk

Name and Medical Designation, } Henry A Lediard

Place of Abode, Carlisle

DATED this eleventh day of October One thousand eight hundred and eighty six.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRAN[S]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I David Boyle Stope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Willi[am] Auctioneer, Newby, Irthington, Carlisle, Certificates under the hands of William Smith Kirr, and Hugh Cunningham, being two Medical Pr[actitioners] duly qualified in terms of an Act, intituled "An Act for the Regulation of t[he] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [of] Asylums in Scotland," setting forth that they had separately visited and [ex]amined

(4) Describe the Patient, and if a Pauper, state so.

Mrs Ann Bell, of Newby, Irthington, Cumberland, Peter's wife, and that [she] Mrs Ann Bell, is a (5) person of unsound [mind]

(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 AUTHORISE [you] to receive the said Mrs Ann Bell, as a Patient [in] Crichton Royal Institution for the Insane at Dumfries, and I authorize [her] Transmission to the said Asylum accordingly; and I transmit you herewi[th] the Medical Certificates, and a Statement regarding the said Mrs Ann Bell, which accompanied the said Petition.

DATED this Fifteenth day of October, — One thousand [eight] hundred and eighty six years.

David Boyle Stope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mrs Ann Bell.
Date of Admission, 12th October 1886.

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Stewart. Shi or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries *and his Substitutes,—*

Inst Name and De- tion

The Petition of (3) George F. Johnson - Draper, 50 Hill Street, Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Brown Johnson

Sta degree of Rela- ship r other capacity hic Petitioner stands ina

your Petitioner's (4) 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 David Brown Johnson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

G. F. Johnson

T date of the Peti- ma be within four- cle days following dat of the Medical fic

DATED this 20th (5) day of October, One thousand eight hundred and Eighty-six.

STATEMENT.

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

Christian Name and Surname of Patient at length,	David Brown Johnstone
Sex and age,	Male 65 years.
Married, Single, or Widowed,	Married.
Condition of Life and previous Occupation (if any),	formerly a merchant. now living in his means.
Religious Persuasion, so far as known,	Protestant - Church of Scotland.
Previous place of abode,	Kain Lochwinnoch.
Place where found and examined,	Black Bull Inn Ayr.
Length of time Insane,	1 month.
Whether First Attack,	6th or 7th attack.
Age (if known) on First Attack,	45 to 50 years.
When and where previously under Examination and treatment,	Morningside. Gartnaval. Crichton.
Duration of Existing Attack,	1 month.
Supposed Cause,	Death of eldest Son. News arrived Sept 12th
Whether subject to Epilepsy,	no.
Whether Suicidal,	No.
Whether Dangerous to others,	no.
Irish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
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 Aitken MacDonald or Johnson. wife of patient. No members of family insane.
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 eighteenth day of October, One thousand eight hundred and eighty six.

(To be signed by the Party applying) George Faithfull Johnson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Dramen.
2. Character of Education,	Slight.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful as a rule at times melancholy.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady. hard mentat w
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. six or seven times. Present.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Uncle of patient died in an asylum.
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Death of Mother.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Sleeplessness & excited manner.
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.?	None.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	none.
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	no.
15. Has he threatened or attempted violence to himself? If so, in what way?	no.
16. Has he threatened or attempted violence to others? If so, in what way?	no.
17. How long has he been insane?	1 months.

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 Riddell

being (1) ~~Surgeon~~ Licentiate of the Faculty of Physicians and ~~Surgeons~~ London

hereby certify, on soul and conscience, that I have this day, at (2) Ayr

in the County of Ayr, seen and personally examined David Brown Johnston, 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.

John Riddell Lanark

DATED this eighteenth day of Oct One thousand eight hundred and eighty six.

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

he undersigned, John Riddell
; a (1) Licentiate of the Faculty of Physicians
c surgeons Glasgow
ein in actual practice as a (2) surgeon
y certify, on soul and conscience, that I have this day at (3) the Blast
ul Inn in the town of Ayr in the County of
y separately from any other Medical Practitioner,
d personally examined (4) David Brown Johnston
Cairn, Lochwinnoch. and that
aid David Brown Johnston is a (5) person
unsound mind and a proper person to be detained
r Cure and Treatment, and that I have formed this opinion upon the following
nds 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) (6) *State the Facts.*
He is highly excited in his manner.
talking quite incoherently about religion and
about prophecy. believes that he is a great
preacher himself. threatens to strike any one who
will not do as he commands.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*
His son George Johnston has stated
in my presence. that he talks much
about religion but very incoherently having
no fixed opinions. that he spends most
day frolicking.

Name and Medical Designation, John Riddell
Surgeon Ayr

Place of Abode, Wellington Ayr

D ED this 18th day of Oct One thousand eight
dred and eighty six.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, James Hunter Dryden
ng: (1) Licentiate of the Royal Colleges of Physician
Surgeons Edinr &c
d being in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day, at (3) the
ueton Royal Institution, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
sited and personally examined (4) David Brown Johnston
Cairn, Lochwinnoch, and that
e said David Brown Johnston is a (5) person
unsound mind and a proper Person to be detained
nder care and Treatment, and that I have formed this opinion upon the following
rounds, 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) He is very excited (6) *State the Facts.*
& full of delusions — He says that he is endowed
with all the powers that Jesus Christ possessed,
that he can work miracles &c. He says that he stopped
the last Russian war by writing to Lord Palmerston, &c
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden L.R.C.S.Ed.

Place of Abode, 39 Castle Street, Dumfries

DATED this 20th day of October One thousand eight
hundred and eighty six years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Georg
Johnson Draper, Ayr,
Certificates under the hands of John Riddall,
and James Hunter Dryden, being two Medic
duly qualified in terms of an Act, intituled "An Act for the Regulation of the
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation
Asylums in Scotland," setting forth that they had separately visited and ex
Brown Johnson of Train Lochwinn
David Brown Johnson is a (5) Person of u
mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE
receive the said David Brown Johnson as a Patien
Crichton Royal Institution for the Insane at Dumfries, and I authorize he
Transmission to the said Asylum accordingly; and I transmit you herewith
Medical Certificates, and a Statement regarding the said David Br
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 this Twentieth day of October — One thous
hundred and eighty six.

David Boyle

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, David Brown Johnson.

Date of Admission, 18th October 1886.

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.

Unto the Honourable the (1) Sheriff of the (2) Dumpris and Galloway, *and his Substitutes,*—

The Petition of Mrs Isabella Hilligan 48 Brewery St, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Hilligan, your Petitioner's (3) Daughter, 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 Hilligan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Isabella Hilligan

DATED this Eighteenth (4) day of October, One thousand eight hundred and Eighty Six years.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Jessie Hilligan
Sex and Age,	29 years — Female
Married, Single, or Widowed,	Single — Dressmaker
Condition of Life, and previous Occupation (if any),	Protestant
Religious Persuasion, so far as known,	48 Brewery St Dumpris
Previous Place of Abode,	" "
Place where Found and Examined,	" "
Length of time Insane,	" "
Whether First Attack,	A Second
Age (if known) on First Attack,	28 years
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	S. C. Asylum March last
Duration of Existing Attack,	—
Supposed Cause,	—
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
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 Isabella Hilligan Mother, 48 Brewery St Dumpris, 1 year.
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 Eighteenth day of October One thousand eight hundred and Eighty-Six years.

(To be signed by the Party applying) Isabella Hilligan

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, Joseph Garibaldi Marsh being a (1) Graduate in Medicine of the University of Glasgow and being in actual practice as a (2) Physician and S do hereby certify, on soul and conscience, that I have this day, at (3) 48 Street Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jessie Milligan and the said Jessie Milligan 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) The patient a general insane appearance laughing without any known cause. Statist is in desperate condition for her future rambles about the Street.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) states she is violent and thrash and that she is always talking religion & in great fear of her

Name and Medical Designation, J. G. Marshall M.B.

Place of Abode, Dumfries

DATED this Eighteenth day of October One thousand eight hundred and Eighty six 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, William Gordon Mitchell being a (1) Graduate in Medicine 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) 48 Brewery Street, Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jessie Milligan Dressmaker, 48 Brewery Street, and the said Jessie Milligan 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) Insane appearance and actions; laughing and cries without apparent cause & is rambling & incoherent in her speech.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she destructive and unmanageable and that at times she throws in the fire whatever she can lay hands on.

Name and Medical Designation, W. Gordon Mitchell M.A. C.M.

Place of Abode 14 Castle St Dumfries

DATED this Eighteenth day of October One thousand eight hundred and Eighty six.

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 Gordon Mitchell being (1) Graduate in Medicine of Edin. University hereby certify, on soul and conscience, that I have this day, at (2) 48 Brewery St. Dumfries in the County of Dumfries, seen and personally examined Jessie Milligan, 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.

W. Gordon Mitchell M.B. C.M.

DATED this fifteenth day of October One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute, of (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mrs Isabella Milligan, 48 Brewery Street, Dumfries, Certificates under the hands of Joseph Garibaldi Marshall, and William Gordon 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) Jessie Milligan, 48 Brewery Street Dumfries (Petitioners daughter) and that the said Jessie Milligan, — 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 Milligan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Milligan which accompanied the said Petition.

DATED this nineteenth day of October, — One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

---

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

Lena Milligan

Admitted 18th October 1886

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) Shi or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the*~~ (2) ——— *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of William Rodger, Engineer, Wigtown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Rodger, residing in Wigtown, your Petitioner's (3) Daughter, ——— 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 Rodger, ——— to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(3) ate degree of Relationship or other apac in which Petitioner ands to Luna e.

William Rodger

Dated this Twenty ~~Fifth~~ (4) day of October, ——— One thousand eight hundred and eighty six —

(4) he date of the Petit must be within fo een clear days ollow g the dates of he edical Certificates.

Admitted 18th October 1886

STATEMENT.

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

1.	ristian Name and Surname of Patient at length,	Mary Rodger.
2.	ex and Age,	Female — 27 years.
3.	arried, Single, or Widowed,	single.
4.	ondition of Life, and previous Occupation (if any),	Housekeeper to her Father — a steam mill owner & Engineer.
5.	eligious Persuasion, so far as known,	Protestant.
6.	revious Place of Abode,	Wigtown
7.	lace where Found and Examined,	Wigtown.
8.	ength of time Insane,	Last three days
9.	hether First Attack,	Second
10.	ge (if known) on First Attack,	27 years.
11.	hen and where previously under Examination and Treatment,	at Crichton Royal Institution from 3 sept. 1886 to 14 October 1886
12.	uration of Existing Attack,	three days
13.	upposed Cause,	Religious Excitement
14.	hether subject to Epilepsy,	No
15.	hether Suicidal,	No
16.	hether Dangerous to others,	No
17.	arish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable to any parish
18.	ate of becoming Chargeable,	———
19.	hristian 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,	William Rodger, Wigtown, father. No member of the family or relation ever known to have been insane
20.	pecial 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 ~~Second~~ Twenty Fifth day of October — One thousand eight hundred and 86.

(*To be signed by Party applying*) William Rodger

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 Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh,
and being in actual practice as a (2) general practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) 39 Castle Street, Dumfries,
Dumfries separately from any other Medical
visited and personally examined (4) Miss Mary Rodger, Church Place, Wigtown,
the said Miss Mary Rodger is a (5) person of unsound mind, and a proper Person to be
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 face & her general demeanour without She is very reticent & obstinate, and will answer questions. She laughs without any apparent cause.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By her father. Her conduct has recently undergone a great change, & that without any apparent cause—

Name and Medical Designation, J Hunter Dryden M.

Place of Abode, 39 Castle St, Dumfries

DATED this 23rd day of October, One thousand hundred and eighty six 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, Fred. H. Clarke.
being a (1) Bachelor of Medicine &c.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) The Castle Royal Institution, Dumfries, in the
Dumfries separately from any other Medical
visited and personally examined (4) Miss Mary Rodger, Church Place, Wigtown
the said Miss Mary Rodger, is a (5) person of unsound mind, and a proper person to be
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 demeanour of the patient, and vacant expression of her face. Fixed idea regarding living by Faith with a certain quantity of food.

(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, Fred. H. Clarke M.B.

Place of Abode 37, Castle Street, Dumfries

DATED this 25th day of October One thousand hundred and eighty six years.

No. I.

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 Hunter Dryden
being (1) Licentiate of the Royal Coll. of Physicians Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Miss Mary Rodger, 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.

J Hunter Dryden L.R.C.P.E.

DATED this 25th day of October One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William Rodger,
Engineer, Wigtown,
Certificates under the hands of James Hunter Dryden,
and Fred. W. Clarke, 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 Rodger residing in Wigtown (Petitioner's daughter)
and that the said Mary Rodger, 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 Rodger as a Patient into the (6) Public Asylum of Crichton Royal Institution, 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 Rodger, which accompanied the said Petition.

DATED this twenty-sixth day of October, One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries.

---

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

Admitted 23 October 1886

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.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & and Galloway and his Substitutes,—

The Petition of Robert Gibson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Smith

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

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 Mary Smith to the Southern Counties asylum and to sanction the admission into the said Asylum.

Robert Gibson

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

Dated this (4) day of 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,	Mary Smith
2. Sex and Age,	female age 57
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ecclefechan
7. Place where Found and Examined,	Millenchoples three days ago
8. Length of time Insane,	yes
9. Whether First Attack,	- - - 50 years
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	three 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,	
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,	Robert Gibson Dorpee Brother in Law None
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 day of One thousand eight hundred and

(*To be signed by Party applying*) Robert Gibson

P. p.

Annexed 23 Oct 1880

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, Wm. Swanston Spence Reid being a (1) ~~Graduate~~ of Bachelor of Medicine & of Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Milburn Kirkcudbright. in Kirkcudbright separately from any other Medical visited and personally examined (4) Mary Smith.

the said Mary Smith is a (5) person of unsound mind and a proper Person under Care and Treatment, and that I have formed this opinion upon grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Constant restlessness and wandering talk incoherent & without sense. Does not recognise friends – shows great excitement & is sleeplessness

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

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

Was found by a neighbour in the street night dress & quite excited. Has talked incoherently with little intermission since yesterday. Not sleep. Told me by Mr. Halliday Millburn.

Name and Medical Designation, W. S. S. Reid.

Place of Abode, Oakley. Kirkcudbright

DATED this 25th day of October One thousand hundred and eighty six.

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 Macmyn being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Milburn Street Kirkcudbright in Kirkcudbright separately from any other Medical visited and personally examined (4) Mary Smith, Kirkcudbright

the said Mary Smith is a (5) Lunatic and a proper person under Care and Treatment, and that I have formed this opinion upon grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Rambling Incoherence. Demonstrative ~~to~~ and excitable to an unusual [illegible]

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

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

Mr. Beck a neighbour, ~~said~~ told me that he ~~got~~ found her running naked in the street yesterday morning

Name and Medical Designation, John Macmyn

Place of Abode Kirkcudbright

DATED this 25th day of October One thousand hundred and eighty-six.

No. I.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

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

I, John Williamson (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright, having had produced to me, with a Petition at the instance of (3) Robert Gibson,

Certificates under the hands of W. S. S. Reid M.B. C.M. and John Macmurtrie 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 Smith and that the said Mary Smith is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Smith as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Mary Smith which accompanied the said Petition.

DATED this Twenty first day of October One thousand eight hundred and Eighty two years

John Williamson S.S.

To the Superintendent of the (7)
Southern Counties Asylum of Dumfries

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

Kirkcudbright

Admitted 25th October

1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. She or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfriesshire and Galloway

and his Substitutes,

Insert Name and Designation.

The Petition of (3) Superque Derache M'Sillechal Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Joseph Maximillian Haen

State degree of Relationship or other capacity in which Petitioner stands to him.

your Petitioner's (4) Servant 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 Joseph Maximillian Haen to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Superque Derache

The date of the Petition must be within four-and-twenty days following the date of the Medical Certificate.

DATED this twenty ninth (5) day of October, One thousand eight hundred and eighty-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,	Joseph Maximillian Haen
2. Sex and age,	Male, 19
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous place of abode,	St. Hyppolite, near Colmar, Germany
7. Place where found and examined,	Mount St. Michael, Dumfries.
8. Length of time Insane,	Three weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	19
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	Three weeks, with exception of slight intervals
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 his Family known to be or to have been Insane,	His mother — Madame Veuve — M. Haen St. Hyppolite near Colmar, Germany. None of his family are known to have 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 twenty ninth day of October, One thousand eight hundred and eighty-six.

(To be signed by the Party applying) Superque Derache

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	St. Hyppolite, near Colmar,
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful, though reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Most steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None, as far as know
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?	Father dead, but cause of Not aware of his relatives being any particular disease
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Incoherent talk and fancies d night
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.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Increase of incoherency in tal fancies
13. What changes have taken place in his bodily symptoms?	Want of appetite
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Only once, but not in a very
17. How long has he been insane?	Almost three weeks

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 Cunningham
being (1) M.D. L.R.C.P. 95.80
hereby certify, on soul and conscience, that I have this day, at (2) Mount St.
in the County of Dumfries, seen and personally examined
Joseph Maximilian Haan, 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.

J.C.

29th John Cunningham M.D. L.R.C.P.

DATED this ~~first~~ day of October One thousand eight hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

he undersigned, John Cunningham
a (1) Licentiate of the Royal Colleges of Physicians
Surgeons Edinburgh
eig in actual practice as a (2) Physician & Surgeon
y certify, on soul and conscience, that I have this day at (3) Mount St
chael, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
d and personally examined (4) Joseph Maximillian Haen,
ant, Mount St Michael, Dumfries and that
ai Joseph Maximillian Hain is a (5) person of
unsound mind and a proper person to be detained
r Care and Treatment, and that I have formed this opinion upon the following
nd viz. :—

1. Facts indicating Insanity observed by myself: (6) His facial
expression indicates mental disorder — He
tails incoherently & ever of religion

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is very violent & dangerous to others — this
was communicated to me by Brother Peter

Name and Medical Designation, John Cunningham MD LRCPSSED

Place of Abode, 35 Buccleuch St, Dumfries

DATED this 29th ~~twelfth~~ day of October One thousand eight
hundred and eighty six years.

(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.

to undersigned, Hugh Cunningham
ng (1) Licentiate of the Royal College of Physicians
Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
d being in actual practice as a (2) Physician and Surgeon
reb certify, on soul and conscience, that I have this day, at (3) Mount Saint
Michael, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
site and personally examined (4) Joseph Maximillian Haen
ervant, Mount Saint Michael and that
he said Joseph Maximillian Hain is a (5) person of
unsound mind and a proper Person to be detained
nde Care and Treatment, and that I have formed this opinion upon the following
rounds, viz. :—

Facts indicating Insanity observed by myself: (6) He imagines
that he is constant communication with
with God and His Son Jesus. He has a
wild expression of the Countenance.

Other Facts (if any) indicating Insanity communicated to me by others: (7)
Brother Peter informs me that
he is very restless.

Name and Medical Designation, Hugh Cunningham LRCPSEdin &c

Place of Abode, 25 Castle Street Dumfries

DATED this 29th ~~twelfth~~ day of October One thousand eight
hundred and eighty six years

(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.*

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Superintendent Mount St Michael Dumfries Certificates under the hands of John Cunningham — and Hugh Cunningham —, being two Medical Practitioners 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) Joseph Maximillian Haen Mt St Michael Dumfries and that Joseph Maximillian Haen 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 Joseph Maximillian Haen as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Joseph Maximillian 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 this thirtieth day of October One thousand eight hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name Joseph Maximillian Haen

Date of Admission 29th October 1886

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.

Unto the Honourable the (1) Sheriff *of the* (2) Counties of Dumfries and Galloway *and his Substitutes.*—

The Petition of C Finlayson. Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Connal. a pauper

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 Annie Connal to the Southern Counties Asylum and to sanction her admission into the said Asylum. at Dumfries.

C Finlayson

DATED this First (4) day of November One thousand eight hundred and eighty six

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STATEMENT.

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

Christian Name and Surname of Patient at length,	Annie Connal
Sex and Age,	Female 40.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation if any),	Dressmaker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	High Street. Kirkcudbright
Place where Found and Examined,	High Street
Length of time Insane,	Five days about.
Whether First Attack,	Yes
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	five days
Supposed Cause,	—
Whether subject to Epilepsy,	—
Whether Suicidal,	—
Whether Dangerous to others,	—
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
Date of becoming Chargeable,	1st Nov. 1886
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. Jane Connal. High St
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 1st day of Nov. One thousand eight hundred and Eighty six

(*To be signed by Party applying*) C Finlayson

P. P.

(1) Steward. Stewartry.

(3) State degree of relationship or other reason which Petitioner stands to Lunatic.

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

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, Mr Johnstone
being a (1) M. D. of Edinr.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) High
Kirkcudbright in the
Kirkcudbright separately from any other Medical
visited and personally examined (4) Annie Connell a pauper
the said Annie Connell is a (5) a person
of unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She will
answer the simplest question.

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

2. Other facts (if any) indicating Insanity communicated to me by others
Mr Patterson states that she is constantly
voices and gets into a purpose with
that the murders about the house the
part of the night &c &c

Name and Medical Designation, Mr Johnstone

Place of Abode, Kirkcudbright

DATED this 1 day of November One thousand
hundred and Eighty six.

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 Macmyn
being a (1) Bachelor of Medicine and Master in
of Edinburgh University General Practitioner
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) High
Kirkcudbright in the
Kirkcudbright separately from any other Medical Pr
visited and personally examined (4) Annie Connell, High
Kirkcudbright, a pauper
the said Annie Connell is a (5) person
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She complains of voices calling to her, and
something irresistibly drawing her.

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

2. Other Facts (if any) indicating Insanity communicated to me by others
Yesterday, she went to the F. C. Manse,
lay down on the floor, and refused to
so had to be removed forcibly. Told me by
a neighbour.

Name and Medical Designation, John Macmyn M.D.

Place of Abode Kirkcudbright

DATED this 1st day of November One thousand
hundred and eighty-six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Robert Macartney Gordon (1) Sheriff Substitute (County of Dumfries & Galloway)
~~Sheriff~~ (2) County of Kirkcudbright & Charles Faithfull Inspector of Poor
having had produced to me, with a Petition at the instance of (3) Annie Connal. High Street Kirkcudbright
Certificates under the hands of Dr Johnstone and Dr McClymont.
and , 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)
a pauper and that the said
Annie Connal is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Connal as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Annie Connal which accompanied the said Petition.

DATED this First day of November One thousand eight hundred and eighty six

Rob Gordon S S

To the Superintendent of the (7)
Southern Counties Asylum of
Dumfries

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

Annie Connal

Kirkcudbright

admitted 1st Nov 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the ~~Dumfries~~ Lothians and Peebles, *and his Substitutes.*

Insert Name and Designation.

The Petition of (3) Margaret Goodrick The Crofts Cabridge Northumberland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ellen Goodrick

State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Ellen Goodrick to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Margaret Goodrick

The date of the Petition must be within fourteen days following the dates of the Medical Certificates.

DATED this 28th (5) day of October One thousand eight hundred and eighty six

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STATEMENT.

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

Christian Name and Surname of Patient at length,	Ellen Goodrick
Sex and age,	Female — 32 years
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Lived at home
Religious Persuasion, so far as known,	member of Church of England
Previous place of abode,	The Croft. Cabridge — Northumberland
Place where found and examined,	~~Infirmary~~ — 12 Mayfield Terrace.
Length of time Insane,	10 months
Whether First Attack,	Edinburgh.
	Yes
Age (if known) on First Attack,	
When and where previously under Examination and treatment,	
Duration of Existing Attack,	
Supposed Cause,	
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
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 Goodrick, The Crofts — Cabridge — Northumberland Sister — no Mental disease in family
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 28th day of October One thousand eight hundred and eighty six

(To be signed by the Party applying). Margaret Goodrick

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Sunderland, Northumb.
2. Character of Education,	Good plain English Ed.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Frank & cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Most Industrious & Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Father, Heart disease, Mother, Brother, Meningetis, Sister,
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Debilitated by Measles
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depressed & Sleepless
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.?	Sleeplessness - loss of Appetite Pain back of Head
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	10 months

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Henry Anderson Peddie
having a (1) M.B. & C.M.

and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (3) 12 Mayfield Terrace Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Ellen Goodrick, Spinster 12 Mayfield Terrace, Edinburgh, and that the said Ellen Goodrick 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) Has delusions, viz: that she sees letters in various papers written by people who malign her character, that they speak evil reports of her; that persons & ministers preach against her. & that persons stand & listen to whom she converses, & sing about it. She has a melancholic appearance, stands & sits for hours together & states that she wishes death to the invisible life she has to lead.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Middlemass informs me, that she is always suspicious of people that they spread reports about her, & that she continually searches the papers for letters written about her. That she is very morbid & melancholic & refers to her troubles & appears to live in great distress about them, & that she thinks people think & speak ill of her.

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

Name and Medical Designation, Henry A. Peddie M.B. C.M.

Place of Abode, 2 Palmerston Place Edinburgh

DATED this 25th day of October One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Peddie
being (1) Fellow of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 12 Mayfield Terrace Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Miss Ellen Goodrick Spinster at 12 Mayfield Terrace and that the said Ellen Goodrick 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. :—

12 Mayfield Terrace

(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) Full of suspicion that people are speaking ill of her, that the newspapers are reporting the same in regard to her, that the Clergymen often times preach at her specially & sometimes this conversations have been to destroy on her mind that she has wished herself dead.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The same as above stated, noted in particular of at times remaining a very depressed emotional condition. Has on more than one occasion suspected something poisonous has put into her food.

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

Name and Medical Designation, A. Peddie M.D. F.R.C.P.E. &c &c

Place of Abode, 15 Rutland Street Edinburgh

DATED this twenty seventh day of October One thousand eight hundred and eighty six.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Andrew Rutherfurd (1) Sheriff Substitute of the (2) Sheriffdom of the Lothians and Peebles having had produced to me, with a Petition at the instance of (3) Margaret Goodrick, 8 The Crofts, Corbridge, Northumberland Certificates under the hands of Henry Anderson Peddie M.D. and Alexander Peddie F.R.C.P.E., being two Medical duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and exam

(4) Describe the Patient, and if a Pauper, state so.

Ellen Goodrick Spinster 12 Mayfield Terrace and that Ellen Goodrick — is a (5) Person of unsou mind

(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 receive the said Ellen Goodrick — as a Patient Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith Medical Certificates, and a Statement regarding the said Ellen Goodri which accompanied the said Petition.

DATED this First day of November One thousand hundred and Eighty six

Andrew Rutherfurd

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Ellen Goodrick

Date of Admission, 2nd Nov 1886

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.

Sheriff Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Renfrew & Bute *and his Substitutes,—*

The Petition of John Weddell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Weddell

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 James Weddell to the Crichton Institution Dumfries and to sanction his 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*) John Weddell 49 High St Paisley

DATED this Third (4) day of November One thousand eight hundred and eighty six

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

STATEMENT.

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

Christian Name and Surname of Patient at length,	James Weddell
Sex and Age,	Male. Age 38
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Spirit Merchant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	40 Broomlands
Place where Found and Examined,	40 Broomlands
Length of time Insane,	at this time about Six Weeks
Whether First Attack,	No
Age (if known) on First Attack,	aged 34
Where and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	was four times previously under treatment in Paisley Parochial Asylum Reccantilton on last occasion from 16th May to 8th June 1886
Duration of Existing Attack,	about six weeks
Supposed Cause,	Intemperance
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
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,	Brother John Weddell 49 High St Paisley & Wife Elizabeth Robertson 40 Broomlands
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 3d day of November One thousand eight hundred and eighty six

(*To be signed by the Party applying*) John Weddell 49 High St Paisley 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, Frank Wilson MB &c being a (1) Graduate in medicine &c 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) 34 Long Row Paisley Renfrew in the County separately from any other Medical Practitioner visited and personally examined (4) James Weddell and the said James Weddell is a (5) man 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 actions thoroughly irrational indicating a constant thing mentally, pointing to want of care-ness I have twice previously certified him insane under similar circumstances.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has threatened bodily harm to wife more than once

Name and Medical Designation, Frank Wilson

Place of Abode, Paisley

DATED this third day of November One thousand eight hundred and eighty six

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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 Holmes 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) 34 Long Row Paisley Renfrew in the County separately from any other Medical Practitioner visited and personally examined (4) James Weddell and the said James Weddell 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 Talks incoherently.
2nd Has delusions, thinks that is speaking to him.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wife states that he has threatened to kill her.

Name and Medical Designation, John Holmes

Place of Abode 44 Long Row

DATED this 3rd day of Nov. One thousand eight hundred and 86.

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, Frank Wilson M.B. &c being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 37 Ferguslie. Paisley in the County of Renfrew, seen and personally examined James Weddell, 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.

Frank Wilson M.B.

DATED this third day of November One thousand eight hundred and eighty six.

(1) State medical qualification. (2) State place of examination.

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

I, James Hamilton Dunn, (1) Sheriff Substitute of the (2) Renfrew & Bute — — —

No. 4937

John Weddel

admitted 3 Nov 1886

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) Dumfries and Galloway, *and his Substitutes,*—

The Petition of Miles Mc Jones, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Walker or Mc Kie

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

your Petitioner's (*) Pauper, 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 Ann Walker or Mc Kie — to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words illegible

(*To be signed by the Party applying*) Miles Mc Jones

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

DATED this Fourth (*) day of November One thousand eight hundred and Eighty Six 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,	Ann Walker or Mc Kie
2.	Sex and Age,	Female - 71 years
3.	Married, Single, or Widowed,	Widow.
4.	Condition of Life, and previous Occupation (if any),	Charwoman
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Sorrhoun, Dumfries.
7.	Place where Found and Examined,	Do Do
8.	Length of time Insane,	—
9.	Whether First Attack,	Yes so far as known
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*],	no when
12.	Duration of Existing Attack,	—
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,	Dumfries
18.	Date of becoming Chargeable,	12th Augt 1886.
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,	Helen Mc Kie or Cowan, High St Dumfries, daughter. Yes
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 2nd day of November One thousand eight hundred and Eighty Six years.

(*To be signed by the Party applying*) Miles Mc Jones

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall ——
being a (1) Graduate of the faculty of Physicians
Glasgow and College of Surgeons
and being in actual practice as a (2) Physician ——
do hereby certify, on soul and conscience, that I have this day, at (3) 27
Dumfries —— in the
Dumfries —— separately from any other Medical P
visited and personally examined (4) Anne Lackie
the said Walker Anne Lackie —— 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) Looks mysterious
Looks furious and sullen cannot answer
questions by any means pretends to
she allowed the other inmates of the room

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Much the same as above,
reports Complaints of severe pain
head & must be

Name and Medical Designation, William Marshall M.D.

Place of Abode, 27 Buccleuch Street

DATED this 31st day of Oct —— One thousand
hundred and Eighty Six years.

(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 Smith. ——
being a (1) Graduate in 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) 27 Buccleuch Street
Dumfries —— in the county of
Dumfries, —— separately from any other Medical Practitioner,
visited and personally examined (4) Walker Anne Lackie. (Age 40)
the said Walker Anne Lackie —— is a (5) Lunatic
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) Singular wild
appearance. & cannot keep in bed
much.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Two of the inmates states that she
is restless continually. requiring constant watching
that she attempted to strangle herself & to throw
herself by the window last night

Name and Medical Designation, John Smith M.D.

Place of Abode 27 Castle Street Dumfries

DATED this 1st day of Nov. One thousand
hundred and eighty six years.

(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, he undersigned,
be g (1)
he by certify, on soul and conscience, that I have this day, at (2)
in he County of , seen and personally examined
, and that the said
pe on 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.

DATED this day of One thousand eight
hi dred and

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope Esq. Advt. (1) Sheriff Substitute
of he (2) County of Dumfries
h ing had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries
C rtificates under the hands of William Marshall M.D.
a l John Smith M.D., being two Medical Persons
d y qualified in terms of an Act, intituled "An Act for the Regulation of the Care and T atment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic A lums in Scotland," setting forth that they had separately visited and examined (4) Ann Walker or McKie, Dumfries Tolbooth (a pauper) and that the said Ann Walker or McKie, is a (5) person of unsound mind,
a l a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to re ive the said Ann Walker or McKie, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith t said Medical Certificates, and a Statement regarding the said Ann Walker or McKie, w ich accompanied the said Petition.

DATED this Fourth day of November One thousand eight h ndred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties, Dumfries

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

No 1938

Ann Walker or McKie
Dumfries

admitted 4 Nov 1886

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) Dumfries & Galloway — *and his Substitutes,*—

The Petition of John M'Knight, Inspector of Poor, Langholm,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Barbauld M'Knight,

(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 Helen Barbauld M'Knight, to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

John M'Knight.

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

DATED this Fourth (4) day of November One thousand eight hundred and Eighty six 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 Barbauld or M'Knight.
2. Sex and Age,	Female 45 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married Woman.
5. Religious Persuasion, so far as known,	Protestant,
6. Previous Place of Abode,	Langholm.
7. Place where Found and Examined,	Buccleuch Square Langholm
8. Length of time Insane,	Several years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	About 40 years.
11. When and where previously under Examination and Treatment,	Public Asylum. Dumfries
12. Duration of Existing Attack,	2 years at Least
13. Supposed Cause,	Change of Life. Supposed.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes exceedingly Violent at times,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18. Date of becoming Chargeable,	None
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 M'Knight. Inspector of Poor Buccleuch Square Langholm.
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 Fourth day of November One thousand eight hundred and Eighty six years.

(*To be signed by Party applying*) John M'Knight.

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, William Johnston Carlyle M.D. being a (1) Licentiate of the Royal College of Surg and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleugh Langholm in the Dumfries separately from any other Medical P visited and personally examined (4) Helen McKnight Buccleugh Square - Langholm the said Helen McKnight is a (5) person of mind and a proper Person to under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Great and violent hatred of her husband her son in Glasgow is not her son, who had been murdered some years ago

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

The above facts have been also comm to me by her husband John McKnight

Name and Medical Designation, } W. J. Carlyle M.D. L.R.C.S. Edinburgh

Place of Abode, Langholm

DATED this 4th day of November One thousand hundred and 86

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 Gill being a (1) Bachelor of Medicine & Master of Surg of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleugh Langholm in the Dumfries separately from any other Medical P visited and personally examined (4) Helen McKnight Buccleugh Square Langholm the said Helen McKnight is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

On entering her bedroom she got into a violent rag & what I wanted & shewed a disposition to put me Her expression was certainly wild & while writing this she a violent abuse of her husband against whom she seems to have hatred & delusions regarding him. She has just turned the Gas

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

Her husband informs me that she imagines him man with about 200 women ~~that~~ & several children & that her son has been murdered by him. She takes violent swearing fits & says she is instructed to swear by God.

Name and Medical Designation, } John Gill M.D. Edin

Place of Abode Langholm

DATED this 4th day of Nov.r One thousand eight hundred and 86.

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 Johnstone Carlyle M.D. Edin.
b ng (1) Licentiate of the Royal College of Surgeons, Edin
h eby certify, on soul and conscience, that I have this day, at (2) Buccleugh Square, Langholm
i the County of Dumfries, seen and personally examined
Helen McKnight, and that the said
p son 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.

W. J. Carlyle M. D. & L. R. C. S. Edin

DATED this 4th day of November One thousand eight
hundred and 86

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope, (1) Sheriff Substitute
c the (2) County, of Dumfries,
h ving had produced to me, with a Petition at the instance of (3) John McKnight,
Inspector of Poor, Langholm
C rtificates under the hands of William Johnstone Carlyle,
d John Gill, , being two Medical Persons
c ly 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 Borthwick or McKnight, Buccleugh Square, Langholm, and that the said
Helen Borthwick or McKnight, is a (5) person of unsound mind, (Pot's wife)

d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eive the said Helen Borthwick or McKnight, as a Patient into the
Public Asylum of Southern Counties 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 Helen Borthwick
McKnight, which accompanied the said Petition.

DATED this Fifth, day of November One thousand eight
hundred and eighty six years,

David Boyle Hope

To the Superintendent of the (7) ~~Southern Counties~~ Public
Asylum of Southern Counties, Dumfries,

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

4939

Mrs. Borthwick
or Mrs. Knight

admitted 5 Nov 1886

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) or Steward. (2) Shire-Stewartry.

Unto the Honorable the (1) Sheriff *of the* (2) Counties of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lowden Inspector of Poor. Urr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ebenezar Brown your Petitioner's (3) Burper 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 Ebenezar Brown to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

John Lowden Inspector

Dated this 7th (4) day of November One thousand eight hundred and 86

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

STATEMENT.

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

Christian Name and Surname of Patient at length,	Ebenezar Brown
Sex and Age,	Male aged 14
Married, Single, or Widowed,	
Condition of Life, and previous Occupation (if any),	
Religious Persuasion, so far as known,	
Previous Place of Abode,	Royal Albert Asylum. Lancaster
Place where Found and Examined,	
Length of time Insane,	12 years
Whether First Attack,	
Age (if known) on First Attack,	2 years
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	
Supposed Cause,	
Whether subject to Epilepsy,	
Whether Suicidal,	
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
Date of becoming Chargeable,	
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 Brown Post Street Dalbeattie Father. No member of family was ever insane.
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 7th day of November One thousand eight hundred and 86

John Lowden Insp.

(*To be signed by Party applying*)

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 M. Torchan being a (1) Bachelor of Medicine & master in [illegible] of the University of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) twenty [illegible] Port Street, Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Ebenezar Brown, Pauper and the said Ebenezar 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) Is quite Imbecile, unable to read [illegible]

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been in his present condition since a mere child I am informed by his parents

Name and Medical Designation, Robert M. Torchan

Place of Abode, Dalbeattie

DATED this Seventh day of November One thousand eight hundred and Eighty six

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 Paterson Lewis MD being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 27 [illegible] Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Ebenezar Brown, [illegible] Dalbeattie. Pauper. and the said Ebenezar 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) Imbecile expression, — Cannot speak, — And does not understand any thing said to him, — Does not obey any thing given to him, — Very restless, always busy doing something. Does not attend to any call of nature —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Father and Mother say that he has been in present condition since an exposure to the sun when two years old and that he has marked tendency to destroy the [illegible] so happy as when doing so. —

Name and Medical Designation, J. Paterson Lewis MD

Place of Abode Alma, Dalbeattie

DATED this Seventh day of November One thousand eight hundred and Eighty six. —

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.)

, the undersigned,
eing (1)
ereby certify, on soul and conscience, that I have this day, at (2)
n the County of , seen and personally examined
, and that the said
erson 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.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lowden
Inspector of Poor Urr
Certificates under the hands of Robert McKerchar
and J. Paterson Lewis, 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, 27 Port Street Dalbeattie (a pauper) 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 (6) Public Asylum of Southern Counties 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 Ebenezer Brown which accompanied the said Petition.

DATED this Eighth day of November One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (7)
Asylum of

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

4940

Ebenezar Brown

admitted 8 Nov 1886

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) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of Poor of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Monis or Scott, —

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

your Petitioner's (3) Pauper, — 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 Monis or Scott, — to the Southern Counties Asylum, — and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Lawson Insp of Poor of Annan

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

DATED this Ninth (4) day of November, — One thousand eight hundred and eighty six 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,	Elizabeth Monis or Scott
2.	Sex and Age,	Female. 44 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Millworker formerly.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Port St Annan
7.	Place where Found and Examined,	Church St Annan
8.	Length of time Insane,	Sixteen years
9.	Whether First Attack,	no
10.	Age (if known) on First Attack,	28 years
11.	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	So. Co. Asylum — 13th Oct 1885
12.	Duration of Existing Attack,	3 weeks
13.	Supposed Cause,	not known
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,	Annan
18.	Date of becoming Chargeable,	4th July 1879
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,	George Scott, near Fishers Annan, Husband not 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 Ninth day of November, — One thousand eight hundred and eighty six years.

(To be signed by the Party applying) John Lawson Insp of Poor of P. of Annan

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 MacKenzie
being a (1) Bachelor of Medicine & 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) Seamills Court Annan. in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Monis or Scott
the said Elizabeth Monis or Scott, 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)

Wild look, incoherence of ideas at times violence to others, neglect of ordinary duties previous confinement in an asylum.

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

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

Irregularity of general conduct, attempts violence to her husband & neighbours

Name and Medical Designation, Daniel MacKenzie M.B.

Place of Abode, Annan.

DATED this Ninth day of November — One thousand eight hundred and eighty six 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, David Charles Cox
being a (1) Licentiate of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Seamills Court, Annan in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Monis or Scott
the said Elizabeth Monis or Scott, 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)

Wild excited look. Speaks & acts excitedly. Has been previously confined in an asylum

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

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

Her husband informs me that she has threatened him with a knife. She is sleepless & always excited - singing & dancing

Name and Medical Designation, D. Cha. Cox M.B.C.M.

Place of Abode Annan

DATED this Ninth day of November One thousand eight hundred and eighty six

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, Daniel Mackenzie
being (1) Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Annan
in the County of Dumfries, seen and personally examined
Elizabeth Morris or Scott, 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.

Daniel Mackenzie M.B. & C.M. Edinr.

DATED this ninth day of November One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lawson
Inspector of Poor Annan
certificates under the hands of Daniel Mackenzie
and David Charles Cox, 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 Morris or Scott, Scramblers Court Annan (a Pauper) and that the said Elizabeth Morris or Scott is a (5) Lunatic a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott as a Patient into the Public Asylum of Southern Counties 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 Elizabeth Morris or Scott which accompanied the said Petition.

DATED this Tenth day of November One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

4941

Elizabeth Morris
or Scott
admission 10 Nov 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *at Dumfries and his Substitutes.*

(3) Insert Name and Designation.

The Petition of (3) Mrs Agnes Sanyaby Craig Spouse to George Craig residing at Annadale Hall Crescent Parish Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Sanyaby Craig George Craig your Petitioner's (4) 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 Craig to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admistion into the said Asylum.

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

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 10th (5) day of November One thousand eight hundred and Eighty Six

Agnes S. Craig

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 Craig
2. Sex and age,	Male 64
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Master Mariner.
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous place of abode,	Glasgow
7. Place where found and examined,	Dumfries
8. Length of time Insane,	6 Weeks
9. Whether First Attack,	First
10. Age (if known) on First Attack,	64
11. When and where previously under Examination and treatment,	Glasgow 6 Weeks
12. Duration of Existing Attack,	Ill Health
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Doubtful
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,	John Craig Nr Replica Parish Brother Has a Sister in Glasgow Royal Asylum
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 10th day of November One thousand eight hundred and Eighty Six

(To be signed by the Party applying). Agnes S. Craig

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.
2. Character of Education.
3. Is the natural disposition cheerful or melancholy—reserved or frank,
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?
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?
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?
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.?
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?
13. What changes have taken place in his bodily symptoms?
14. Is he dirty, destructive, untidy, or obscene?
15. Has he threatened or attempted violence to himself? If so, in what way?
16. Has he threatened or attempted violence to others? If so, in what way?
17. How long has he been insane?

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 Hunter Dryden being (1) Licentiate of the Royal Colleges of Physicians [illegible] hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Elmyr Craig, 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.

J Hunter Dryden L.R.C.P.E.

DATED this 10th day of November One thousand eight hundred and eighty six years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, James Hunter Dryden
ng a (1) Licentiate of the Royal College of Physicians of Edinburgh
I bein in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day at (3) 3 Cresswell Terrace, Dumfries in the County of Dumfries separately from any other Medical Practitioner,
ited and personally examined (4) Mr George Craig, Master Mariner, of 163 W. George St, Glasgow and that
said George Craig is a (5) person of unsound mind and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds 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. acts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

He is dull, stupid & melancholic, is very morose & will not engage in conversation. He says he is being ruined by his wife's extravagance, which is a delusion

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

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

by his wife — That he accuses her of poisoning his food, & doing everything in her power to ruin him.

Name and Medical Designation, J Hunter Dryden MCPE

Place of Abode, 3 G Castle St, Dumfries

DATED this 10th day of November One thousand eight hundred and eighty six years

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Thomas Davidson
ing a (1) Bachelor of Medicine & Master in Surgery in Glasgow University
nd being in actual practice as a (2) Physician & surgeon
ereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mr George Craig, Master Mariner of 16 West George St Glasgow and that
he said George Craig is a (5) person of unsound mind and a proper Person to be detained
under are and Treatment, and that I have formed this opinion upon the following
groun , 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)

(6) *State the Facts.*

He is particularly dull & has lost all recollection of his past history. His answers are occasionally away from the point. Is very melancholic & tired of life

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

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

his attendant, says he sits all day without speaking & has stated that the food is poisoned before he gets it

Name and Medical Designation, Thos. Davidson M B C M

Place of Abode, Thornhill

ATED this 11th day of November One thousand eight hundred and eighty six.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRAN[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Agnes [illegible] Craig, 3 Cresswell Terrace, Dumfries Certificates under the hands of James Hunter Dryden [illegible] and Thomas Davidson M.B.Ch., 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 [illegible] George Craig, 3 Cresswell Terrace Dfs. [illegible] and the [illegible] George Craig 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 Craig as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize him Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Craig 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 this Thirteenth day of November One thousand eight hundred and eighty six years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Capt. Geo Craig

Date of Admission, 10 Nov 1888

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) Shiff or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Boyle your Petitioner's (3) Pauper 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 Sarah Boyle to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum. two words delete

(3) ate degree of Relati ship or other agaci in which Petitioner ands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

(4) he date of the Petiti must be within fou een clear days follow g the dates of the dical Certificates.

DATED this Fifteenth (4) day of November One thousand eight hundred and eighty six years

STATEMENT.

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

1.	ristian Name and Surname of Patient at length,	Sarah Boyle
2.	x and Age,	Female – 29 years
3.	arried, Single, or Widowed,	Single
4.	ndition of Life, and previous Occupation (if any),	— Outworker
5.	ligious Persuasion, so far as known,	Roman Catholic
6.	evious Place of Abode,	31 Friars Vennel, Dumfries
7.	ace where Found and Examined,	Do Do
8.	ngth of time Insane,	—
9.	hether First Attack,	—
10.	ge (if known) on First Attack,	—
11.	hen and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12.	uration of Existing Attack,	—
13.	upposed Cause,	Not known
14.	hether subject to Epilepsy,	No
15.	hether Suicidal,	No
16.	hether Dangerous to others,	Yes might be
17.	arish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18.	ate of becoming Chargeable,	13th Nov 1886
19.	hristian 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,	— —
20.	pecial circumstances (if any) preventing the insertion of any of the above particulars,	Want of Information

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

DATED this Thirteenth day of November One thousand eight hundred and Eighty six years.

(*To be signed by the Party applying*) Miles McInnes
Inspector of Poor
Dumfries

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, Joseph Garibaldi Marsh[illegible] being a (1) Graduate 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) Fr[illegible] Vennel Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Boyle the said Sarah Boyle is a (5) person of unsound mind and a proper Person to be [illegible] 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 has a [illegible] insane appearance Refuses to [illegible] but mutters loudly to herself

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

2. Other facts (if any) indicating Insanity communicated to me by others: [illegible] attempted to stab her husband this morning, and the neighbours [illegible] they are in danger of their [illegible]

Name and Medical Designation, J G Marshall

Place of Abode, Dumfries

DATED this Thirteenth day of November One thousand eight hundred and Eighty six

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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 Smith being a (1) Graduate in Medicine 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) 31 Fr[illegible] Vennel Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Boyle. a [illegible] the said Sarah Boyle is a (5) person of unsound mind and a proper person to be [illegible] 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 [illegible] insane appearance & rambling incoherent speech.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: The lodging house keeper informs that she is continually in an [illegible] restless, & unmanageable condition

Name and Medical Designation, J Smith [illegible]

Place of Abode 14 Castle St Dumfries

DATED this 13th day of November One thousand eight hundred and eighty six years

No. I.

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 Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 31 Friars Vennel Dumfries
in the County of Dumfries, seen and personally examined
Sarah Boyle, 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.

John Smith M.D.

DATED this 13th day of November One thousand eight hundred and eighty six years.

(1) State medical qualification. (2) State place of examination.

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

I William Young Norries Shortt Honyshi: Sub:
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Miles McJames, Inspector of Poor Dumfries
Certificates under the hands of Joseph Garibaldi Marshall
and John Smith, 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) Sarah Boyle 31 Friars Vennel Dumfries and that the said Sarah Boyle — is a (6) pauper person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Boyle as a Patient into the (7) Public Asylum of Southern Counties 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 Sarah Boyle which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and eighty six.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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

4 9 4 3

Sarah Boyle

admitted 13 Nov 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries *and his Substitutes,—*

(3) Christian Name and Designation.

The Petition of (3) John Crombie Buchanan - Merchant presently residing at Cromwell House Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Buchanan your Petitioner's (4) 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 Elizabeth Buchanan to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

Jno C. Buchanan

(5) The date of the Petition may be within fourteen clear days following the date of the Medical Certificates.

DATED this Thirteenth (5) day of November One thousand eight hundred and Eighty 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,	Elizabeth Buchanan
2. Sex and age,	Female Forty Nine.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Edinburgh
7. Place where found and examined,	Dumfries.
8. Length of time Insane,	
9. Whether First Attack,	1869.
10. Age (if known) on First Attack,	Forty two
11. When and where previously under Examination and treatment,	Laughton Hall. Manisburn R. The Crichton
12. Duration of Existing Attack,	Six days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatens it
16. Whether Dangerous to others,	At times to me.
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,	
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 Thirteenth day of November One thousand eight hundred and Eighty Six.

(To be signed by the Party applying) Jno C. Buchanan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -)
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -)
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -)
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -)
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? - - - - -)
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -)
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -)
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -)
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.? -)
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -)
13. What changes have taken place in his bodily symptoms? - - - - - -)
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -)
16. Has he threatened or attempted violence to others? If so, in what way? - -)
17. How long has he been insane? - - - -

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 Hunter Dryden ——————
being (1) Licentiate of the Royal College of Physicians & Surgeons, Edin
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries ——————, seen and personally examined
Mrs Elizabeth Buchanan ——————, 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.

J Hunter Dryden LRCP&S

DATED this 12th day of November One thousand eight hundred and eighty six years ——.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, th undersigned, James Hunter Dryden
ing (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
d being in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day at (3) Cromwell House, Dumfries in the County of Dumfries separately from any other Medical Practitioner, sited and personally examined (4) Mrs Elizabeth Arthur or Buchanan no fixed residence since 1868. and that e sa Mrs Elizabeth 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 oun, 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)

(6) *State the Facts.*

She is very excited and at times violent. ~~She~~ Her conduct at times is indecent - Her facial expression indicates mental disorder.

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

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

By her husband — She has been very violent lately, and has threatened suicide, She has also threatened violence to her husband

Name and Medical Designation, J Hunter Dryden LRCP 1868

Place of Abode, 39 Castle Street, Dumfries

ATED this 18th day of November One thousand eight unded and eighty six years.

MEDICAL CERTIFICATE.—No. II.

, te undersigned, Richard Bell Lorraine
eing (1) Graduate of Edinburgh University
nd being in actual practice as a (2) General medical practitioner
ereby certify, on soul and conscience, that I have this day, at (3) Cromwell House, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Arthur or Buchanan and that the said Mrs Elizabeth Arthur or 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. :—

(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.

Facts indicating Insanity observed by myself: (6) She is very excitable ~~[illegible]~~, speaking loudly and repeating frequently what she has said. looks stupid and insane, Her language is indecent

(6) *State the Facts.*

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

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

Her husband says she is dangerous to herself and others having been violent with him. has threatened suicide, Her husband says she fancies people plot against her

Name and Medical Designation, Richard Bell Lorraine MB CM.

Place of Abode, 16 Castle St. Dumfries

ATED this thirteenth day of November One thousand eight hundred and eighty six years

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shortt, (1) Hy. Sheriff Subs
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John
Buchanan, Merchant presently residing at Cromwell
Certificates under the hands of J. Hunter Dryden,
and Richard Bell Lorraine, , being two Medica
duly qualified in terms of an Act, intituled "An Act for the Regulation of the
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of
Asylums in Scotland," setting forth that they had separately visited and exa

(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.

Elizabeth Buchanan presently residing at Cromwell
Dumfries (Petitioners Wife,) (4) and that the said
Buchanan, is a person of unsound mi
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE
receive the said Elizabeth Buchanan, as a Patient
Crichton Royal Institution for the Insane at Dumfries, and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith
Medical Certificates, and a Statement regarding the said Elizabeth Bu
which accompanied the said Petition.

DATED this Fifteenth day of November One thous
hundred and Eighty six years. Six words dest

To the Medical Superintendent of the Public
Crichton Royal Institution, Dumfries.

W H Shortt

Name, Elizabeth Buchanan
Date of Admission, 19 Nov 1886

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 Dumfries and Galloway *and his Substitutes,*—

The Petition of James Dally, Inspector of Poor of Mch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burns or Glen a Pauper ~~your Petitioner's~~ (3) at present under the jurisdiction of the Petitioner 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 Burns or Glen to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

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

A H Bradford Inspr of Poor of Leswalt for Inspector of Mch

DATED this 2nd (4) day of November One thousand eight hundred and Eighty six

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

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 Burns or Glen
2	Sex and Age,	Female
3	Married, Single, or Widowed,	46 Years
4	Condition of Life, and previous Occupation (if any),	Widow
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Larg-
7	Place where Found and Examined,	Aird Cottage. Mch.
8	Length of time Insane,	Has been insane for years.
9	Whether First Attack,	No- But present attack since 30th October
10	Age (if known) on First Attack,	unknown
11	When and where previously under Examination and Treatment,	Southern Counties Asylum
12	Duration of Existing Attack,	Since 30th October 1886
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,	Mochrum Parish
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,	Margaret Glen or Carlie her daughter.
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 2nd day of November One thousand eight hundred and Eighty Six

(*To be signed by Party applying*) A H Bradford Inspr of Poor of Leswalt for Inspector of Mch

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 William Dalgarno being a (1) Graduate in Medicine & Surgery of Aberdeen Univ. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Aird Cottage parish of Inch & in the county separately from any other Medical Practitioner visited and personally examined (4) Jane Burns or Glen, pauper to Mochum parish and the said Jane Burns or Glen 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) She is extreme [illegible] & is constantly calling out; is under the impression that she is present in an asylum and is constantly visited by persons [illegible] her. She requires to be kept in bed and will not suffer her [illegible] approach her.

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

2. Other facts (if any) indicating Insanity communicated to me by other (7) Her daughter, Mrs Carlie says her mother has been [illegible] to an asylum before & present attack came on gradually. She will [illegible] only from one person and is constantly using foul language. She's [illegible] say. quite over their control

Name and Medical Designation, A. W. Dalgarno M.B. Cm

Place of Abode, 17 Lewis Street, Stranraer

DATED this first day of November One thousand eight hundred and eighty six

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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Aird Cottage in Parish of Inch in the county of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jane Burns or Glen a pauper and the said Jane Burns or Glen 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) Quite [illegible] and excited and constantly using obscene language. Was confined in an asylum before.

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

2. Other Facts (if any) indicating Insanity communicated to me by other (7) Mrs Carlie her daughter states that she has been very excited for the last [illegible] and constantly using filthy language [illegible] the attack she has not slept any

Name and Medical Designation, Hugh Cochrane [illegible]

Place of Abode Stranraer

DATED this Second day of November One thousand eight hundred and eighty six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William M'Gibbon Esquire (1) Sheriff-Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dalby
Inspector of Poor of Kirkcudbright
Certificates under the hands of Alexander William Dalgarno Physician & Surgeon Stranraer
and Hugh Cochrane Surgeon there —, 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 Burns or Glen a pauper residing at Auchtoltage and that the said
Jane Burns or Glen is a (5) Lunatic or person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Burns or Glen as a Patient into the
(6) Public Asylum of Southern Counties Dumfries 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 Burns
or Glen which accompanied the said Petition.

DATED this second day of November One thousand eight hundred and eighty six

W. M'Gibbon.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

4945

Jane Burns or
Glen
admitted 15 Nov 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Renfrew & Bute

and his Substitutes,—

Insert Name and Designation.

The Petition of (3) Angus Macdonald
Sugar Boiler, 8 Robertson Street, Greenock
John Macdonald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that

State degree of Relationship, other capacity in which petitioner stands to patient.

your Petitioner's (4) 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 John Macdonald to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Angus MacDonald

(1) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Fifteenth (5) day of November One thousand eight hundred and Eighty second.

STATEMENT.

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

Christian Name and Surname of Patient at length,	John Macdonald
Sex and age,	M. 34 —
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	No fixed occupation — Labourer
Religious Persuasion, so far as known,	—
Previous place of abode,	2 Robertson St. Greenock
Place where found and examined,	2 Robertson St. Greenock —
Length of time Insane,	At least 3 months —
Whether First Attack,	Yes —
Age (if known) on First Attack,	34
When and where previously under Examination and treatment,	—
Duration of Existing Attack,	At least 3 months
Supposed Cause,	Habitually drink.
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	—
Day of becoming Chargeable,	—
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,	Angus Macdonald — father — 2 Robertson St. Greenock — A brother supposed to have committed suicide —
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 Fifteenth day of November One thousand eight hundred and Eighty second.

(*To be signed by the Party applying*) Angus MacDonald

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Greenock –
2. Character of Education,	Ordinary –
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved –
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled & till 2 [illegible] ago intemperate –
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None except the broth[illegible] to –
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?	A sister died from [illegible] from Pneumonia – [illegible] was found killed on the Railway, being supposed himself across the rails –
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Gradual onset –
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Change of conduct [illegible] keeping settled at [illegible]
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.?	Sleepless, refusing food [illegible] head & costiveness –
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Delusions more fixed
13. What changes have taken place in his bodily symptoms?	Headache still [illegible]
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	?
16. Has he threatened or attempted violence to others? If so, in what way?	Threatens his sister
17. How long has he been insane?	Probably going on [illegible]

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Donald Mac Raild
ng a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow, Fellow of the Royal College of Surgeons Edinburgh
l being in actual practice as a (2) Surgeon & Physicians
ereby certify, on soul and conscience, that I have this day at (3) No 2 Robertson St Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) John Mac Donald at No 2 Robertson Street Greenock and that the said John Mac Donald 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. :—

(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) various delusions, especially, the notion that that poison was put into his food by his sister Flora & another lady companion, & that cats were trained for poisoning his milk. He threatens also to take away his sister's life, & obscurely threatens suicide.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His parents inform me that for the last two years he has been suspicious, reserved & fallen, & kept the bed most of the time, taking very little food, but smoking tobacco in excess

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

Name and Medical Designation, Donald Mac Raild F.R.C.S.E. & L.F.P.S.

Place of Abode, 9 George Square Greenock

DATED this 15 day of November One thousand eight hundred and eighty six.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, James Wallace
ing a (1) Acad. in Med. of the Univ. of Glasgow
nd being in actual practice as a (2) Physician & Surgeon
ereby certify, on soul and conscience, that I have this day at (3) No. 2 Robertson St., Greenock in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) John Macdonald, at 2 Robertson St. Greenock and that the said John Macdonald 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) Has delusions of suspicion & he imagines that some person in his father's house is tampering with his food. He maintains that the same person three months ago tried to injury him with gas. He knows he suspects is one of his sisters, but he can give no adequate reason for his suspicion.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother states that for two years he has done up work — for months he lay in bed out of the day & would not get up to go out. He never settled long at any particular business —

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

Name and Medical Designation, James Wallace, M.D.

Place of Abode, 16 Union St. Greenock

DATED this fifteenth day of Nov. One thousand eight hundred and eighty-six.

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 Stewartry.
(3) Insert Name and Designation.

I, Alexander Nicolson Esquire Advocate Sheriff Substitute of ~~the~~ (2) Renfrew and Bute having had produced to me, with a Petition at the instance of (3) Ingus. Sugar Porter, No. 2 Robertson Street, Greenock Certificates under the hands of Donald Macfaild and James ~~and~~ both Physicians in Greenock, being two Medical Practitioners duly qualified in terms of an Act, intituled "An Act for the Regulation of the 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) Describe the Patient, and if a Pauper, state so.

John Macdonald, No. 2 Robertson Street, Greenock and that John Macdonald is a (5) Person of unsound mind

(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 John Macdonald as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said John Macdonald which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and eighty six.

Alex. Nicolson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, John Macdonald
Date of Admission, 17 Nov. 1886

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.

Sheriff Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Adam Hunter, Blackford, Lochcarron

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Hunter ——— your Petitioner's (2) daughter ——— 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 Hunter ——— to the Crichton Royal Institution, and to sanction the admission into the said Asylum.

Adam Hunter

(1) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 19th (3) day of November, One thousand eight hundred and eighty six.

(3) The date of the petition must be within three 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 Hunter
2. Sex and Age,	Female 24.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in private family
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Blackford, Lochcarron
7. Place where Found and Examined,	Blackford, Lochcarron
8. Length of time Insane,	Six weeks
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	24
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	Six weeks
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,	~~St Columba~~
18. Date of becoming Chargeable,	~~8th Dec. 1886~~
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,	Adam Hunter Blackford Lochcarron father. A brother & father committed suicide about two & a half years ago.
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 19th day of November One thousand eight hundred and 86

(*To be signed by Party applying*) Adam Hunter

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 Macdachlan
being a (1) Bachelor of Medicine & Master
Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Blackf
in the Parish of St. Mungo in the C
Dumfries separately from any other Medical Pra
visited and personally examined (4) Margaret Hunter, Co
Blackford
the said Margaret Hunter is a (5) person
of unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the f
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Refuses
speak & at times to open her
stands erect with eyes closed & s
peculiar gestures when spoken to.

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

2. Other facts (if any) indicating Insanity communicated to me by others:
Her mother says that she sleeps
& requires to be forced to take her fo
& that she sometimes throws herself on
floor & alternately laughs & cries

Name and Medical Designation, James Macdachlan M.B.

Place of Abode, Lockerbie

DATED this 18th day of Nov. One thousand
hundred and eighty six.

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 Irving
being a (1) Bachelor of Medicine & Master in Sur
of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Blackf
the Parish of St. Mungo in the C
Dumfries separately from any other Medical Pra
visited and personally examined (4) Margaret Hunter Coo
Blackford
the said Margaret Hunter is a (5) person
Unsound Mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is mu
at times & at other times very much excited.
& stupid. Memory defective cant remem
day of the week.

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

2. Other Facts (if any) indicating Insanity communicated to me by other (7)
Her Mother says that she refuses to tak
food & that she sleeps badly getting up
the night & wishes to go out.

Name and Medical Designation, George Irving M.B. C

Place of Abode Lockerbie

DATED this 19th day of November One thousand eight
hundred and eighty six.

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 Macdachlan (1) Bachelor of Medicine & Master of Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Blackford, Lockerbie, in the County of Dumfries, seen and personally examined Margaret Hunter, 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 Macdachlan M.B. C.M.

DATED this 18th day of Nov. One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Adam Hunter, Blackford, Lockerbie, certificates under the hands of James Macdachlan, and George Irving, 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 Hunter, Blackford, Lockerbie, Peter's daughter, and that the said Margaret Hunter, 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 Hunter as a Patient into the (6) Public Asylum of Crichton Royal Institution, 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 Hunter, which accompanied the said Petition.

DATED this Nineteenth day of November, One thousand eight hundred and eighty one years.

David Boyle Hope.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution.

---

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

4944

Margaret Hunter

admitted 19 November 1886

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) Shirr or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2)~~ Dumfries & Kelloway *and his Substitutes,*—

The Petition of William Crawford Farmer, Carruchan Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Crawford 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 Peter Crawford to the Crichton Royal Institution 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*) W. Crawford

(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 November One thousand eight hundred and 86 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,	Peter Crawford.
2. Sex and Age,	Male 33.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Carruchan.
7. Place where Found and Examined,	Carruchan.
8. Length of time Insane,	Ten days.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	33.
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,	Ten days.
13. Supposed Cause,	None
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,	Peter Crawford, Carruchan Troqueer. Father, One Sister
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 20th day of November One thousand eight hundred and 86 years

(*To be signed by the Party applying*) W. Crawford

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 Smith. ——— being a (1) Graduate of Medicine 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) Carrucha ———

Inquell ——— in the Cou ———

Kirkendbright ——— separately from any other Medical Practiti ———

visited and personally examined (4) Peter Crawford. ———

Carruchan ——— an ———

the said Peter Crawford ——— is a (5) Insane ———

& unsound mind ——— and a proper Person to be de ———

under Care and Treatment, and that I have formed this opinion upon the foll ———

grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane & dull & melancholy Tells me every thing going wrong with him & that he wish was dead. Has several delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me that during last few weeks he is quite changed in mind that he has more than once attempted to commit suicide.

Name and Medical Designation, John Smith ———

Place of Abode, 44 Castle St. Dum ———

DATED this 19th day of November One thousand hundred and 86 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, Richard Bell. Lorraine ———

being a (1) Graduate of Edinburgh Univ ———

and being in actual practice as a (2) Medical practitio ———

do hereby certify, on soul and conscience, that I have this day, at (3) Crich ———

Royal Institution ——— in the Co ———

Dumfries ——— separately from any other Medical Practiti ———

visited and personally examined (4) Peter Crawford, ———

Carruchan, ——— an ———

the said Peter Crawford ——— is a (5) person of ———

unsound mind ——— and a proper person to be de ———

under Care and Treatment, and that I have formed this opinion upon the fol ———

grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) very dull & depressed; thinks his wife does not care for him. wishes sometimes he were dead, says he feels miserable &

(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, Richard Bell Lorraine M.B. ———

Place of Abode 16 Castle St. Dumfries ———

DATED this twentieth day of November One thousand eight hundred and eighty six 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 Smith being (1) a Registered Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Carruchan Steading in the County of Kirkcudbright, seen and personally examined Peter Crawford, 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.

John Smith MD

DATED this 16th day of November One thousand eight hundred and 86 years.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope (3) Sheriff Substitute, of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) ~~John Smith~~ William Crawford, Carruchan, farmer, Certificates under the hands of Johns Smith, and Richard Bell Lorraine, 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 (6) Peter Crawford, farmer, Carruchan Petitioner's Brother and that the said Peter Crawford, is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Crawford, as a Patient into the (8) Public Asylum of Crichton Royal Institution and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter Crawford, which accompanied the said Petition. Two words deleted

DATED this twenty second day of November One thousand eight hundred and eighty six.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Crichton Royal Institution

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

4948

Peter Crawford

admitted 29 November 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitutes.

(3) Insert Name and Designation.

The Petition of (3) John Lauren Gibson
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Bane Gibson

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

your Petitioner's (4) 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 Bane Gibson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Jno. L. Gibson

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 25th (5) day of November One thousand eight hundred and 86 years

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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,	Robt Bane Gibson
2. Sex and age,	Male. 36
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation if any),	Commercial Traveller
5. Religious Persuasion, so far as known,	United Presbyterian Church of Scotland
6. Previous place of abode,	Haydenbrook. Tregaron
7. Place where found and examined,	Haydenbrook —
8. Length of time Insane,	Ten days.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	36 —
11. When and where previously under Examination and treatment,	Peckham House.
12. Duration of Existing Attack,	Ten days.
13. Supposed Cause,	
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,	
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 25th day of November One thousand eight hundred and 86 years

(To be signed by the Party applying). Jno. L. Gibson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Penicuik
2. Character of Education,	General
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. once. much a [illegible] 8 months. Peckham [illegible]
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?	Mother died of Abdominal tumour.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Melancholy.
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.?	Yes
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	became dull [illegible]
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	8 months —

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 Smith, being (1) a Graduate in Medicine of Edinburgh [illegible] hereby certify, on soul and conscience, that I have this day, at (2) Hazelbrook in the County of Kirkcudbright, seen and personally examined Robert Bowe Gibson, 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.

John Smith Md [illegible]

DATED this 20th day of November One thousand eight hundred and 86 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, John Smith
ing a (1) Graduate in Medicine of Edinburgh
University
d being in actual practice as a (2) Physician & Surgeon
reby certify, on soul and conscience, that I have this day at (3) Hazelbrook
Cottage in the County of
Lutendright separately from any other Medical Practitioner,
sited and personally examined (4) Robert Bowe Gibson
commercial traveller and that
said Robert Bowe Gibson 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
ground viz. :—

1. Facts indicating Insanity observed by myself: (6) Melancholic
insane appearance & desponding
operation. Tells me that he cannot
a everything is going wrong with him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Father informs me that since he
came from an Asylum in England he
has been at times very restless & last
he was almost unmanageable

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Castle St. Dumfries

DATED this 20th day of November One thousand eight
hundred and 86 years.

(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.

, the undersigned, Joseph Garibaldi Marshall
ing (1) Graduate in Medicine of Glasgow
University
nd being in actual practice as a (2) Physician & Surgeon
ereby certify, on soul and conscience, that I have this day, at (3) Crichton
Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robert Bowe Gibson
and that
he said Robert Bowe Gibson 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) Patient very
desponding in his acts & conversation. Thinks
he is going to die & that everything will go
to the bad with him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother Mr Wm Gibson informs me has
been in a melancholy restless condition

Name and Medical Designation, J G Marshall M B C M

Place of Abode, Dumfries

DATED this Twenty first day of November One thousand eight
hundred and Eighty six year

(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.

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 Stewartry.
(3) Insert Name and Designation.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Practitioners
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
and the

(4) Describe the Patient, and if a Pauper, state so.

is a (5)

(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 AUTHORISE you to receive the said as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

.....

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name Robert Rose Gibson
Date of Admission 20 Nov. 1886

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) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of Miles McInnes, Inspt. of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Teenan, your Petitioner's (3) Pauper, 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 Teenan, to the Southern Counties 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*) Miles McInnes

DATED this 22nd (4) day of November, One thousand eight hundred and Eighty six 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,	Thomas Teenan.
2.	Sex and Age,	Male – 32 years.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Hag Gatherer.
5.	Religious Persuasion, so far as known,	Roman Catholic
6.	Previous Place of Abode,	11 Howgate Street, Maxwelltown.
7.	Place where Found and Examined,	Do Do Do.
8.	Length of time Insane,	From Birth
9.	Whether First Attack,	—
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*],	—
12.	Duration of Existing Attack,	—
13.	Supposed Cause,	—
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,	Dumfries
18.	Date of becoming Chargeable,	6th November 1886.
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,	None Known. Not 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 20th day of November, One thousand eight hundred and Eighty six years.

(*To be signed by the Party applying*) Miles McInnes

P. p.

Inspt. of Poor
Dumfries

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, Joseph Garibaldi Marshall being a (1) Graduate 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) 11 Hospital St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Thos Teenan, a Pauper and that the said Thos Teenan, 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) General morose appearance Rank in his talk. Has an unbecoming appearance.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Raves at night & distests people in the house

Name and Medical Designation, J. G. Marshall

Place of Abode, Dumfries

DATED this Twentieth day of November One thousand eight hundred and Eighty six

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 Smith being a (1) Graduate in 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) 11 Hospital St Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Thomas Teenan a Pauper and that the said Thomas Teenan 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 an unbecoming appearance. manner & conversation

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

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

Name and Medical Designation, John Smith M.

Place of Abode 14 Castle St Dumfries

DATED this 20th day of November One thousand eight hundred and 86 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 Smith, being (1) a Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 11 Howgate Street Maxwelltown in the County of Kirkcudbright, seen and personally examined Thomas Inman, 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.

John Smith. MD &c.

DATED this 20th day of November One thousand eight hundred and 86 years.

(1) State medical qualification.

(2) State place of examination.

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of Joseph Garibaldi Marshall and John Smith, 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 Inman, 11 Howgate Street, Maxwelltown, and that the said Thomas Inman, is a (5) Lunatic person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Inman as a Patient into the (6) Public Asylum of Southern Counties, 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 Thomas Inman, which accompanied the said Petition.

DATED this Twenty second day of November, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7)
Public Asylum of Southern Counties
Dumfries.

---

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

4950

Thomas Jeenan

admitted 20 November 1886

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) Dumfries & of Galloway, ——— *and his Substitutes.*—

The Petition of John Maxwell, Inspector of Poor, Dryfesdale, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Perry or Turner, ———

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

your Petitioner's (3) Pauper, ——— 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 Perry or Turner ——— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Maxwell. Insp. of Poor

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

DATED this Twenty second (4) day of November, — One thousand eight hundred and eighty-six years.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Jane Perry or Turner.
Sex and Age,	Female aged 59 years
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	Housewife.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	same place. 42 years.
Place where Found and Examined,	65 Glasgow Street Maxwelltown
Length of time Insane,	about 10 Days.
Whether First Attack,	Third attack.
Age (if known) on First Attack,	about 38 years.
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never was in an asylum before. was just watched & attended to by a Doctor in her own house.
Duration of Existing Attack,	about 10 Days.
Supposed Cause,	None know of.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Yes.
Whether Dangerous to others,	no.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dryfesdale in the first instance, but Dunscore supposed to be liable.
Date of becoming Chargeable,	22 November. 1886.
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. Robert Turner. Labourer residing at 65 Glasgow street, says she had a Brother Died in Dartmoor Asylum. and had a sister in a low despondiny state who committed suicide about 15 years ago.
Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

DATED this 22nd day of November One thousand eight hundred and eighty six years.

(To be signed by the Party applying) John Maxwell. Insp. P. p. of Poor. Parish of Dryfesdale.

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 Cunningham — being a (1) Physician & Surgeon (L.R.C.P. & S.Ed.) [illegible] of the Royal Colleges & Physicians & Surgeons [illegible] and being in actual practice as a (2) Physician & Surgeon [illegible] do hereby certify, on soul and conscience, that I have this day, at (3) 65 Glasgow Maxwelltown, Troqueer, — in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Jane Perry or Turner 65 Glasgow Street, Maxwelltown, Pauper and the said Jane Perry or Turner — 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 has a [illegible] look & answers questions in an incoherent [illegible] She stands for hours in the middle of the [illegible] & cannot give any reason for so doing.

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

2. Other facts (if any) indicating Insanity communicated to me by others: ([illegible] husband informs me that he has found her [illegible] the River side on several occasions & on [illegible] occasions she refused to tell him what she [illegible] there.

Name and Medical Designation, John Cunningham L.R.C.P. & S.Ed.

Place of Abode, Dumfries

DATED this 23rd day of November One thousand eight hundred and eighty six 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, James Hunter Dryden, — being a (1) Licentiate of the Royal College of Physicians of Edinr. — and being in actual practice as a (2) General practitioner — do hereby certify, on soul and conscience, that I have this day, at (3) 65 Glasgow Street, Maxwelltown, Troqueer, — in the County of Kirkcudbright, — separately from any other Medical Practitioner visited and personally examined (4) Jane Perry or Turner, of 65 Glasgow St. Maxwelltown, a pauper and the said Jane Perry or Turner — 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 & stupid & will not answer questions. She refuses to take food & gives no reason for doing so. She stands in one position in the middle of the floor, ~~for~~ gazing at the ceiling [illegible]

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

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

Name and Medical Designation, J. Hunter Dryden L.R.C.P.

Place of Abode 39 Castle Street, Dumfries

DATED this 23 day of November, One thousand eight hundred and eighty six 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,
(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, 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.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Maxwell,
Inspector of Poor, Frogmore,
Certificates under the hands of John Cunningham,
and James Hunter Dryden, 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 Perry or Turner, 65 Glasgow St Maxwelltown, and that the said
Jane Perry or Turner, is a (5) (a pauper) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Perry or Turner, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Perry or Turner, which accompanied the said Petition.

DATED this Twenty third day of November, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

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

4951

Jane Pettyor Turner

admitted 23 Nov 1886

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.

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

The Petition of Robert Clapton. Insp.r of Poor, Newluce humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kelly. Mason. Newluce your Petitioner's (3) Pauper. 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 Kelly. to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

Robt. Clapton
Insp.r of Poor.

DATED this Twentieth (5) day of November One thousand eight hundred and Eighty six.

STATEMENT.

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

Name and Surname of Patient at present,	James Kelly,
Age,	Male. — 34.
Single, or Widowed,	Single.
Station of Life, and previous Occupation (if any),	Father a Roadman. — Himself a Mason.
Religious Persuasion, so far as known,	Protestant
Usual Place of Abode,	Newluce.
Where Found and Examined,	Newluce
Length of time Insane,	In a very unsettled state for six months
Whether First Attack,	Yes.
Age (if known) on First Attack,	34.
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	About six months
Supposed Cause,	Fall on the head
Whether subject to Epilepsy,	No
Whether Suicidal,	Might be
Whether Dangerous to others,	Not at present
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Newluce
Date of becoming Chargeable,	16th November 1886
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,	~~James Kelly~~ Charles Kelly, his father residing in Newluce
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 Twentieth day of November One thousand eight hundred and Eighty six.

(*To be signed by Party applying*) Robt. Clapton.
Insp.r of Poor. 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 Matthews being a (1) Bachelor of Medicine & Master of Surgery of University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) New Luce in the Wigtown separately from any other Medical P[illegible] visited and personally examined (4) James Kelly, Pauper, N[illegible] the said James Kelly is a (5) person of unsound mind and a proper Person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He has a melancholy downcast appearance. Says [illegible] nothing wrong with him but he wants death. Advi[illegible] go to a physician in heaven. He says his head is wr[illegible] but not outside. Says some one is going about [illegible] doing ill with false gods &c &c

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

2. Other facts (if any) indicating Insanity communicated to me by other [illegible]

His father says he inclines to go out of the house [illegible] & sometimes talks on about past sins, repentance, & [illegible] of some man and false gods going about the place [illegible] states that one night he was very violent & noisy [illegible] & had to be taken into the house, and that some of the [illegible] complained to him about his being allowed to be in the [illegible]

Name and Medical Designation, David Matthews M.P.C. [illegible]

Place of Abode, Glenluce

DATED this Sixteenth day of November One tho[illegible] hundred and eighty six

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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, Wm A. Forsyth, being a (1) Bachelor of Medicine & Mastery of Surgery of the University of ~~Edinburgh~~ Glas[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) New Luce in the [illegible] Wigtown separately from any other Medical [illegible] visited and personally examined (4) James Kelly, Pauper, [illegible] New Luce the said James Kelly is a (5) person of unsound mind and a proper person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He is in a state of religious despondency. [illegible] no hope of salvation in consequence of [illegible] and indiscretions. He wishes he was [illegible] He will have nothing to do with earthly [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by other [illegible]

His mother informs me that at times he [illegible] despondent - as at present - at other very excited [illegible] in his language. He constantly studies [illegible] His only sister is a person of weak in[illegible]

Name and Medical Designation, William A. Forsyth [illegible]

Place of Abode Newton Stewart

DATED this sixteenth day of November One the[illegible] hundred and eighty six 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, 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.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, Thomas Crabb Ewing (1) Sheriff Substitute
of the (2) County of Argyleshire
having had produced to me, with a Petition at the instance of (3) Robert C Lapsley Inspector of Poor New Luce
Certificates under the hands of Dr. David Matthews Glenluce
and Dr. William M Forsyth Newtonstewart 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 Kelly Mason New Luce and that the said
James Kelly 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 Kelly as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Kelly which accompanied the said Petition.

Dated this twentieth day of November One thousand eight hundred and eighty six

Thos. C. Ewing L. S.

To the Superintendent of the (7) Southern Counties'
Asylum of Dumfries.

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

4952

James Kelly

admitted 23 November 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitutes,—

The Petition of (3) John Lawson Gibson, Manufacturer Maxwelltown,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Bowe Gibson, —
your Petitioner's (4) 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 Bowe Gibson, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Jno L Gibson

DATED this 25th (5) day of Novr One thousand eight hundred and Eighty six.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Robert Bowe Gibson
Sex and age,	Male - 36
Married, Single, or Widowed,	Married
Condition of Life and previous Occupation (if any),	Commercial Traveller
Religious Persuasion, so far as known,	United Presbyterian Church of Scotland
Previous place of abode,	Hazelbrook. Troqueer
Place where found and examined,	Hazelbrook
Length of time Insane,	Ten days
Whether First Attack,	No
Age (if known) on First Attack,	36
When and where previously under Examination and treatment,	Peckham House. London
Duration of Existing Attack,	Ten days
Supposed Cause,	unknown
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Danger of becoming Chargeable,	—
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 Lawson Gibson Hazelbrook, (Father) No
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 25th day of Novr One thousand eight hundred and Eighty six

(To be signed by the Party applying) Jno L Gibson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Kincardineshire
2. Character of Education,	General
3. Is the natural disposition cheerful or melancholy—reserved or frank,	cheerful & fra
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & indus
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes - once. in Eight months. Stra
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None ~~Mother died of abdo~~
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?	mother died of abdom
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Melekanoly
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.?	Yes
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Become dull & melan occasionaly rest
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	8 months

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 Smith, being (1) a Registered Medical Practitioner, hereby certify, on soul and conscience, that I have this day, at (2) The Crofton in the County of Dumfries, seen and personally examined Robert Bone Gibson, 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.

John Smith M.D.

DATED this 25th day of November One thousand eight hundred and 86 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, John Smith
(1) Graduate in Medicine of
Hugh University
being in actual practice as a (2) Physician & Surgeon
by certify, on soul and conscience, that I have this day at (3) The Crichton
Institution in the County of
Dumfries separately from any other Medical Practitioner,
and personally examined (4) Robert Bowe Gibson
Mercantile Traveller and that
said Robert Bowe Gibson is a (5) person
unsound mind and a proper person to be detained
for 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) Appearance
& melancholic. Tells me
he cannot rest & that every
thing going wrong with him.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Father informs me that since
he from an Asylum in England
has been at times very restless &
unmanageable

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

Name and Medical Designation, John Smith MD &c

Place of Abode, 14 Castle St Dumfries

DATED this 25th day of November One thousand eight
hundred and 86 years.

MEDICAL CERTIFICATE.—No. II.

the undersigned, Joseph Garibaldi Marshall,
(1) Graduate in Medicine of
Glasgow University
being in actual practice as a (2) Physician & Surgeon
by certify, on soul and conscience, that I have this day, at (3) Crichton
Institution, Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
and personally examined (4) Robert Bowe Gibson
and that
said Robert Bowe Gibson is a (5) lunatic
and a proper Person to be detained
for 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 very
depressed thinks he is going
to die & that everything is going
against him

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Brother states he has been
melancholy & depressed.

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

Name and Medical Designation, J G Marshall MB &c

Place of Abode, Dumfries

DATED this 25 day of Nov. One thousand eight
hundred and 86 years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute, of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) John Lawson Gibson, Manufacturer, Maxwelltown, — Certificates under the hands of John Smith, — and Joseph Garibaldi Marshall, 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 Bowe Gibson, Hazelbrook Troqueer, (Petersson), and that the said Robert Bowe Gibson, is a (5) person of unsound mind, and a lunatic, — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Bowe Gibson, — as a Patient to the Crichton Royal Institution for the Insane at Dumfries, 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 Bowe Gibson, 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 this Twenty sixth day of November, One thousand eight hundred and eighty six years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 4753

Name, Robert Bowe Gibson

Date of Admission, 25 Nov. 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries, *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Thomas Mylne Scott, of The Oriental Bank Corporation, London E.C.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William Fleming Scott, late Purser Union S.S. Co. of New Zealand

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

your Petitioner's (4) 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 Fleming Scott to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

T M Scott

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

DATED this 27th (5) day of November One thousand eight hundred and eighty 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,	William Fleming Scott
2. Sex and age,	Male 24 years old
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	late Purser Union Steam Ship Co. of New Zealand
5. Religious Persuasion, so far as known,	
6. Previous place of abode,	16 Durham Terrace Westbourne Park London W
7. Place where found and examined,	
8. Length of time Insane,	since 28th October 1886
9. Whether First Attack,	No. had previous attack
10. Age (if known) on First Attack,	21 years
11. When and where previously under Examination and treatment,	New Zealand
12. Duration of Existing Attack,	one month
13. Supposed Cause,	
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,	T. M. Scott 16 Durham Terrace Westbourne Park. W
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 twenty seventh day of November One thousand eight hundred and six.

(To be signed by the Party applying) T M Scott

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Dryden, ——————,
being (1) Licentiate of the Royal College of Physicians of Edinr.
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries ——————, seen and personally examined
William Henning Scott ——————, 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 Hunter Dryden L.R.C.P.E.

DATED this 27th day of November One thousand eight hundred and eighty six years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

th undersigned, James Hunter Dryden
g (1) Licentiate of the Royal College of Physicians
Surgeons of Edinburgh
be g in actual practice as a (2) General practitioner
by certify, on soul and conscience, that I have this day at (3) 39 Castle
Dumfries
Dumfries separately from any other Medical Practitioner,
ed personally examined (4) Mr William Fleming Scott,
16 Durham Terrace, Westbourne Park, London and that
ai Mr Wm Fleming Scott is a (5) person of
sound mind and a proper person to be detained
er are and Treatment, and that I have formed this opinion upon the following
nc 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) He is very garrulous
and is full of delusions; he says that Queen Victoria
is very anxious to marry him: also that the whole
of London belongs to him; that he is the Supreme Ruler of the Universe.

(6) *State the Facts.*

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

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

Name and Medical Designation, J. Hunter Dryden M.R.C.P.S.Ed

Place of Abode, 39 Castle Street Dumfries.

I TED this 27th day of November One thousand eight
ndr and eighty six years

MEDICAL CERTIFICATE.—No. II.

th undersigned, John Smith
g (1) Graduate in Medicine of Edinburgh
unty
be g in actual practice as a (2) Physician & Surgeon
by certify, on soul and conscience, that I have this day, at (3) the Cristina
of Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
ted and personally examined (4) William Fleming Scott
Durham Terrace Westbourne Park London and that
sa William Fleming Scott is a (5) person
of unsound mind and a proper Person to be detained
ler are and Treatment, and that I have formed this opinion upon the following
une 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) His rambling
Conversation & many delusions
as that the Cristina Lodge Institution
& Hole of China belongs to him

(6) *State the Facts.*

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

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

Name and Medical Designation, John Smith M.D. R.C.

Place of Abode, 14 Castle St Dumfries

I TED this 27th day of November One thousand eight
ndr and eighty six years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I William Young Sherries Shortt Esqu[illegible] Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Scott of the Oriental Bank Corporation [illegible] Certificates under the hands of James Hunter Dr[illegible] and John Smith, being two Medic[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible] Asylums in Scotland," setting forth that they had separately visited and ex[illegible] Fleming Scott (Durham Terrace Westbourne [illegible] Petitioners Brother) and th[illegible] William Fleming Scott is a (5) person of un[illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORI[illegible] receive the said William Fleming Scott as a Patie[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said William Fleming [illegible] 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 this Twenty ninth day of November One thousand [illegible] hundred and eighty six.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

E. H. Shortt

4954

Wm Fleming Scott
admission 27 Nov 1886

Name, John Robert Somerville

Date of Admission, 27 Nov 1886

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.

Sheriff or Steward. Sheriff or Stewartry.

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

The Petition of John Somerville Seapark House Adrishaig humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Robert Somerville 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 John Robt Somerville Patient to the Carleton Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other circumstance which Petitioner holds to Lunatic.

John Somerville

Dated this Twenty Sixth (4) day of November One thousand eight hundred and eighty six.

(4) The date of the Petition must be within four clear days previous 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 Robert Somerville
2. Sex and Age,	Male - forty seven
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation if any),	Medical practitioner
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Foo Chow China
7. Place where Found and Examined,	Ayr
8. Length of time Insane,	Five weeks
9. Whether first Attack,	Has had two attacks of melancholy
10. Age (if known) on first Attack,	Year 1880 — Forty one
11. When and where previously under Examination and Treatment,	Not known
12. Duration of existing Attack,	Five weeks
13. Supposed Cause,	Sun Stroke and intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Becoming so
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 Somerville No
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 Twenty Sixth day of November One thousand eight hundred and 1886

(*To be signed by Party applying*) John Somerville

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, Charles H Skae being a (1) M M D St. Andrews; & L.R.C.S.E and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) No 8 Terrace. Ayr in the Ayr separately from any other Medical visited and personally examined (4) John Robert Somerville Esqr. Doctor of Medicine, 8 Havelock Terr. Ayr the said John Robert Somerville is a (5) an insane person and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) he is restless, excited and incoherent in Speech. He has hallucinations of vision. e.g. he insists that he sees Sultan of Turkey in the room; also other persons; and he labours under delusions such as, that he quite recently travelled in same Railway carriage compartment with the Prince of Wales.

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

Name and Medical Designation, Charles H. Skae

Place of Abode, Glengall Ayr

DATED this 19 day of November One thousand hundred and 86

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 Dobbie being a (1) M D of Edinr. and L R C S E and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) No 1 Havelock Terrace, Ayr in the Ayr separately from any other Medical Practitioner visited and personally examined (4) John Robert Somerville M D the said J R Somerville is a (5) an insane person and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is restless, noisy, incoherent & frequently abusive in talking & becoming destructive & dangerous in his habits. Has delusions of various kinds & hallucinations of sight & hearing.

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

Name and Medical Designation, Robert Dobbie M.D. L.R.C.S.E.

Place of Abode, Ayr

DATED this 26th day of November One thousand eight hundred and eighty six

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.)

the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
ndred and

(1) State medical qualification. (2) State place of examination.

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

William alexander orr Paterson (1) Sheriff Substitute
the (2) County of Ayr
ving had produced to me, with a Petition at the instance of (3) John Somerville
Seapark House Ardrishaig
ertificates under the hands of Charles H Skae M D
nd Robert Dobbie M.D. , being two Medical Persons
uly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
sylums in Scotland," setting forth that they had separately visited and examined (4)
John Robert Somerville and that the said
John Robert Somerville is a (5) insane person

d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said John Robert Somerville as a Patient into the
) Private Asylum of Crichton Dumfries and I authorize
Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

Entd

DATED this 26th day of November One thousand eight
ndred and eighty six

William A O Skae

To the Superintendent of the (7) Private
Asylum of Crichton Royal Institution Dumfries

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

1955

John Somerville

admitted 27 Nov 1886

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) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Murray ——— your Petitioner's (3) Pauper, ——— 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 Murray ——— to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two certificates delivered.

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

(To be signed by the Party applying) Miles Mc Innes

DATED this 30th (4) day of November, One thousand eight hundred and Eighty Six years.

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

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 Murray
2. Sex and Age,	Female 48 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	S. C. Asylum
7. Place where Found and Examined,	Parochial Board Office Dumfries
8. Length of time Insane,	not known.
9. Whether First Attack,	No
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*],	S. C. Asylum — discharged from it 1 day.
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
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,	Dumfries
18. Date of becoming Chargeable,	29th Nov. 1886
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,	James Murray, Father said Lives at Kirktown.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no

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

DATED this 29th day of November, One thousand eight hundred and Eighty Six years.

(To be signed by the Party applying) Miles Mc Innes

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, Joseph Gaibaldi Marshall being a (1) Graduate in Medicine of the 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) 11 Dundas Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Munday the said Margaret Munday is a (5) Person of unsound mind and a proper Person to be taken 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 states she cannot control herself out of the Asylum Complains of pleasant.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ella Wooden states she requires watched Carefully, & D. Rutherford she is mad.

Name and Medical Designation, J. Gaibaldi Marshall M.D.

Place of Abode, Dumfries

DATED this 29 day of November One thousand hundred and 86 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, John Smith being a (1) Graduate in Medicine of the 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) 11 Dundas Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Munday a Pauper the said Margaret Munday 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 manner ideas & appearance. Tells me that she becomes at times excited & cannot control herself. I wish to get back to the Asylum.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr. Rutherford certifies that she is insane & that attendant Ella Wooden states that she requires watching.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle Street

DATED this 29th day of November One thousand hundred and 86 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, Joseph Garibaldi Marshall being (1) Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 11 Queen St. Dumfries in the County of Dumfries, seen and personally examined Margaret Murray, 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.

J. G. Marshall M.B.

DATED this 29th day of November One thousand eight hundred and 86 years.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Horrie Shortt, Honorary Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of Joseph Garibaldi Marshall and John Smith, 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 Murray 11 Queen Street Dumfries (a Pauper) and that the said Margaret Murray is a (5) person of unsound mind and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Murray as a Patient into the Public Asylum of Southern Counties 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 Margaret Murray which accompanied the said Petition.

DATED this Thirtieth day of November One thousand eight hundred and eighty six.

E. H. Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

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

No 4956

Mrs. Margaret Murray

admitted 29 Nov 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
——— *and his Substitutes,—*

(3) Full Name and Designation.

The Petition of (3) Margaret M. Whitelaw
Denton Rectory, Peterborough
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Alice Margaret Forbes
your Petitioner's (4) daughter,
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 Alice Margaret Forbes, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

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

Margt M. Whitelaw

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 30th (5) day of November One thousand eight hundred and Eighty 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,	Alice. Margaret. Forbes.
2.	Sex and age,	Female. 34
3.	Married, Single, or Widowed,	Married.
4.	Condition of Life and previous Occupation (if any),	Lady— No occupation.
5.	Religious Persuasion, so far as known,	Church of Scotland.
6.	Previous place of abode,	Canada.
7.	Place where found and examined,	
8.	Length of time Insane,	
9.	Whether First Attack,	
10.	Age (if known) on First Attack,	30
11.	When and where previously under Examination and treatment,	Morningside— for few wks—
12.	Duration of Existing Attack,	
13.	Supposed Cause,	Excessive indulgence in Drugs. Morphia - Chloralyne &c
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,	Margaret Whitelaw - Denton Rectory, Peterboro' Mother. no Note. Arthur St Quintin Forbes - husband of above Alice Margaret Forbes - deserted her. was last heard of in New York - his present whereabouts unknown.
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 20th day of November. One thousand eight hundred and 86.

(To be signed by the Party applying) Margt M. Whitelaw

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, Attleborough.
2. Character of Education, Under Governess + Boarding School.
3. Is the natural disposition cheerful or melancholy—reserved or frank, Cheerful + Frank.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? Had Puerperal Mania - 4 years ago - has the same since —
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? —
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? Stomach Complaint.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? Excessive + Constant use of Drugs + ... after Birth of her fourth Child —
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? —
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? 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.? —
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? Varied - great depression + delusions in regard to Past + Present
13. What changes have taken place in his bodily symptoms? At times - passively indifferent to personal matters —
14. Is he dirty, destructive, untidy, or obscene? No —
15. Has he threatened or attempted violence to himself? If so, in what way? No
16. Has he threatened or attempted violence to others? If so, in what way? No
17. How long has he been insane? 4 years since first illness

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I the undersigned, Alexander Thomson —

being (1) Doctor of Medicine of the University of Glasgow, and Surgeon — in actual practice as a (2) Physician and Surgeon — hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution — Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Alice Margaret Forbes, presently a voluntary patient in Crichton Institution and that said Mrs Alice Margt. Forbes 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)

(6) *State the Facts.*

She is depressed and melancholy. Suffers from severe pain in head. Avoids sleep and society —

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

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

Told by Dr Rutherford that she came here short time ago, as a voluntary patient and was in Morningside Asylum some years ago —

Name and Medical Designation, Alex Thomson M.D. &c.

Place of Abode, Crichton Royal Dumfries

DATED this Twenty-ninth day of November One thousand eight hundred and Eighty-nine years —

MEDICAL CERTIFICATE—No. II.

I the undersigned, Thomas Davidson —

being (1) Bachelor of Medicine & Master of Surgery Glasgow University — in actual practice as a (2) Physician & Surgeon — hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Mrs Alice Margaret Forbes and that she is a voluntary patient in Crichton Institution and that she is Mrs Alice Margt. Forbes 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)

(6) *State the Facts.*

Talks volubly & incoherently. Has lost all recollection of time - Very much given to laughter when spoken to & again gets very melancholy over same —

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

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

Is very troublesome - dull & depressed & does not sleep. Matron

Name and Medical Designation, Thomas Davidson

Place of Abode, Moorhill

DATED this Twenty ninth day of November One thousand eight hundred and eighty nine years.

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

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substi
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Margar
Whitelaw, Denton Rectory, Peterborou
Certificates under the hands of Alexander Thomson
and Thomas Davidson , being two Medical
duly qualified in terms of an Act, intituled "An Act for the Regulation of the C
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of
Asylums in Scotland," setting forth that they had separately visited and exam
(4) Describe the Patient, and if a Pauper, state so.
Mr Alice Margaret Forbes Crichton Royal Insti Dumfries and that
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
Mr Alice Margaret Forbes is a (5) person of unsound
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE
receive the said Mr Alice Margaret Forbes as a Patient
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith
Medical Certificates, and a Statement regarding the said Mr Alice Marg
which accompanied the said Petition.

DATED this third day of December One thousand
hundred and eighty six.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 1701

Name, Mr Alice Forbes

Date of Admission 3 Dec 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) the Shire of Wigton

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) the Rev William Williamson, minister of Kirkmaiden

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Stewart Williamson

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

your Petitioner's (4) daughter

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 Stewart Williamson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

William Williamson, Manse, Kirkmaiden

(5) The date of the Petition must be within four-and-twenty days following the date of the Medical Certificate.

DATED this sixth (5) day of December One thousand eight hundred and Eighty 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,	Elizabeth Stewart Williamson
2. Sex and age,	Female Forty two
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Lived with her father and mother in Kirkmaiden Manse
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Kirkmaiden Manse
7. Place where found and examined,	The Manse, Kirkmaiden
8. Length of time Insane,	about 2½ months at this time
9. Whether First Attack,	She has had several attacks previously sometimes continuing for months but sometimes getting over them quickly
10. Age (if known) on First Attack,	Twenty nine
11. When and where previously under Examination and treatment,	Parish Doctor of Kirkmaiden
12. Duration of Existing Attack,	About 2½ months with lucid intervals
13. Supposed Cause,	No cause 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. 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,	Father. Rev Wm Williamson Minister of Kirkmaiden No member of family ever known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Father's niece and mother's nephew were both insane W.G.

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

DATED this sixth day of December One thousand eight hundred and Eighty six.

(To be signed by the Party applying) William Williamson, Manse, Kirkmaiden

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Kittmanden Maine
2. Character of Education,	good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	quite steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes, perhaps five times [illegible] and suspicious, very easily [illegible] and showing dislike to [illegible] thinks he is [illegible]
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?	One brother & one sister [illegible] of eleven died of consumption
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	She fancied she was dead [illegible] first attack thirteen years ago [illegible] has been [illegible] the same [illegible]
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.?	Bodily health not good for a time She has now physically strong
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	She [illegible] all her friends [illegible] her away from a gentleman [illegible] She says she is engaged [illegible] denies he ever gave her an [illegible] This constitutes her great delusion
13. What changes have taken place in his bodily symptoms?	No changes in bodily symptoms clean & tidy in her person
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	She said one night [illegible] [illegible] Freemans [illegible] She would [illegible] person [illegible] anybody [illegible] give a [illegible] knife brought [illegible] [illegible]
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	13 years last [illegible] quite well [illegible] at a time

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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,

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Gemmill being a (1) Bachelor of medicine & master in Surgery W.V. Commendation, Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day at (3) The Manse Kirkmaiden Wigton in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Stewart Williamson and that the said Elizabeth Stewart Williamson 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) *(6) State the Facts.*

She is at times under intense excitement and then incoherently jumbles up the most diverse ideas - takes violent dislikes to friends, is starving herself

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Her mother that she threatens to starve herself to death
Her father that she threatened violence towards him, though perfectly [illegible] with him before
Her brother David R. & sister Mary Ellen that sometimes she cannot [illegible] flits from place to place at other times mopes alone

Name and Medical Designation, William Gemmill MB CM

Place of Abode, Drummore

DATED this Fourth day of December One thousand eight hundred and eighty six years —

* The complete change of scenery, the amusements and restraint of an asylum would lend much to her recovery W.G.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Wm McCormack being a (1) a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkmaiden Manse in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elisabeth S. Williamson and that the said Elisabeth S. Williamson 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) *(6) State the Facts.*

Complains that her friends are unkind, when they are quite the reverse is restless, and has at times delusions but still can restrain herself before strangers

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

heard from Mrs Williamson by letter that she broke out into violent paroxysms of rage without cause at times Her Brother John informs me that she thinks she [illegible] ought and could be married to a party at any time but which is quite wrong.

Name and Medical Designation, Wm McCormack L.R.C.S.Ed

Place of Abode, Glenluce

DATED this 7th day of November One thousand eight hundred and Eighty six years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, John Gordon (1) Sheriff Substitute of the (2) County of Wigton having had produced to me, with a Petition at the instance of (3) The Rev Wil[illegible] Williamson Kirkmaiden Certificates under the hands of William Gemmill MBCM Glas. and William McCornack LRCSE, being two Medi[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of th[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible] Asylums in Scotland," setting forth that they had separately visited and ex[illegible] Elizabeth Stewart Williamson and th[illegible] Elizabeth Stewart Williamson is a (5) person of unsound [illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHOR[illegible] receive the said Elizabeth Stewart Williamson as a Patie[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize he[illegible] Transmission to the said Asylum accordingly; and I transmit you herewit[illegible] Medical Certificates, and a Statement regarding the said Elizabeth Stewart W[illegible] 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 this Tenth day of December One thousand eight hundred and eighty six

John Gordon, Sh[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Elizabeth Stewart Williamson

Date of Admission, 6 Dec 1886

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.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries & Galloway ~~of~~ *and his Substitutes,*—

The Petition of C. Finlayson. Inspr of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Wallace a pauper your Petitioner's (3) patient 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 Wallace a pauper to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) Date degree of relationship or other [illegible] in which Petitioner stands to Lunatic.

C. Finlayson

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

DATED this 6th (4) day of December One thousand eight hundred and eighty 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,	Andrew Wallace
2. Sex and Age,	Male – 28 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Cabinet maker.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Kirkcudbright.
7. Place where Found and Examined,	some 12 months
8. Length of time Insane,	first attack.
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	about 12 months.
12. Duration of Existing Attack,	unknown.
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	his threatened to take his life.
15. Whether Suicidal,	yes.
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,	none.
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 Sixth day of December One thousand eight hundred and eighty six

(*To be signed by Party applying*) C. Finlayson

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, Wm Johnstone
being a (1) M. D. of Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Union
Kirkcudbright
Kirkcudbright in
separately from any other Medical
visited and personally examined (4) Andrew Wallace a
the said Andrew Wallace is a (5) Pauper
unsound mind. and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Will not answer the simplest ques

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Mother - Mrs Wallace informs me that he
threatened to take away his life - that he has attacked
some of the people out the street & broken windows
in neighbouring houses, without any provocation.

Name and Medical Designation, Wm Johnstone

Place of Abode, Kirkcudbright

DATED this 4th day of December One thousand eight
hundred and 86.

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 MacMyn
being a (1) Bachelor of Medicine and Master in Surgery
of Edinburgh University and General Practitioner
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Union
Kirkcudbright
Kirkcudbright in
separately from any other Medical
visited and personally examined (4) Andrew Wallace Union
Kirkcudbright, a Pauper,
the said Andrew Wallace is a (5) Pauper
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Will scarcely answer any questions, and
lies in a low melancholy state.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother, Mrs Wallace informs me that
last night without any provocation he broke
window glass - names in the street in which he lives -
that he suspects she poisons his tea; and that
a man who goes with a milk-cart

Name and Medical Designation, John MacMyn

Place of Abode Kirkcudbright

DATED this 4th day of December One thousand eight
hundred and eighty-six.

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, 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.

DATED this day of One thousand eight hundred and

(3) State medical qualification. (4) State place of examination.

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

I, Robert Macartney Gordon (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Certificates under the hands of William Johnstone
and John Maedlyn , 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 Wallace a Pauper, and that the said Andrew 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 Andrew Wallace as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Andrew Wallace which accompanied the said Petition.

DATED this Sixth day of December One thousand eight hundred and eighty five

Rob. Gordon S.S.

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

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

admitted 6 Dec 1886

admitted 6 Dec 1882

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.

Sheriff or Steward. Sheriff or Stewartry.

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

The Petition of Alexander Renton, Inspector of Poor, Crawfordjohn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Kirk, Burnside Cottage, Crawfordjohn under your Petitioner's (3) charge 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 Kirk to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other ground in which Petitioner stands to Lunatic.

Alexander Renton

Dated this Ninth (4) day of December One thousand eight hundred and eighty one

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

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 Kirk
2 Sex and Age,	Female. 29.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Domestic Servant
5 Religious Persuasion, so far as known,	Protestant.
6 Previous Place of Abode,	Burnside Cottages.
7 Place where Found and Examined,	do do.
8 Length of time Insane,	not known.
9 Whether First Attack,	Yes
10 Age (if known) on First Attack,	about 21
11 When and where previously under Examination and Treatment,	Crichton Royal Institution Dumfries
12 Duration of Existing Attack,	not exactly known
13 Supposed Cause,	not known
14 Whether subject to Epilepsy,	— —
15 Whether Suicidal,	no
16 Whether Dangerous to others,	yes
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Crawfordjohn
18 Date of becoming Chargeable,	7th Dec. 1882
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,	James Kirk. Father
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 Ninth day of December One thousand eight hundred and eighty one

(*To be signed by Party applying*) Alexander Renton

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 S Elder
being a (1) Licentiate of the Royal College of Surgeons Edin
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crawfo
Lanark in the
separately from any other Medical Pr
visited and personally examined (4) Agnes Kirk Pauper
Crawford John
the said Agnes Kirk is a (5) Person
Unsound mind and a proper Person to b
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Called at
in a state of great excitement, making
incoherent statements about various pe
under the delusion that she is getting
enemy & talking to herself

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
P. McCulloch Constable tells me that he
a furious attack upon her parents & cursing &
Her father tells me that on being threat
him to break the Crooney &c. They cannot keep her in the
wandering about
At this time she has taken a ticket
to Edinburgh all this she has no friends
there

Name and Medical Designation, James S Elder L.R.C.S.

Place of Abode, Abington

DATED this Seventh day of December One thousand
hundred and Eighty Six 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 Weibe
being a (1) Fellow of the Royal College of Surgeons Edr & Licentiate of the
Royal College of Physicians of Edinburgh
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Cornsid
Crawford John in the Co
Lanark
separately from any other Medical Prac
visited and personally examined (4) Agnes Kirk, a pauper
the said Agnes Kirk a
is a (5) Lunatic
and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She was
in her talk and unsettled in her manner at the time spoken to of
at another time telling one of the Crossing office of Carnwath
to accept, the of them being absent was the offspring of delusions

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

2. Other Facts (if any) indicating Insanity communicated to me by others:
informed me that she frequently separates with a stick and throws
on hand, further told me, that she awakens about both day & night

Name and Medical Designation, Robert Weibe M.D. C.M.

Place of Abode Douglas Lanarkshire

DATED this eighth day of December One thousand
hundred and eighty six

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.)

, the undersigned,
aing (1)
ereby certify, on soul and conscience, that I have this day, at (2)
the County of
, seen and personally examined
, and that the said
erson 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.

DATED this day of One thousand eight
ndred and

(1) State medical qualification. (2) State place of examination.

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

John Blackstock Birnie (1) Sheriff Substitute
the (2) County of Lanark
ving had produced to me, with a Petition at the instance of (3) Alexander
erton, Inspector of Poor of the Parish of Crawford John
ertificates under the hands of James L. Elder L.R.C.P.E. Abington
nd Robert Meikle, F.R.C.S.E. Biggar, being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
eatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
sylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Kirk, Burnside Cottage, Crawfordjohn (Parish) and that the said
Agnes Kirk is a (5) Lunatic

a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ive the said Agnes Kirk as a Patient into the
(6) Crichton Royal Institution Asylum of Dumfries 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 Kirk
which accompanied the said Petition.

DATED this Ninth day of December One thousand eight
hundred and eighty six

J. B. L. Birnie

To the Superintendent of the (7) Crichton Royal Institution
Asylum of Dumfries

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

4960

Agnes Kirk

admitted 10 Dec

1886

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.

...her or Steward. ...hier Stewartry.

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

The Petition of William Kirkland, Inspector of Poor, Kirkconnell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McAdam or Bone your Petitioner's (3) Pauper 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 McAdam or Bone to the Southern Counties' Asylum and to sanction her admission into the said Asylum.

...e degree of ...ship or other ...city which Peti... ...ds to Luna.

William Kirkland

...T date of the ...ost be with... ...n clear days ...the dates of ...cal Certifi...

Dated this Fourteenth (4) day of December One thousand eight hundred and Eighty six.

STATEMENT.

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

...istian Name and Surname of Patient at ...ength,	Margaret McAdam or Bone
...t and Age,	Female. 30 years.
...rried, Single, or Widowed,	Married.
...dition of Life, and previous Occupation (if any),	Domestic. Servant (formerly)
...gious Persuasion, so far as known,	Protestant
...vious Place of Abode,	Kirkconnell
...e where Found and Examined,	
...gth of time Insane,	Eight Days.
...ther First Attack,	Yes.
...(if known) on First Attack,	—
...n and where previously under Examination and Treatment,	—
...tion of Existing Attack,	
...osed Cause,	
...ther subject to Epilepsy,	No.
...ther Suicidal,	No.
...ther Dangerous to others,	No.
...sh or Union to which the Lunatic (if a ...auper) is Chargeable,	Parish of Kirkconnell
...of becoming Chargeable,	14th December 1886
...stian Name and Surname, and Place of ...bode of nearest known Relative of the ...atient, and degree of Relationship (if ...own), and whether any Member of ...amily known to be or to have been In...ne,	William Bone. Kirkconnell village — Husband — No Members of Family ever insane so far as known.
...ial circumstances (if any) preventing the ...sertion of any of the above particulars,	—

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

...ted this Fourteenth day of December One thousand eight hundred and Eighty Six.

(*To be signed by Party applying*) William Kirkland

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 Kay being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkconnell Village Dumfries separately from any other Medical Man visited and personally examined (4) Margaret M'Adam Pauper, Kirkconnell Village the said Margaret M'Adam or Bone is a (5) Person of unsound mind and a proper Person to be 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 excited, states she can do nothing talks constantly in an incoherent manner and is obliged to be fed

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Similar to above, Information from her Friends

Name and Medical Designation, Wm Kay Surgeon

Place of Abode, Sanquhar

DATED this 14th day of December One hundred and eighty six

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, Assistant to Medical Officer being a (1) Bachelor of Medicine and Master in Surgery and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkconnell Village Dumfries separately from any other Medical Man visited and personally examined (4) Margaret Macadam or Bone the said Margaret Macadam or Bone is a (5) person of unsound mind and a proper person to be 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 food. Talks incessantly and incoherently continually repeating "Yes, well, well" She gives no rational reply to any question

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) No other facts have been observed by either husband or mother

Name and Medical Designation, Assistant to Dr Kay

Place of Abode Sanquhar

DATED this fourteenth day of December One thousand hundred and eighty six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Kirkland, Inspector of Poor Kirkconnell
Certificates under the hands of William Kay
and Archibald Davidson — 1 —, 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 McAdam or Bone, Kirkconnell Village and that the said (a pauper,
Margaret McAdam or Bone 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 McAdam or Bone as a Patient into the (6) Public — Asylum of Southern Counties — 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 McAdam or Bone — which accompanied the said Petition.

DATED this Fourteenth day of December One thousand eight hundred and eighty-five.

David Boyle Hope.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

4961

Margaret McAdam
or Bone

admitted 14 Dec 1886

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.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Lynch or McCracken your Petitioner's (2) Pauper 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 Lynch or McCracken to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

(2) The degree of Relationship or other Association which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

DATED this Sixteenth (3) day of December One thousand eight hundred and Eighty Six years.

(3) The date of the Petition must be within fourteen clear days of the dates of 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,	Agnes Lynch or McCracken
2. Sex and Age,	Female 48 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	— Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	61 Friars' Vennel, Dumfries
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	a few weeks
9. Whether First Attack,	Yes
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*],	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	Not known
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,	Dumfries
18. Date of becoming Chargeable,	15th Dec. 1886
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 Riddick, Son, resides at 61 Friars Vennel. No
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 15th day of December One thousand eight hundred and Eighty Six years

(*To be signed by the Party applying*) Miles McInnes

P. p.

Inspector of Poor

Dumfries

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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine 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) 61 Friars Bonel Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Lynch or McCracken a pauper the said Agnes Lynch or McCracken 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) She has delusions. States that she is for people looking through the Complains of some one looking at her to kill her

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Friends state she has attempted to get away to drown herself

Name and Medical Designation, J J Marshall M.B.

Place of Abode, Dumfries

DATED this Fifteenth day of December One thousand eight hundred and eighty six 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, John Smith being a (1) Graduate in Medicine 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) 61 Friars Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Lynch or McCracken a pauper at the said Agnes Lynch or McCracken is a (5) lunatic 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 rambling incoherency of speech that people are about her to kill her.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Neighbours inform me that she has threatened to drown herself

Name and Medical Designation, J Smith M.D.

Place of Abode 14 Castle Douglas

DATED this 15th day of Dec. One thousand eight hundred and 86 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 Smith
being (1) A Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 61 Friars Vennel, Dumfries
in the County of Dumfries seen and personally examined
Agnes Lynch or McCracken, 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.

J Smith. MD &c

DATED this 15th day of Decr One thousand eight hundred and 86 years.

(1) State medical qualification. (2) State place of examination.

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

I David Boyle Hope, Esqr. (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor, Dumfries
certificates under the hands of Joseph Garabaldi Marshall M.B.C.M.,
and John Smith, M.D. &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)
Agnes Lynch or McCracken, widow, 61 Friars Vennel, Dumfries, a Pauper and that the said
Agnes Lynch or McCracken is a (5) lunatic a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Lynch or McCracken as a Patient into the (6) Public Asylum of Southern Counties 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 Lynch or McCracken, which accompanied the said Petition.

DATED this Sixteenth day of December One thousand eight hundred and eighty six years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

---

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

4962

Agnes Lynch or
Mc Cracken

admission 15 Dec 1886

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.

Sheriff's Steward. Sheriff's Stewartry.

Unto the Honourable the (1) Sheriff of Galloway *of the* (2) Dumfries and *and his Substitutes,—*

The Petition of Thomas Kennedy Inspector of Poor Stoneykirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Kilpatrick, committed of Stranraer poor House

State degree of Kinship or other reason which Petitioner states to Lunacy.

your Petitioner's (3) pauper 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 Kilpatrick to the Southern Counties Asylum and to sanction the admission into the said Asylum.

Thomas Kennedy

DATED this thirteenth (4) day of December One thousand eight hundred and eighty six

(1) The date of the Petition not to be within fourteen 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.

Christian Name and Surname of Patient at length,	Marion Kilpatrick
Sex and Age,	Female, 54 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Wigtownshire Poorhouse Stranraer
Place where Found and Examined,	Wigtownshire Poorhouse Stranraer
Length of time Insane,	20 years
Whether First Attack,	First
Age (if known) on First Attack,	34
When and where previously under Examination and Treatment,	In Lunatic Wards of Poorhouse and Prior in S. C. Asylum
Duration of Existing Attack,	20 years
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	Stoneykirk
Date of becoming Chargeable,	14 may 1866
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,	—
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 thirteenth day of December One thousand eight hundred and eighty six

(To be signed by Party applying) Thomas Kennedy 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, Thomas Larkin
being a (1) Bachelor of Medicine & Master in S
and being in actual practice as a (2) general Practitio
hereby certify, on soul and conscience, that I have this day, at (3) Poor
Strawar
Westown in th
separately from any other Medical
visited and personally examined (4) Marion Kirkpat
the said Marion Kirkpatrick is a (5) perso
unsound mind and a proper Person to
under Care and Treatment, and that I have formed this opinion upon th
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She speaks very incoherently when sh
which is seldom.

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

2. Other facts (if any) indicating Insanity communicated to me by othe
Female attendant, states she is violen
(Agnes Henderson)
other inmate of ward especially during
She is uncontrollable

Name and Medical Designation, Thomas Larkin
M B.

Place of Abode, Strawar

DATED this 13th day of Dec One the
hundred and Eighty six

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, Hughfoctorgan
being a (1) Licentiate of the Royal College of Physicia
a Licentiate of the Faculty of Physicians
and being in actual practice as a (2) general practitione
hereby certify, on soul and conscience, that I have this day, at (3) the
Poorhouse, Strawar in th
Westown separately from any other Medical
visited and personally examined (4) Marion Kirkpatrick
a pauper in said Poorhouse
the said Marion Kirkpatrick is a (5) perso
of unsound mind and a proper person to
under Care and Treatment, and that I have formed this opinion upon th
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) appeared
and treated by asking her questions she
not answer but rushed out of th

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

2. Other Facts (if any) indicating Insanity communicated to me by othe
Miss Henderson, the female attendant, state
she has become outrageous lately and
to the other inmates. Breaking furniture
throwing articles about the wards.

Name and Medical Designation, Hughfoctorgan
L.R.C.P. & S.

Place of Abode Strawar

DATED this fourteenth day of December One thou
hundred and eighty six.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William McGibbon Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor Stoneykirk Certificates under the hands of Thomas Easton and Hugh Cochrane and Surgeons in Stranraer, 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 Kilpatrick an inmate of Stranraer poor house and that the said Marion Kilpatrick 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 Kilpatrick as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Kilpatrick which accompanied the said Petition.

DATED this fifteenth day of December One thousand eight hundred and eighty six

W. McGibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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

Admission 18 Dec 1886

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 Ayr *and his Substitutes,*—

The Petition of Agnes McKee or Gilmour, farmer & saleswoman, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Gilmour, farmer, freeholder, 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 Gilmour to the Royal Crichton Institute Dumfries and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) Agnes Gilmour

DATED this Twentieth (4) day of December One thousand eight hundred and eighty six

(4) The date of the Petition must be within six 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,	David Gilmour
2.	Sex and Age,	Male 60.
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Farmer
5.	Religious Persuasion, so far as known,	Presbyterian
6.	Previous Place of Abode,	Greenbank
7.	Place where Found and Examined,	Greenbank
8.	Length of time Insane,	Two weeks
9.	Whether First Attack,	First
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*],	—
12.	Duration of Existing Attack,	Two weeks
13.	Supposed Cause,	Concern about his soul
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,	Petitioner —
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this Twentieth day of December One thousand eight hundred and eighty six

(To be signed by the Party applying) Agnes Gilmour

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 William Macfarlane being a (1) Doctor of Medicin & Master in Surgery of the Royal College of Physicians of Edin and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Farm. in the Parish of Galston in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) David Gilmour Farmer. Greenbank and the said David Gilmour 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 great concern about his Soul. thinks that he is the most wicked man that ever lived. & that God is about to afflict him by killing him, that his family are all wicked in a like manner. His appearance is melancholy & dejected.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother William - that he is much changed, is sleepless to be seen, thinks his farm is to be burnt up that he wishes his coffin & grave prepared for his burial

Name and Medical Designation, Alex Macfarlane M.D.

Place of Abode, Kilmarnock

DATED this 17 day of Dec. One thousand eight hundred and 86

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, Josias Jago 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) Greenbank farm, in Galston parish in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) David Gilmour Farmer, Greenbank and the said David Gilmour 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 extreme religious melancholy: says he is the worst of sinners & that God is about to call him to judgment after a sudden death. He is suspicious extremely morose, despairingly despondent: and says he is at times not responsible. Unable to converse rationally

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife, & his brother William tell that he sleeples, starts suddenly up from bed, has talked himself raving & speechless & expostulations, groans & is rambling way for hours & has been violently at times.

Name and Medical Designation, Josias Jago M.B.

Place of Abode David, Ayr

DATED this 18th day of December One thousand eight hundred and 86

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, David Stall (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of Alexander William Macfarlane and Josias Lago, 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 Gilmour, Farmer, Greenbank and that the said David Gilmour 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 Gilmour as a Patient into the (6) Royal Creighton Asylum of Dumfries 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 Gilmour which accompanied the said Petition.

DATED this Twentieth day of December One thousand eight hundred and eighty six

David Stall

To the Superintendent of the (7) Royal Creighton
Asylum of Dumfries

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

4964

David Gilmour

admitted 20 Decr 1886

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

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

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at ~~Dumfries and his Substitutes~~,

(3) Insert Name and Designation.

The Petition of (3) Revd John Smallpiece, of Bees Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Milicent Agnes Smallpiece, ——

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

your Petitioner's (4) 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 Milicent Agnes Smallpiece, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Smallpiece

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

DATED this 29th —— (5) day of December —— One thousand eight hundred and eighty 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,	Milicent Agnes Smallpiece
2.	Sex and age,	Female - 52 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life and previous Occupation (if any),	Wife of Clergyman
5.	Religious Persuasion, so far as known,	Episcopalian
6.	Previous place of abode,	at Bees, Cumberland
7.	Place where found and examined,	
8.	Length of time Insane,	3 days this attack
9.	Whether First Attack,	No
10.	Age (if known) on First Attack,	34 years
11.	When and where previously under Examination and treatment,	Laverstock, Fuelrook, Crichton
12.	Duration of Existing Attack,	3 days
13.	Supposed Cause,	Previous attacks
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.	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,	Revd John Smallpiece at Bees, Cumberland (Husband)
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 29th day of December One thousand eight hundred and eighty six

(To be signed by the Party applying) John Smallpiece

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Liverpool
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Yes - steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes - twice before
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Not one
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?	Father - tropsy (Cardiac) Mother - old age
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	
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.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Yes
17. How long has he been insane?	three days —

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 Hunter Dryden being (1) Licentiate of the College of Physicians of Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Meliant Agnes Smallpiece, 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 Hunter Dryden Lic.

DATED this 28th day of Decr one thousand eight hundred and 86 years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

th undersigned, Thomas Ferguson
ng (1) Graduate of Edin University

I be g in actual practice as a (2) General Practitioner
eby ertify, on soul and conscience, that I have this day at (3) 27 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner,
ited nd personally examined (4) Melicent Agnes Smallpiece and that
sai Melicent Agnes Smallpiece is a (5) person of unsound mind and a proper person to be detained
ler are and Treatment, and that I have formed this opinion upon the following
und 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) *(6) State the Facts.*
She is excited & restless — Shouting & laughing & running about with outstretched arms & hair flying about loose — She never cease talking

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*
By her husband That she has been very nervous & excited & rushing about & talking nonsense.

Name and Medical Designation, Thomas Ferguson MB & Chm

Place of Abode, 22 Castle St Dumfries

ITED this twenty Eighth day of Decr One thousand eight
nd l and eighty six.

MEDICAL CERTIFICATE.—No. II.

, th undersigned, James Hunter Dryden
ng (1) Licentiate of the Royal College of Physicians of Edinburgh &c
d be g in actual practice as a (2) General practitioner
eby ertify, on soul and conscience, that I have this day, at (3) 39 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner,
ited nd personally examined (4) Melicent Agnes Smallpiece, of S. Bees, Carnforth, Cumberland and that
e sa Millicent Agnes Smallpiece is a (5) person of unsound mind and a proper Person to be detained
ider are and Treatment, and that I have formed this opinion upon the following
oun, 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) *(6) State the Facts.*
She is very excited and boisterous, she talks wildly and incoherently, occasionally shouts & sings, & comforts herself very indicently —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*
By her husband — She has had previous residence in an asylum —

Name and Medical Designation, J Hunter Dryden LRCP & Ed

Place of Abode, 39 Castle Street, Dumfries —

ITED this 28th day of Decr One thousand eight
hund l and eighty six years —

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 Stewartry.
(3) Insert Name and Designation.

I, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Reverend John Smallpeice, St Bees, Cumberland Certificates under the hands of Thomas Ferguson, and James Hunter Dryden, 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 Milicent Agnes Smallpeice, St Bees Cumberland (Bees Hyd) and that the said Milicent Agnes Smallpeice, 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 Milicent Agnes Smallpeice, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Milicent Agnes Smallpeice 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 this Thirtieth, day of December One thousand eight hundred and eighty six years.

David Boyle Hope

To the Medical Superintendent of the Public,
Crichton Royal Institution, Dumfries.

No. 4 9 [illegible]

Name, Milicent Agnes Smallpeice

Date of Admission, 28 December 1886

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. Shire-Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ~~of the~~ (2) ~~County~~ *of* Dumfries Galloway *and his Substitutes,*

The Petition of Robert Wright Mason, Lochenbrigg,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Anderson

your Petitioner's (3) father-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 Thomas Anderson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of relationship or other authority which Petitioner avers to Lunatic.

Robert Wright

DATED this fourth (4) day of January — One thousand eight hundred and eighty seven.

(4) The date of the Petition must be within four clear days within 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,	Thomas Anderson
2. Sex and Age,	Male — 68
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation if any),	Granny master.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochenbrigg
7. Place where Found and Examined,	Lochenbrigg
8. Length of time Insane,	Fortnight
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Over twenty years ago
11. When and where previously under Examination and Treatment,	Several times in Southern Counties Asylum
12. Duration of Existing Attack,	Fortnight
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not very
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,	Georgina Rose Ford Anderson — Wife. Geo — daughter —
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 fourth day of January — One thousand eight hundred and eighty seven

(*To be signed by Party applying*) Robert Wright

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edin. University, and
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) ~~Dalbeattie~~ Lochanbeggs
Dumfries — separately from any other Medical
visited and personally examined (4) Thomas Anderson
the said Thomas Anderson — is a (5) person of
unsound mind — and a proper Person to be
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 He is very excited noisy, preaching & praying incessantly
2 Suspicious he has contracted to build a railway from Brattonfield to
3 Says he can feed his horse on tea & that it can travel
ten hours and miles an hour.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By his wife } That he has visited now for several days
has been altogether unmanageable

Name and Medical Designation, Thomas Ferguson M.B.
Place of Abode, 22 Castle St Dumfries

DATED this fourth day of January, One thousand eight
hundred and eighty seven.

(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, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum, Dumfries, — in the
Dumfries — separately from any other Medical
visited and personally examined (4) Thomas Anderson, Incurable
Lochanbeggs, parish of Dumfries —
the said Thomas Anderson — is a (5) person of
unsound mind — and a proper person to be
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 very excited
and incoherent, he is full of delusions as to
that he is in possession of the largest diamond in the
world, that he found it while constructing a railway
at Bealtock, to allow the fleet to come inland &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He has been previously an inmate of the
Southern Counties Asylum — information from
his attendant —

Name and Medical Designation, Hunter Dryden M.B.
Place of Abode 39 Castle Street, Dumfries

DATED this fourth — day of January One thousand eight
hundred and eighty seven years. —

(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, Thomas Ferguson being (1) graduate of Edinr University, in medicine hereby certify, on soul and conscience, that I have this day, at (2) Locharbriggs in the County of Dumfries, seen and personally examined Thomas Anderson, 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.

Thomas Ferguson M.B. & C.M.

DATED this fourth day of January One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

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

I, David Boyle Hope, (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Wright, Mason, Locharbriggs, Certificates under the hands of Thomas Ferguson and James Hunter Dryden, 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 Anderson, Carrymaster, Locharbriggs, Petts for the Island, and that the said Thomas Anderson, 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 Anderson as a Patient into the (6) Public Asylum of Southern Counties 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 Thomas Anderson, which accompanied the said Petition.

DATED this Sixth day of January One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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

4966

Thomas Anderson

admitted 4 Jany 1887

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.

Sheriff or Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of James Kelly Inspector of Poor Parish of Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Thomson, residing at Hanover Street Stranraer, (a Pauper)

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 Jessie Thomson — to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

James Kelly

This date of the Petition must be within three clear days following the dates of the Medical Certificates.

DATED this third (4) day of January One thousand eight hundred and eighty seven.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Jessie Thomson
Sex and Age,	Female - 29
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Single - Shop Keeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Hanover Street Stranraer
Place where Found and Examined,	County Buildings Stranraer
Length of time Insane,	Not Known
Whether First Attack,	Yes
Age (if known) on First Attack,	29
When and where previously under Examination and Treatment,	Never before under treatment
Duration of Existing Attack,	Not Known
Supposed Cause,	Do
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
Date of becoming Chargeable,	30 January 1887
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 Jane Finlayson (Cousin) 1 Portpatrick Road Stranraer
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 third day of January One thousand eight hundred and eighty seven.

James Kelly

(To be signed by 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.

(6) *State the facts.*

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

I, the undersigned, High Cochrane being a (1) Graduate of the Royal College of Physicians and a Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Buildings, Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jessie Thomson the said Jessie Thomson is a (5) person of unsound Mind and a proper Person to be dealt with under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Quite incoherent in her appearance and answers given in an offensive manner.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sergt McMeiken states that for some time she has been troublesome from time to time throwing bottles out of her house & creating disturbances. Suicidal

Name and Medical Designation, H. Cochrane

Place of Abode, Stranraer

DATED this third day of January One hundred and eighty seven.

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, Alexander William Dalgarno being a (1) graduate of Aberdeen University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) County Buildings, Stranraer Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jessie Thomson the said Jessie Thompson is a (5) person of unsound mind and a proper person to be dealt with under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Continues talking to herself continually, the face has an excited appearance and is constantly complaining of persons annoying her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours complain of her breaking windows, throwing bottles & stones & threatening to kill herself.

Name and Medical Designation, A.W. Dalgarno M.B.Ch.B.

Place of Abode 17 Lewis Street Stranraer

DATED this third day of January One thousand eight hundred and Eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

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

I, William M'Gibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally
Inspector of Poor Stranraer
Certificates under the hands of Hugh Cochrane Physician & Surgeon Thurso
and Alexander William Dalgarno Physician Thurso, 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 Thomson residing in Thurso Street Thurso, and that the said
Jessie 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 Jessie Thomson as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Thomson which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and eighty seven

W. M'Gibbon
Sheriff Substitute

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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

4967

Jessie Thomson

admitted 2 Jan 1887

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.

Sheriff or Steward. Shiriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes,—*

The Petition of George Hunter, Inspector of Poor, Tongland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Mac Mahon your Petitioner's (3) Pauper 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 McMahon to the Southern Counties' Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other reaction which Petitioner stands to Lunatic.

George Hunter

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

DATED this 3rd (4) day of January One thousand eight hundred and eighty seven.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Mary McMahon
Sex and Age,	Female — 44 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Wife of agricultural labourer
Religious Persuasion, so far as known,	Protestant - (husband R.C.)
Previous Place of Abode,	Nunton - Borgue
Place where Found and Examined,	Queenshill Lodge. Ringford
Length of time Insane,	about 10 weeks not in her usual spirits
Whether First Attack,	Yes.
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	About 10 weeks.
Supposed Cause,	?
Whether subject to Epilepsy,	No
Whether Suicidal,	No, so far as known to me
Whether Dangerous to others,	Doubtful
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tongland in the meantime
Date of becoming Chargeable,	1st January 1884
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,	Thomas Airlie. Queenshill Lodge. Father. Not known
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 3rd day of January One thousand eight hundred and eighty seven

(*To be signed by Party applying*) George Hunter

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 Macmyn being a (1) Bachelor of medicine and master of [illegible] in the University of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Queenshill Yongland in the County of Kirkcudbright separately from any other Medical [illegible] visited and personally examined (4) Mrs McMahon, a [illegible] residing at Queenshill Yongland the said Mrs McMahon is a (5) person of unsound mind and a proper Person [illegible] under Care and Treatment, and that I have formed this opinion upon [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Suffers from delusions of various kinds - tells that the Devil is in her that she saw her in Hell. in short has the characteristic symptoms religious mania and melancholia.

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

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

Her daughter and mother tell me of delusions she has had. Her daughter told me once she wanted a knife to open herself up in order to out the Devil

Name and Medical Designation, John Macmyn [illegible]

Place of Abode, Kirkcudbright

DATED this 1st day of January One thousand eight hundred and eighty-seven.

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 Swanston Spence Reid being a (1) Bachelor of medicine & master of [illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Queenshill Yongland in the County of Kirkcudbright separately from any other Medical [illegible] visited and personally examined (4) Mary McMahon, [illegible] Queenshill Lodge Yongland the said Mary McMahon is a (5) person of unsound mind and a proper person [illegible] under Care and Treatment, and that I have formed this opinion upon [illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Suffers from delusions of various kinds - Says she is in hell & that the Devil is in her and tempts her to say bad thing. & do wicked acts. She is very [illegible] & has religious melancholy.

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

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

by Wm Ainslie I was told that she had been in a depression for weeks - & would hardly speak to anyone & told her as she told me above that she was in hell &c.

Name and Medical Designation, W. S. Reid

Place of Abode Oakley. Kirkcudbright

DATED this 1st day of January One thousand eight hundred and eighty seven.

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.)

, the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
erson 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.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

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

I, (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) George Hunter
Inspector of Poor Tingland
Certificates under the hands of John Macmyrne
and W. S. S. 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)
Mary McMahon a pauper and that the said
Mary McMahon 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 McMahon as a Patient into the (6) Southern Counties Asylum of Dumfries 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 McMahon which accompanied the said Petition.

DATED this third day of January One thousand eight hundred and eighty seven

Robin Gordon S S

To the Superintendent of the (7) Southern Counties.
Asylum of

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

4968

Mary McMahon

Admitted 4 Jan: 1884

4968

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.

Sheriff Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff ——— *of the* (2) ~~County~~ *of* Dumpies & Galloway, *and his Substitutes,*—

The Petition of James Hay, Inspector of Poor, Hutton & Corrie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Halliday (a Pauper) ——— your Petitioner's (3) ~~charge~~ Pauper ——— 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 Jean Halliday, ——— to the Southern Counties Asylum ——— and to sanction her admission into the said Asylum.

James Hay

Sta degree of tione or other city i which Peti- r ata s to Luna

DATED this ~~3d~~ Seventh (4) day of January, ——— One thousand eight hundred and eighty seven -

) The ate of the tion not be with- orted clear days wing e dates of Medical Certifi- s.

STATEMENT.

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

Christian Name and Surname of Patient at length,	Jean Halliday
Sex and Age,	Female 73 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Agricultural labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Boreland
Place where Found and Examined,	"
Length of time Insane,	About 14 years.
Whether First Attack,	Third Attack
Age (if known) on First Attack,	59? and previously
When and where previously under Examination and Treatment,	Southern Counties Asylum
Duration of Existing Attack,	From Decr 17th 1886
Supposed Cause,	Live
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hutton & Corrie Dumpies shire.
Date of becoming Chargeable,	June 3rd 1862.
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,	Mary Young. M. S. Halliday (Married sister) Johnsfield Lockerbie. -
Special circumstances (if any) preventing the insertion of any of the above particulars,	In general too filthy.

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

DATED this 3d ——— day of January ——— One thousand eight hundred and eighty-seven (1887)

(*To be signed by Party applying*) James Hay

Inspector of Poor
Hutton & Corrie

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, Walter Sandeman Bachelor in Medicine [illegible] being a (1) of Surgery of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Borland in the [illegible] Dumfries separately from any other Medical P[illegible] visited and personally examined (4) Jean Hallid[illegible] the said ~~woman~~ ~~person~~ is a (5) insane person, and a proper Person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusi[illegible] about "a man" who has no existence. Says "That woman has a man & [illegible] gets all she wants".

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

2. Other facts (if any) indicating Insanity communicated to me by other (7) Mrs Beattie Borland, says she cries & grans[illegible] someone to bring her a man, creating [illegible] noise late at night & in early morning.

Name and Medical Designation, Walter Sandeman

Place of Abode, Dr Maclachlan's, [illegible]

DATED this 2nd day of Jany One thousand eight hundred and eighty seven.

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 Irving being a (1) M.A. M.B. C.M. of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Barland, Hutton in the [illegible] Dumfries separately from any other Medical P[illegible] visited and personally examined (4) Jean Holliday, a pauper Barland, Hutton, and the said Jean Holliday, is a (5) Person of Unsound Mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly crying out that she is dying of love for certain individuals & cries for them to be brought [illegible] & is very restless, & changeable.

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

2. Other Facts (if any) indicating Insanity communicated to me by other (7) Mrs Beattie Barland informs me that Jean Holliday rest neither day nor night, but [illegible] crying for a certain individual.

Name and Medical Designation, George Irving [illegible]

Place of Abode Lockerbie.

DATED this Third day of January One thousand eight hundred and seven

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 Fraser
being (1) Bachelor of Medicine and Master in Surgery of Edin. University
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Jean Halliday, a pauper, 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.

Thomas Fraser. M.B.

DATED this fourth day of January One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

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

I, William Young Harries Shortt, Honorary Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Hay Inspector of Poor, Hutton & Corrie,
Certificates under the hands of Walter Sandeman,
and George Irving, 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) Jean Halliday Boreland, Hutton, (a Pauper) and that the said Jean Halliday is a (5) insane person, a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jean Halliday as a Patient into the (6) Public Asylum of Southern Counties 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 Jean Halliday which accompanied the said Petition.

DATED this Seventh day of January, One thousand eight hundred and eighty seven.

W. H. Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

---

(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.
(7) Public, District, Parochial, *or* Private.

4969

Jean Halliday

admitted 4 Jany 1884

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-Shire Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of David Wallace Inspector of Poor Kirkcolm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Fraser your Petitioner's (3) Pauper 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 Fraser to the Dumfries and Southern Counties Asylum and to sanction her admission into the said Asylum.

David Wallace

(3) State degree of relationship or other agency which Petitioner stands to Lunatic.

DATED this Fourth (4) day of January One thousand eight hundred and Eighty Seven

(4) The date of the Petition not to be within three clear days preceding the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Margaret Fraser
Sex and Age,	Female 40 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Needle Woman
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkcolm
Place where Found and Examined,	Wigtownshire Combination Poor House Stranraer
Length of time Insane,	unknown
Whether First Attack,	First
Age (if known) on First Attack,	40 years
When and where previously under Examination and Treatment,	Wigtownshire Combination Poor House Stranraer
Duration of Existing Attack,	4 days
Supposed Cause,	unknown
Whether subject to Epilepsy,	yes
Whether Suicidal,	doubtful
Whether Dangerous to others,	sometimes
Parish or Union to which the Lunatic (if a pauper) is Chargeable,	Kirkcolm Parish Wigtownshire
Date of becoming Chargeable,	26th Feby 1886
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 Fraser daughter inmate Southern Counties Asylum Dumfries
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 Fourth day of January One thousand eight hundred and Eighty Seven

(*To be signed by Party applying*) David Wallace

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, Andw B Fulton being a (1) Bachelor of Medicine & Master of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Poorhouse Stranraer in the Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Fraser, a pauper in above-mentioned Poorhouse Stranraer and the said Margaret 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

a. Inability to continue a connected conversation
b. Her constant restlessness, always sorting her dress
c. Muttering & singing without reason or rhyme —
d. Want of decency in talk at times.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr. Reid, Governor of Poorhouse states that threatened to destroy herself & has been found in pitious conditions quite lately. He also states that she [illegible] the male inmates with numerous intentions

Name and Medical Designation, Andw B Fulton

Place of Abode, Hanover House, Stranraer

DATED this ~~twentieth~~ day of December One thousand eight hundred and eighty six.

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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Co[illegible] Poorhouse. Stranraer in the Wigtown separately from any other Medical Practitioner visited and personally examined (4) Margaret Fraser, a pauper in combination Poorhouse, Stranraer and the said Margaret 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Muttering and talking to herself. Answers questions 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)

Helen McLean states she is [illegible] and for days talks nonsense, when asking her questions she replies in a stupid manner

Name and Medical Designation, Hugh Cochrane [illegible]

Place of Abode Stranraer

DATED this twenty ninth day of December One thousand eight hundred and eighty six

No. I.

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.)

, the undersigned,
sing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
undred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

, William M'Gibbon Esquire (1) Sheriff Substitute
f the (2) County of Wigtown
aving had produced to me, with a Petition at the instance of (3) David Wallace
Inspector of Poor Kirkcolm
Certificates under the hands of Andrew B. Fulton
and Hugh Cochrane both Surgeons in Stranraer, being two Medical Persons
uly 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 Fraser an inmate of the Combination Poor House Stranraer and that the said
Margaret Fraser is a (5) person of unsound mind
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eceive the said Margaret Fraser as a Patient into the
) public Asylum of Southern Counties Asylum Dumfries and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said Margaret Fraser
which accompanied the said Petition.

DATED this Fourth day of January One thousand eight
undred and eighty seven years
[illegible]
W. M'Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, or Private.

4940

Margaret Fraser

admitted 5 Jan 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (1) Sheriff or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) ~~Midlothian~~ Dumfries and Galloway ——*and his Substitutes,*—

(3) Insert Name and Designation

The Petition of (3) John Shennan 12 Sylvan Place, Grange, Edinburgh.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that The Reverend Alexander Shennan, ——

(4) State degree of Relationship, or other capacity in which Petitioner stands thereanent

your Petitioner's (4) 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 Alexander Shennan, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

John Shennan

(5) The date of the Petition must be within four-teen days following the date of the Medical Certificates

DATED this fifth — (5) day of January One thousand eight hundred and eighty seven 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,	Alexander Shennan
2. Second age,	61 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Clergyman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	Bathgate
7. Place where found and examined,	Edinburgh
8. Length of time Insane,	Two months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Affection caused by heart attack accompanied by rumour and charge connected with girls.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suspected
16. Whether Dangerous to others,	Not yet shewn but manner gives rise to suspicions
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 Shennan, 12 Sylvan Place, Grange, Edinburgh. Son. No
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 fifth day of January, One thousand eight hundred and eighty seven years.

(To be signed by the Party applying)..... John Shennan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Edinburgh
2. Character of Education,	College
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady; great reader, has large [illegible]
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No
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?	Father, Heart-disease. Mother, [illegible] Affection of the heart.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Attack of heart disease 5 yrs ago [illegible] have affected health.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	A growing dullness and absentmindedness attributed to slight deafness. Irritable.
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.?	Marked falling off in flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Melancholy and reserved manner rather coming more pronounced.
13. What changes have taken place in his bodily symptoms?	Appearance greatly altered; much [illegible] to heart attack, referred to, was of [illegible]
14. Is he dirty, destructive, untidy, or obscene?	Become dirty and untidy.
15. Has he threatened or attempted violence to himself? If so, in what way?	Has asked that certain medicines [illegible] be hidden away also that cutlery be [illegible] lifting window &c
16. Has he threatened or attempted violence to others? If so, in what way?	No: though suspected.
17. How long has he been insane?	Difficult to fix date, but certain [illegible] week of November 1886.

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 Duncan, being (1) M.D. Ed., hereby certify, on soul and conscience, that I have this day, at (2) 12 Sylvan Place in the County of Midlothian, seen and personally examined Alexander Sherman, 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.

Alex Duncan

*Dated this Fourth day of January One thousand eight hundred and Eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, th undersigned, Alexander Peddie
ing (1) Fellow of the Royal College of Physicians Edinburgh
nd be g in actual practice as a (2) Physician
ereby ertify, on soul and conscience, that I have this day at (3) 12 Sylvan Place in the County of Mid Lothian separately from any other Medical Practitioner, isited nd personally examined (4) the Revd Alexander Sherman lon of Bathgate now residing at Sylvanthe and that he sai Revd Alexander Sherman, is a (5) person of unsound mind, and a proper person to be detained nder are and Treatment, and that I have formed this opinion upon the following roun 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)

(6) *State the Facts.*

Self accusation as to impropriety of conduct, and dishonest actions, which I believe to have no foundation in truth, or at least highly exaggerated; — as also having sinned against the Holy Ghost, and as a blasphemer beyond redemption.
His aspect is that of very marked Melancholia, and deep despair.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

The above, also Extreme restlessness; insomnia; at times refusing food; at other times suppose it to contain poison; and suspected to have intended suicide.

Name and Medical Designation, A. Peddie Mrd: F.R.C.P.E: &c

Place of Abode, 15 Rutland Street

ATED this Fourth day of January One thousand eight hund d and eighty seven.

MEDICAL CERTIFICATE.—No. II.

, t undersigned, Alex Pirrclair
eing (1) Doctor of Medicine Edinr.
nd be g in actual practice as a (2) Physician
ereb ertify, on soul and conscience, that I have this day, at (3) 12 Sylvan Place Edinburgh in the County of Midlothian separately from any other Medical Practitioner, isited nd personally examined (4) The Rev. Alexander Sherman and that he sai Rev. Alexander Sherman is a (5) person of unsound mind and a proper Person to be detained under are and Treatment, and that I have formed this opinion upon the following groun, 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)

(6) *State the Facts.*

Exhibits great despondency of manner. Has decisions that he has ruined pecuniarily all his relatives. States that blasphemous thoughts run in his mind, and that the infernal spirit may tempt him to commit suicide.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Trip states that he has insomnia, has become tidy and dirty in his personal habits. occasionally in food, is suspicious of poisoning. and is subject to fits of silence, in which he wanders about the house calling Oh. dear!

Name and Medical Designation, Alex Pirrclair M.D. F.R.C.P.E.

Place of Abode, 21 Northumberland St.

ATED this Fourth day of January One thousand eight hund d and eighty seven.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shortt Henry (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Thom[illegible] 12 Sylvan Place, Grange, Edinburgh, Certificates under the hands of Alexand Geddie, and Alexander James Sinclair, being two Medical Pers[illegible] 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 [illegible] The Revd. Alexander Shennan, 12 Sylvan Place, Edinburgh, and that the [illegible] The Revd Alexander Shennan, 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 Revd Alexander Shennan, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Revd. Alexander Sh[illegible] 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 this Seventh day of January, One thousand eight hundred and eighty seven.

C.M.K.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

[signature]

Name, Revd Alexr Shennan

Date of Admission, 5 January 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Shire of Dumfries and Galloway
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) James Wightman, Farmer, South Mains, Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Wightman your Petitioner's (4) 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 Margaret Wightman to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this Seventh (5) day of January One thousand eight hundred and eighty seven. (1884).

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 Wightman
2.	Sex and age,	F. 38 years.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life and previous Occupation (if any),	Farmers daughter.
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous place of abode,	South Mains. Sanquhar
7.	Place where found and examined,	Do. Do.
8.	Length of time Insane,	Upwards of Fifteen Years
9.	Whether First Attack,	Yes.
10.	Age (if known) on First Attack,	
11.	When and where previously under Examination and treatment,	never previously under treatment.
12.	Duration of Existing Attack,	Upwards of Fifteen years.
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.	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,	James Wightman. Farmer. South Mains. Sanquhar — Brother.
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 January One thousand eight hundred and eighty seven

(To be signed by the Party applying) James Wightman

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - South Africa, Somewhere
2. Character of Education, - - - - - Well educated
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - - Rather lively.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - Steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - - She has been insane for some many years.
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? - - - - Father died of Cancerous ailment Mother - of Bronchitis
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - Believed to have suffered for a duckling in water and subsequent
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - - Alteration of general conduct and disposition, and afflicted with
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.? - Sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - No great change
13. What changes have taken place in his bodily symptoms? - - - - - - - None. Health fairly good
14. Is he dirty, destructive, untidy, or obscene? - Dirty and untidy.
15. Has he threatened or attempted violence to himself? If so, in what way? - - - - etc.
16. Has he threatened or attempted violence to others? If so, in what way? - - - On a single occasion some years ago she ran at her sister with a knife.
17. How long has he been insane? - - - Over 15 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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, Wm Kay
g a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
being in actual practice as a (2) Surgeon
reby certify, on soul and conscience, that I have this day at (3) South Mains Sanguhar in the County of Dumfries separately from any other Medical Practitioner,
ted and personally examined (4) Margaret Wightman and that
said Margaret Wightman is a (5) person of unsound mind and a proper person to be detained
er Care and Treatment, and that I have formed this opinion upon the following
und 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) At present she quite quiet

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

She gets very excited at times and talks much to herself — Her habits are filthy — From her Brother

Name and Medical Designation, Wm Kay. Surgeon

Place of Abode, Sanguhar

ITED this 6th day of January One thousand eight
hundred and eighty seven

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Anshuther Davidson
ing (1) Master of Surgery and Bachelor of Medicine
d being in actual practice as a (2) Physician and Surgery
reby certify, on soul and conscience, that I have this day, at (3) South Mains Sanguhar in the County of Dumfries separately from any other Medical Practitioner,
sited and personally examined (4) Margaret Wightman and that
e said Margaret Wightman is a (5) person of unsound mind and a proper Person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
ound 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)

(6) *State the Facts.*

None.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her brother and sisters say she passes. Queer and wine in her dress, and cannot be persuaded to do otherwise She is at time excitable

Name and Medical Designation, Anshuther Davidson

Place of Abode, Sanguhar

ITED this sixth day of January One thousand eight
hundred and eighty seven.

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 Stewartry.
(3) Insert Name and Designation.
(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.

I, William Young Herries Spratt (1) Sheriff of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Wilson Farmer South Mains Sanquhar, Certificates under the hands of William Kay, and Austruther Davidson, being two Medical Practitioners 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 the said Margaret Nightman South Mains, Sanquhar, and that the said Margaret Nightman 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 Margaret Nightman as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize your Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Nightman which accompanied the said Petition.

DATED this Seventh day of January One thousand eight hundred and eighty four.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W H Spratt

Name, Margaret Nightman

Date of Admission, 9 January 1884

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) Shiredom or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of* Dumfries & Galloway *and his Substitutes.*—

The Petition of John Lawson Inspector of Poor of Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Smith

(3) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper 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 Smith to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Lawson Insp of Poor

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates

DATED this 10th (4) day of January — One thousand eight hundred and eighty seven 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,	Elizabeth Smith
2.	Sex and Age,	~~Female~~ 38 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Domestic Servant
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Port street Annan
7.	Place where Found and Examined,	Closehead do
8.	Length of time Insane,	18 years
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	17 years
11.	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	S. Co. Asylum
12.	Duration of Existing Attack,	11 years
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,	Annan
18.	Date of becoming Chargeable,	2nd Octr. 1865
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,	Thomas Smith Brother address unknown not 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 10th day of January — One thousand eight hundred and 87. years

(To be signed by the Party applying) John Lawson Insp of Poor P.F.

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, Daniel Mackenzie
being a (1) Bachelor of Medicine & 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) Cloverhead
Annan, in the County
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Smith, Pauper
the said Elizabeth Smith is an (5) idiot
and a proper Person to be under
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 have attended her for a number of years as a pauper lunatic. She can neither look, speak, nor act with the slightest intelligence.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Swindle, Cloverhead, Annan, has attended her as a pauper lunatic for about eighteen years.

Name and Medical Designation, D. Mackenzie M.B.

Place of Abode, 10 Cumberland Terrace Annan

DATED this tenth day of January One thousand eight hundred and eighty seven 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, David Charles Cox
being a (1) Licentiate of the Royal College of
Physicians Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Cloverhead
Annan, in the County of
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Smith
the said Elizabeth Smith an (5) idiot
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) Cannot answer any question or conduct herself intelligently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Swindle informs me that she has been imbecile for some years.

Name and Medical Designation, D. Char Cox L.R.C.P.

Place of Abode Annan

DATED this Tenth day of January One thousand eight hundred and eighty seven

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, Daniel Mackenzie being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Elizabeth Smith, 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.

D. Mackenzie M.B. & C.M.

DATED this tenth day of January One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Harris Smith, Sheriff-Substitute of the (3) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor Annan, Certificates under the hands of Daniel Mackenzie and David Charles Cox, 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 Smith Closehead Annan (a Pauper) and that the said Elizabeth Smith, is a (5) Idiot, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Smith as a Patient into the (6) Public Asylum of Southern Counties 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 Elizabeth Smith, which accompanied the said Petition.

DATED this Tenth day of January, One thousand eight hundred and eighty seven.

W H Smith

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(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.
(7) Public, District, Parochial, or Private.

4973

Elizabeth Smith

admitted 10 Jan: 1884

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.

Sheriff or Steward. Shirr or Stewartry.

Unto the Honourable the (1) Sheriff — *of* ~~the~~ (2) Dumfries and Galloway, — *and his Substitutes,*—

The Petition of William White, Labourer, Chapelknowe, Half Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Herbertson or White 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 Sarah Herbertson White, to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other reaction which Petitioner stands to Luna

William White

Dated this Eighth (4) day of January, One thousand eight hundred and eighty seven.

(4) To date of the petition must be within four or in clear days showing the dates of 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,	Sarah Herbertson White
2. Sex and Age,	Female
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,	Chapelknowe Half Morton
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	No. Several times in the Asylum
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Six weeks
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,	Half Morton
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,	William White, Mason Chapelknowe, Half Morton Husband. Son Peter, was 8 Months in Asylum
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 8th day of January One thousand eight hundred and eighty seven

(*To be signed by Party applying*) William White

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a (1) _____

and being in actual practice as a (2) _____ hereby certify, on soul and conscience, that I have this day, at (3) _____ in the County of _____ separately from any other Medical Person visited and personally examined (4) _____ the said _____ is a (5) _____ 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)

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this _____ day of _____ One thousand eight 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, being a (1) _____

and being in actual practice as a (2) _____ hereby certify, on soul and conscience, that I have this day, at (3) _____ in the County of _____ separately from any other Medical Person visited and personally examined (4) _____ the said _____ is a (5) _____ 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)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode _____

DATED this _____ day of _____ One thousand eight 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,
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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Henries Shortt Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William White, Labourer, Chapelknowe, Half-Morton, Certificates under the hands of James Rae Anderson and William Stephen, 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) Sarah Herbertson or White, Chapelknowe, Half-Morton and that the said Sarah Herbertson or White, is a (5) Insane person (Petitioner's wife)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Herbertson or White, as a Patient into the (6) Public Asylum of Southern Counties, 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 Sarah Herbertson or White, which accompanied the said Petition.

DATED this Tenth day of January, One thousand eight hundred and eighty seven.

To the Superintendent of the (7) Public Asylum of Southern Counties

W H Shortt

(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.
(7) Public, District, Parochial, or Private.

№ 4994

Sarah Herbertson
White

admitted 12 January
1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Elizabeth Raine Forrest or Stewart 31 Avon Street Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Rothes Ann Forrest your Petitioner's (4) 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 Rothes Ann Forrest to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Elizth R. Stewart

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Fourteenth (5) day of January One thousand eight hundred and eighty seven.

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,	Rothes Ann Forrest
2.	Sex and age,	Female - forty seven (47)
3.	Married, Single, or Widowed,	Single
4.	Condition of Life and previous Occupation (if any),	Easy - Dressmaker
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous place of abode,	Elie, Fifeshire
7.	Place where found and examined,	31 Avon Street, Glasgow
8.	Length of time Insane,	
9.	Whether First Attack,	No
10.	Age (if known) on First Attack,	20
11.	When and where previously under Examination and treatment,	Crichton Royal Institution
12.	Duration of Existing Attack,	
13.	Supposed Cause,	
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,	Elie
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 Primrose Bertram Forrest (Curator Bonis) her only brother Royal Bank of Scotland Edinburgh Elizabeth Raine Forrest or Stewart 31 Avon Street Glasgow her only sister - No member
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	Information given in former Schedule on previous admission

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourteenth day of January One thousand eight hundred and eighty seven

(To be signed by the Party applying) Elizth R. Stewart

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Dryden being (1) Licentiate of the Royal College of Surgeons Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Robert Ann Forrest — —, 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.

J Hunter Dryden L.R.C.S.

DATED this 14th day of January One thousand eight hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

th undersigned, James Hunter Dryden
g (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
being in actual practice as a (2) General practitioner
ereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, ted and personally examined (4) ~~Ann~~ Rothes Ann Forrest 31 Avon Street, Glasgow and that said Rothes Anne 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. :—

(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)

(6) *State the Facts.*

She is very restless, and excitable, she talks incoherently, and states that she often has conversations with spirits &c. She also states that she means to murder her sister

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

By her attendant — She has had previous residence in the Crichton Royal Asylum.

Name and Medical Designation, J Hunter Dryden LRCSE

Place of Abode, 39 Castle Street, Dumfries

DATED this 14th day of January One thousand eight hundred and eighty seven years

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Provan being a (1) Doctor of Medicine & Licent of Royal College of Surgeons 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) 31 Avon St Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Rothes Anne Forrest 31 Avon St. Glasgow and that the said Rothes Anne Forrest is a (5) insane 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)

Talks incoherently, - sees imaginary objects, & holds conversations with them. Swears & threatens to stick a knife into her sister

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Is violent, struck her sister & Nephew. Curses & swears &c. Constantly talking to imaginary beings. - (Given by Sister & Nephew

Name and Medical Designation, James Provan MDLRCSE & F.F.P.S.G

Place of Abode, 1 Tullyallan Place Paisley Rd. Glasgow

DATED this 14 day of January One thousand eight hundred and Eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Elizabeth Nairne Forrest or Stewart, 31 Avon St. Glasgow Certificates under the hands of James Hunter Dryden and James Provan, 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 Rothes Ann Forrest, 31 Avon St. Glasgow (Pelvis sector) and that the said Rothes Ann Forrest is a (5) person of unsound mind and insane, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rothes Ann Forrest, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Rothes Ann Forrest 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 this fifteenth day of January, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Rothes Ann Forrest

Date of Admission, 14 January 1887

8927

[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 SCOTLAND 17 JAN 87

I, the undersigned John M'Knight. Inspector of Poor being desirous to transfer George Hall. Lunatic Pauper at present a Patient in Melrose Asylum, and (1) detained now at my instance from the said Asylum to the Roxburgh Counties Asylum at Kelso hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said George Hall and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John M'Knight. Inspector of
(2) Poor Parish of Langholm

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Langholm this 17th day of January One thousand eight hundred and Eighty Seven years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	George Hall.
2. Sex and Age,	Male 13½ years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Parents Protestant
6. Date of Admission into Asylum,	18th December 1886
7. Length of time Insane,	All his Life
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	From Birth.
10. Duration of existing Attack,	13½ years.
11. Supposed Cause,	Imbecile
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	rather inclined that way
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Langholm
16. 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 and Mother residing at 7 Melgund Place Hawick None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John M'Knight. Insp. of Poor

Dated this 17th day of January One thousand eight hundred and Eighty Seven years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Carlyle Johnstone
being (1) a Bachelor of Medicine of Glasgow Univ
hereby certify that I have this day at (2) The Roxburgh District Asy
personally examined George Kerr
Patient in said Asylum, and with respect to his Mental State that

He is an Idiot;

(1) State Medical Qualification.
(2) Name Asylum.

; and with respe

Bodily Health and Condition that

They are average;

and I further certify that, in my opinion, there is nothing in the Mental or Bod Con
dition of the Patient to contraindicate removal to the Asylum of The Dumfries
Counties at Dumfries.

Thomas Carlyle Johnstone

Dated this thirteenth day of January One thousa eight
hundred and eighty seven years.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sh*

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor, Langholm
to authorize the transfer of George Kerr
from Roxburgh District Asylum to Dumfries Royal Asylum, and the Board having considered such applica and the accompanying Medical Certificate, do hereby authorize the transfer (2) of ge
George Kerr as requested.

(2) Valid for fourteen days from date.

Commissioner.

Dated at Edinburgh, this 14th day of January One
thousand eight hundred and eighty-seven.

4976
George Kerr
admitted 19 January
1887

Date of Sheriff's Order
15th December 1886.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *at Dumfries and his Substitutes,—*

(3) Christian Name and Surname.

The Petition of (3) Rev R L M Gough

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Reginald Melville Gough your Petitioner's (4) 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 Reginald Melville Gough to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R L M Gough

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 24th (5) day of January One thousand eight hundred and eighty seven

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,	Reginald Melville Gough
2. Sex and age,	male 20 years
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	Student at Oxford
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Chilton Moor, Fence Houses, Durham
7. Place where found and examined,	
8. Length of time Insane,	
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	a month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	
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 his Family known to be or to have been Insane,	Robert Lowes Heron Gough Chilton Moor Nearly. Fence Houses Durham. Father. Grandmother & Cousin
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 24th day of January One thousand eight hundred and eighty seven

(To be signed by the Party applying) R L M Gough

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Oldham, Lancashire
2. Character of Education,	Liberal Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved, & absent
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	quite steady;
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Grandmother, & Cousin
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?	Mother died of Cancer
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	no
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	miserable at Oxford of [illegible] about people talking about [illegible]
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.?	restlessness, & sudden acts of [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	more restless & silly
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	uses improper language
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	threatened to strike his father
17. How long has he been insane?	observed for a month

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, Frederick Hugh Clarke
being (1) a Bachelor of Medicine & Master of Surge
hereby certify, on soul and conscience, that I have this day, at (2) 37 Castle Street Dumfries
in the County of Dumfries, seen and personally examined Reginald Melville Gough, 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.

Fred Hugh Clarke

DATED this 24th day of January One thousand eight hundred and Eighty seven

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Fred. H. Clarke
being (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) the Crichton
Royal Institution, Dumfries, in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Reginald Melville Gough,
Clinton Moor Farm Houses, Durham, and that
the said Reginald Melville Gough 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.

I. Facts indicating Insanity observed by myself: (6)
a. He is Simple, Childish & peculiar & self pleased.
b. Says he hears voices, communicating on himself & his friends.

(6) *State the Facts.*

II. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Information given by his father;—
a. He accuses his father of using indecent language towards him.
b. Has once or twice shown sudden fits of violence.

(7) *State the Information, and from whom derived.*

(Name and Medical Designation), Fred. H. Clarke. M.B. C.M.

(Place of Abode), 37. Castle Street Dumfries.

DATED this twenty-fifth day of January One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal College of Physicians
and Surgeons of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Reginald Melville Gough,
Clinton Moor Farm Durham and that
the said Reginald Melville Gough 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.

I. Facts indicating Insanity observed by myself: (6) His facial expression denotes mental disorder; he is dull and stupid and takes a long time to understand the simplest questions put to him. He says he hears voices during the night, telling him how to regulate his conduct &c.

(6) *State the Facts.*

II. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

(Name and Medical Designation), J. Hunter Dryden L.R.C.P. & S.E.

(Place of Abode), 39 Castle Street, Dumfries

DATED this 25th day of January One thousand eight hundred and eighty seven years

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[MISSION]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, *or* Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff [Sub]
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) The Rev Rob[ert]
Henri Gough, Chilton Moor Vicarage Fence Houses [Dur]
Certificates under the hands of Frederick Hugh Clarke M[.D.]
and James Hunter Dryden L.R.C.P.&S. being two Medi[cal]
duly qualified in terms of an Act, intituled "An Act for the Regulation of th[e]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [of]
Asylums in Scotland," setting forth that they had separately visited and e[xamined]

(4) Describe the Patient, and if a Pauper, state so.

Reginald Melville Gough, Chilton Moor Vicarage, Fence Houses, Durham, Petitioners' son,
Reginald Melville Gough 18 a (4) person of unso[und]

(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 AUTHORI[SE]
receive the said Reginald Melville Gough as a Patient in
Crichton Royal Institution for the Insane at Dumfries, and I authorize the
Transmission to the said Asylum accordingly; and I transmit you herewith the
Medical Certificates, and a Statement regarding the said Reginald Melville
which accompanied the said Petition.

DATED this Twenty fifth day of January One thousand eight
hundred and eighty Seven

David Boyle Hope

To the Medical Superintendent of the
Crichton Royal Institution, Dumfries.

Name, Reginald Melville Gough.
Date of Admission, 24 January 1887

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.

Sheriff-Steward. Steward. *Unto the Honourable the* (1) Sheriff of the (2) Dumfries & Galloway of *and his Substitutes,*—

The Petition of John McCracken Inspector of Poor Portpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Gordon or Mills residing in Portpatrick your Petitioner's (3) pauper 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 Gordon or Mills to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of relational or other affinity in which Petitioner stands to Lunatic.

John McCracken

DATED this twenty eighth (4) day of January One thousand eight hundred and eighty seven

(4) The date of the Petition must be within fourteen days preceding the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mrs Agnes Gordon or Mills
Sex and Age,	Female 48 years
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	Sewer & Housewife
Religious Persuasion, so far as known,	Protestant
Present Place of Abode,	Portpatrick
Place where Found and Examined,	Do.
Length of time Insane,	Dec. 4. 1879
When first Attack,	
Age (if known) on First Attack,	40 years
When and where previously under Examination and Treatment,	Southern Counties asylum Dumfries
Duration of Existing Attack,	16 months
Supposed Cause,	
Whether subject to Epilepsy,	–
Whether Suicidal,	–
Whether Dangerous to others,	–
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Portpatrick
Date becoming Chargeable,	4 December 1886
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 Mills husband Cock Feud Portpatrick
Special circumstances (if any) preventing the insertion of any of the above particulars,	none of the family

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28. day of January One thousand eight hundred and eighty seven

(*To be signed by Party applying*) John McCracken

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 A. Algie being a (1) Licentiate of the Royal College of Physicians in Edinburgh & Licentiate of Physicians and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) at Cock Port Patrick in the Wigtownshire separately from any other Medical person visited and personally examined (4) Agnes Mills and that the said Agnes Mills is a (5) Lunatic and a proper Person to be 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) Restless manner Eyes glaring restless despondent Says neighbours come into house takes money &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband says she gets no sleep during night continually walking through house disturbing the family from whom I got same information

Name and Medical Designation, William Algie

Place of Abode, Port Patrick Wigtonshire

DATED this Twenty Eighth day of January One thousand hundred and eighty seven

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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Faculty of Physicians and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cock St Portpatrick Wigtown separately from any other Medical person visited and personally examined (4) Agnes Gordon Mills Cock St Portpatrick the said Agnes Gordon Mills is a (5) person of unsound mind and a proper person to be 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) Appears rational talks in a rambling and incoherent manner that her neighbours are stealing her clothes she cannot appear on the street. Several years ago had an attack and was confined in a asylum for 18 months. Has great fear of destitution

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband Robert Mills states that for some time she has been in this excited state often states that they are eating their food and that they must come to want. Says that she gets up at night & washes the clothes and leave the house Says she sleeps very little

Name and Medical Designation, Hugh Cochrane L.R.C.P.

Place of Abode Stranraer

DATED this twenty eighth day of January One thousand hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Espne (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John M'Cracken
Inspector of Poor Portpatrick
Certificates under the hands of William A Algie Surgeon Portpatrick
and Hugh Cochrane Surgeon Stranraer, 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 Mills residing in Portpatrick a pauper and that the said
Agnes Mills is a (5) lunatic or person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Mills as a Patient into the
(6) Public Asylum of Southern Counties Dumfries 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 Mills which accompanied the said Petition.

DATED this twenty eighth day of January One thousand eight hundred and eighty seven

W. W. Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, or Private.

No 4998

Agnes Gordon or
Mills

admitted 29 Jan 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway, *at Dumfries, and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) William Frew, M.D. Galston, Ayrshire,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Douglas or Frew, ——————

(4) State degree of Relationship or other capacity which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Mary Douglas or Frew, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

William Frew

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this Sixth (5) day of February One thousand eight hundred and eighty Seven.

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 Douglas or Frew
2. Sex and age,	Female. 63 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,	Garden St. Galston. Ayrshire
7. Place where found and examined,	do do do.
8. Length of time Insane,	about 2 months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	63.
11. When and where previously under Examination and treatment,	At home
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	Cataract of both eyes
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No definite signs
16. Whether Dangerous to others,	attacked her husband this morning
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 her Family known to be or to have been Insane,	William Frew. M.D. Galston. Ayrshire Son of patient. Two Brothers have 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 Sixth day of February One thousand eight hundred and eighty Seven

(To be signed by the Party applying) William Frew

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Dreghorn, Ayrshire
2. Character of Education, - - - - good English Education
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - moderately cheerful & frank, but [illegible] to keep house very closely
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - very steady & industrious & [illegible] abstainer for over 30 years
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - never insane before
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - Two brothers died insane one brother intemperate. one other brother [illegible] for many years (periodically) but reformed steady.
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? - - - - Father died about 40 cause [illegible] mother died over 70. Hemiplegia & [illegible] one brother aged about 40 insane [illegible] one brother aged 75 insane. [illegible] one brother aged 50. cause of stomach
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - Losing eyesight from Cataract.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - Mental shock from knowledge of [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - Lowness of spirits & disposition to [illegible] constantly about her eyes.
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.? - Had been losing flesh for [illegible] but gradually & not very markedly sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - from being very talkative became very [illegible] & then frenzied fearing something [illegible] was to happen to her
13. What changes have taken place in ~~his~~ her bodily symptoms? - - - - - - Has become constipated, no [illegible] change. always took food well [illegible]
14. Is he dirty, destructive, untidy, or obscene? - was somewhat destructive [illegible] a time. has passed off.
15. Has ~~he~~ she threatened or attempted violence to ~~him~~ herself? If so, in what way? - - - never very definitely, has wished [illegible]
16. Has she threatened or attempted violence to others? If so, in what way? - - attacked her husband as relation [illegible] only attempt at violence
17. How long has ~~he~~ she been insane? - - - Two months.

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 Lyon ——— being (1) Doctor of Medicine, University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Garden St Galston in the County of Ayr ———, seen and personally examined Mary Douglas or Frew ———, 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.

John Lyon MD

DATED this Sixth — day of February — One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Lyon
being (1) Doctor of Medicine University of Glasgow
and being in actual practice as a (2) Staff Surgeon Royal Navy
hereby certify, on soul and conscience, that I have this day at (3) Garden Street
Galston in the County of
Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Mary Douglas or Frew
housewife Garden St Galston and that
the said Mary Douglas or Frew 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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Wanders about in an excited and unsettled condition

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her son informs me that this morning she was so violent as to require great restraint to prevent doing injury to herself and others. Has delusion of persons and animals about to attack her

Name and Medical Designation, John Lyon M. D

Place of Abode, Garden St Galston

DATED this Sixth day of February, —One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Douglas or Frew of Garden Street, Galston, Ayrshire and that
the said Mary Douglas or Frew 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.

Facts indicating Insanity observed by myself: (6) Her expression of face & her general bearing indicate insanity. She is very restless and excitable, and talks incoherently. She has no knowledge of either time or place.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCP. LRCP

Place of Abode, 39 Castle Street, Dp.

DATED this 8th day of February One thousand eight hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Frew, Galston, Ayrshire, Certificates under the hands of John Lyon, M.D. Staff Surgeon and James Hunter Dryden L.R.C.P. & S., being two Medical Practitioners 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 Douglas or Frew, Galston, Ayrshire, Petitioner's wife, and that she the said Mary Douglas or Frew, is a (5) person of unsound mind,

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Douglas or Frew, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Douglas or Frew which accompanied the said Petition.

DATED this eighth day of February, One thousand eight hundred and eighty seven years. David Boyle

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Mary Douglas or Frew

Date of Admission, 6 Feb 1887

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.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2)~~ ~~Shire~~ Dumfries & Galloway (~~& Wigton~~) *and his Substitutes,*—

The Petition of Quentin Cochrane, Inspector of Poor Kirkmaiden humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Shannon or Graham 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 Ann Shannon or Graham to the ~~Crichton Institute~~, Dumfries and to sanction her admission into the said Asylum.

Southern Counties Asylum

(Signed) Quentin Cochrane Inspector of Poor Kirkmaiden

The date of the petition must be within twenty clear days following the dates of the Medical Certificates.

Dated this 7th (3) day of Feb.y One thousand eight hundred and eighty-seven

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Ann Shannon or Graham
Sex and Age,	Female 62
Married, Single, or Widowed,	Widowed
Condition of Life, and previous Occupation (if any),	Poor
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Unknown
Place where Found and Examined,	Drummore, Church St.
Length of time Insane,	A fortnight
Whether first attack,	Yes
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	—
Duration of existing Attack,	A fortnight
Supposed Cause,	Hereditary - Exciting cause not determined
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes - talks about drowning herself
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmaiden
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,	~~James~~ Graham, footman Edinburgh Son Ann Graham Ringuinea Stoneykirk daughter
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.

(Signed)* *Name,* Quentin Cochrane

Dated this 7th day of February One thousand eight hundred and eighty seven

* 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, William Gemmill, MB CM FRPS
being a (1) ~~General Medical Practitioner~~ Bachelor of Medicine & Master in Surgery with Commendation
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Drummore Kirkmaiden in the County of Wigton separately from any other Medical practitioner
visited and personally examined (4) Ann Shannon or Graham Pauper and
the said Ann Shannon or Graham, pauper is a (5) lunatic and 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) Saw her dragging bedclothes to fire to burn them, heard her talking of Cutting Devil's throat of Drowning herself. Seen her in state of great religious exaltation connected lewd expressions –

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) A fortnight ago under delusion she was to get married to man – that without foundation – Mrs Chalmers, Mrs Chalmers & others –

(SIGNED) *Name and Medical Designation,* William Gemmill MB CM

Place of Abode, Drummore

DATED this 7th day of Feb 7 One thousand eight hundred and eighty seven 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, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians and a Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Church St Drummore in the County of Wigtown separately from any other Medical practitioner
visited and personally examined (4) Ann Shannon or Graham Widow, a pauper and
the said Ann Shannon or Graham 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) Seems very [illegible] and talks in an incoherent manner. She [illegible] that the devil is in the house and called [illegible] attendants to open the door so that she [illegible] drive him out. Showed me a little hole in wall where he made his entrance [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Fitzsimmons who has been in attendance says that she been very much concerned [illegible] her soul. and that last night she [illegible] not sleep until she found Christ. State that devil is in the house and must be driven [illegible]

(SIGNED) *Name and Medical Designation,* Hugh Cochrane SRCP [illegible]

Place of Abode, Stranraer

DATED this seventh day of February One thousand eight hundred and eighty seven.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Quentin Cochrane
Inspector of Poor, Kirkmaiden with
Certificates under the hands of W. Gemmill MRCS Eng Kirkmaiden
and Hugh Cochrane LRCPS2 Edinburgh, 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)
Ann Shannon or Graham residing in Drumore and that the said
Ann Shannon or Graham is a (5) lunatic or person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Shannon or Graham as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Ann Shannon
or Shannon which accompanied the said Petition.

(SIGNED) W. McGibbon

DATED this Eighth day of February One thousand eight hundred and eighty seven

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(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, or Private.
(7) Public, District, or Private.

4980

Ann Shannon or
Graham
admitted 6 Feb. 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (2) *Sheriff of* (2) Dumfries & Galloway *at* Dumfries *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Thomas Longworth Dames, afterdesignd, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Francis Talbot Longworth Dames of Greenhill, Edenderry, Kings Co Ireland your Petitioner's (4) 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 Francis Talbot Longworth Dames to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thos. Longworth Dames

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this eleventh (5) day of February One thousand eight hundred and Eighty seven

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,	Francis Talbot Longworth Dames
2. Sex and age,	Male : Twenty six.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Lieutenant R.H. Horse Artillery
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous place of abode,	Abbassiel Egypt & Netley Hospital.
7. Place where found and examined,	
8. Length of time Insane,	Since 2nd October 1886.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Twenty six.
11. When and where previously under Examination and treatment,	At Netley Hospital.
12. Duration of Existing Attack,	Four months.
13. Supposed Cause,	Hot Russian. Suffered Climate
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Irish 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,	Thomas Longworth Dames Greenhill Edenderry. Kings Co Ireland Father. No.
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 Eleventh day of February One thousand eight hundred and Eighty seven.

(To be signed by the Party applying). Thos. Longworth Dames

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Plumstead. Woolwich
2. Character of Education,	Chiefly mathematical & [illegible]
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful. Frank on the [illegible]
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady. Very temperate in the matter of smoking [illegible]
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	~~on~~ brother epileptic [illegible] of age: supposed Cana[illegible]
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?	No particular disease.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No, not supposed to be
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Talking nonsense & [illegible] to be mischievous.
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.?	Yes. Sleeplessness & [illegible] falling off in flesh.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	The violence, mischievous [illegible] sleeplessness unclearly [illegible]
13. What changes have taken place in his bodily symptoms?	[illegible] have entirely ceased: also now eats in a civilized [illegible]
14. Is he dirty, destructive, untidy, or obscene?	No.
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	Since end of Sep^n. last

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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians of Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Francis Talbot Longworth Dames, 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.

J. Hunter Dryden

DATED this ninth day of Febry One thousand eight hundred and eighty seven years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Ian Carlton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Talbot Longworth Dames Lieutenant Royal Horse Artillery and that the said Francis Talbot Longworth Dames 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.

Facts indicating Insanity observed by myself: (6)
(6) *State the Facts.*

[illegible] expressions of countenance, [illegible] behaviour & rambling incoherent [illegible] laughs without cause, has lost power [illegible] collection.

Other Facts (if any) indicating Insanity communicated to me by others: (7)
(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Smith M.D. &c.

Place of Abode, 14 Castle St. Dumfries

DATED this 11th day of February One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of Royal College of Physicians of Edinr. &c
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Railway Station, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Francis Talbot Longworth Dames, Lieutenant, Royal Horse artillery and that the said Francis Talbot Longworth Dames 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.

Facts indicating Insanity observed by myself: (6) His expression, appearance and behaviour are those of an insane person. He laughs without apparent cause, and can give no account of where he has been for the last few days. He talks irrationally, ~~and~~ assents to the most ridiculous propositions
(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden SRCS &c &c

Place of Abode, 39 Castle Street, Dumfries

DATED this ninth day of February One thousand eight hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas L. Dames, Greenhill Edenderry Kings County Ire Certificates under the hands of John Smith and James Hunter Dryden, 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 Talbot Longworth Dames, Lieutenant Royal Irish Greenhill Edenderry aforesaid (Petersons) and that the said Francis Talbot Longworth Dames is a (5) person of unsound mind,

(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,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Francis Talbot Longworth Dames as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Francis Talbot Longworth Dames which accompanied the said Petition.

DATED this Eleventh day of February One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Francis Talbot Longworth Dames

Date of Admission, 9 Feb: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, at Dumfries, *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) Mrs Jessie Farquharson after designed, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Farquharson your Petitioner's (4) 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 Farquharson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) Since degree of Relationship or other capacity which Petitioner stands in Lunacy.

Jessie Farquharson

(5) The date of the Petition must be within four-and-twenty days following the date of the Medical Certificate.

DATED this 10th — (5) day of February, One thousand eight hundred and 87

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 Farquharson
2. Sex and age,	Male - 35.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	architect.
5. Religious Persuasion, so far as known,	E. C.
6. Previous place of abode,	Kiddington.
7. Place where found and examined,	Do & at Dumfries.
8. Length of time Insane,	a few years more or less.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	has been coming on gradually from about 30.
11. When and where previously under Examination and treatment,	at home.
12. Duration of Existing Attack,	see No 10
13. Supposed Cause,	not known.
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 his Family known to be or to have been Insane,	Mrs Jessie Farquharson (Mother) Hilton Lodge Kiddington an Uncle & an Aunt (Maternal)
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 10th day of Feby — One thousand eight hundred and 87 —

(To be signed by the Party applying) Jessie Farquharson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - - -
17. How long has he been insane? - - -

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 Bruce Ronaldson
being (1) a F.R.C.S.Edr
hereby certify, on soul and conscience, that I have this day, at Haddington
in the County of Haddington, seen and personally examined
Robert Farquharson, 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 Bruce Ronaldson F.R.C.S.Ed

DATED this 10th day of February One thousand eight hundred and 84

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Bruce Ronaldson, being (1) F.R.C.S.E. &c and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day at (3) Hilton Lodge Haddington in the County of Haddington separately from any other Medical Practitioner, visited and personally examined (4) Robert Farquharson and that the said Robert Farquharson 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.

Facts indicating Insanity observed by myself: (6) He is suffering from [redacted] melancholia, says he is dying & threatens to poison himself & is full of fancies

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Bruce Ronaldson F.R.C.S.E. &c

Place of Abode, Ennerdale, Haddington

DATED this 10th day of February One thousand eight hundred and 87

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Farquharson of Hilton Lodge, Haddington and that the said Robert Farquharson 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.

Facts indicating Insanity observed by myself: (6) He is dull, depressed & melancholic; he imagines he is suffering from serious internal disease & that he is about to die. When left to himself he sits brooding and very despondent

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

By his medical attendant — He has threatened to commit suicide by poisoning

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden L.R.C.P.S.E.

Place of Abode, 39 Castle Street, Df

DATED this tenth day of February One thousand eight hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs. Jane Farquharson, Milton Lodge, Haddington Certificates under the hands of James Bruce Rowland and James Hunter Dryden, 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 Farquharson, Architect, Haddington, Petitioner's Son, Robert Farquharson, 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 Farquharson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Farquharson 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 this Twelfth day of February One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Robert Farquharson

Date of Admission, 10 Feb: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries — *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Robert Low Cairndowan, Downhill Gardens, Glasgow —

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thornton Low Smith,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Patient.

your Petitioner's (4) 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 Thornton Low Smith, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

Robert Low

DATED this Twelfth (5) day of February — One thousand eight hundred and Seven.

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,	Thornton Low Smith.
2. Sex and age,	Male - 27.
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	Solicitor
5. Religious Persuasion, so far as known,	—
6. Previous place of abode,	Crichton Royal Institution as Voluntary Patient -
7. Place where found and examined,	Crichton Royal Institution.
8. Length of time Insane,	10 days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	27
11. When and where previously under Examination and treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	—
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,	Mrs Margaret Smith 20 Vincent square, London.
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 Twelfth day of February One thousand eight hundred and eighty seven

(To be signed by the Party applying). Robert Low

Date of Admission 10 Feb: 1887

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Cunningham ——————
being (1) a Licentiate of the Royal College of Physicians in Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, ——————, seen and personally examined
Thornton Son Smith ——————, 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.

Hugh Cunningham

DATED this twelfth day of February, One thousand eight hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Hugh Cunningham
being (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 and Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thornton Gow Smith, Solicitor, Voluntary Inmate Crichton Royal Institution and that he says Thornton Gow 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.:—

(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) He has a suicidal impulse and says he cannot control his actions. He bought jewellery without being able to pay for same, and is unable to keep from drink when not under restraint.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin.

Place of Abode, 25 Castle Street, Dumfries

SIGNED this twelfth day of February One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thornton Gow Smith, Solicitor, Caledonian, Bowenhill, Glasgow and that he says Thornton Gow 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.:—

(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) He says he has an uncontrollable impulse to commit suicide. He says he hears voices urging him to destroy himself. He sees insects &c crawling on the ceiling & on the pillows.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden M.R.C.S.

Place of Abode, 39 Castle Street, Dumfries

SIGNED this twelfth day of February One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Harris Sheriff Hood Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Gow Cairndowan Dowanhill Gardens Glasgow Certificates under the hands of Hugh Cunningham and James Hunter Dryden — 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) Thornton Gow Smith Crichton Royal Institution Dumfries (Petitioner's Nephew) and the said as a (5) Thornton Gow Smith Person of unsound mind and a proper Person to be detained and taken care of; DO HEREBY AUTHORIZE you to receive the said Thornton Gow Smith — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Thornton Gow Smith 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 this Twelfth day of February One thousand eight hundred and eighty seven.

W. H. Sheriff

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Thornton Gow Smith

Date of Admission, 12 Feb 1887

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.

Sheriff, Steward, or Secretary.

Unto the Honourable the (1) Sheriff of Dumfries of the (2) Stewartry of Galloway; and his Substitutes,—

The Petition of John Kelly Inspector of Poor Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Ann Sherwood or Mc Ghie

your Petitioner's (3) Pauper

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 Sarah Ann Sherwood or Mc Ghie to the Southern Counties Asylum Dumfries, and to sanction Her admission into the said Asylum.

John Kelly Inspector of Poor

(3) State degree of kindred or other capacity in which Petitioner is to Libel.

DATED this Eleventh (4) day of February One thousand eight hundred and Eighty seven.

(4) The date of the Petition must be within fifteen clear days preceding the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Sarah Ann Sherwood or Mc Ghie
Sex and Age,	Female forty nine years
Married, Single, or Widowed,	married
Occupation of Life, and previous Occupation (if any),	House wife
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Manchester
Place where Found and Examined,	Duke Street Leadhouse
Length of time Insane,	Four days
Whether First Attack,	~~Second~~ Third
Age (if known) on First Attack,	Thirty ~~Eight~~ One years
When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
Duration of Existing Attack,	Four days
Supposed Cause,	Not Known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmahoe
Date of becoming Chargeable,	10th February 1887
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 Mc Ghie Husband
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 Eleventh day of February One thousand eight hundred and Eighty seven

(*To be signed by Party applying*) John Kelly Inspector of Poor Kirkmahoe

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 Donald Mackeith being a (1) Bachelor of Medicine of Glasgow University & Licentiate of Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Duke Street Creetown Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Sarah A. Isherwood McGhie, Duke Street, Creetown Pauper the said Sarah A. Isherwood or McGhie (Ann Isherwood) is a (5) Lunatic and a proper Person to be 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)

Refusing to take food. Dreading she [illegible] die from want. Unconscious of [illegible] she was saying. Not knowing [illegible] Unconscious of calls of nature. [illegible]

(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 previous under treatment in a lunatic asylum for form of complaint.

From husband.

Name and Medical Designation, W. D. Mackeith Surgeon

Place of Abode Creetown

DATED this Eleventh day of February One thousand [illegible] hundred and eighty ~~eig~~ seven

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 Gibbons Dickson being a (1) Doctor of Medicine, University of Glasgow and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Duke Street Creetown Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Sarah Ann Isherwood McGhie, Duke Street, Creetown, Pauper the said Sarah A. Isherwood or McGhie is a (5) person of unsound mind and a proper person to be 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 raving. Incoherence. [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Sleepless: talks incessantly and with sense. Does not attend to the calls of [illegible] but passes everything in bed or [illegible] She may happen to be

Mrs Rankine and Mrs McClure who have been attending her.

Name and Medical Designation, James G. Dickson

Place of Abode Woodlee, New Stevenson

DATED this Eleventh day of February One thousand [illegible] hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Kelly Inspector of Poor Kirkmatreck, Kirkcudbrightshire,
Certificates under the hands of William Donald Macheith, —
and James Gibbons Dickson, 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) Sarah Ann Sherwood or McGhie Duke Street Creetown, and that the said Sarah Ann Sherwood or McGhie is a (5) Lunatic, a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Ann Sherwood or McGhie, a Patient into the (6) Public — Asylum of Southern Counties 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 Sarah Ann Sherwood or McGhie, which accompanied the said Petition.

DATED this Twelfth day of February, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

4984

Sarah Ann Isherwood
or McGhee

admitted 12 Feb: 1887

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.

Sheriff or Steward. Chief Stewartry.

Unto the Honourable the (1) The Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Jane Lally Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte McGill Morrison

State degree of kinship or other duty in which Petitioner stands to Lunatic.

your Petitioner's (3) residing at Cullhorn Lodge (a pauper) 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 McGill Morrison to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

Jane Lally

The date of the petition must be within three clear days preceding the dates of Medical Certificates.

DATED this fourteenth (4) day of February One thousand eight hundred and eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Charlotte McGill Morrison
Sex and Age,	female. 43
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	Married. Housewife
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Cullhorn Lodge. Stranraer
Place where Found and Examined,	Cullhorn Lodge. Stranraer
Length of time Insane,	a few days
Whether First Attack,	No
Age (if known) on First Attack,	40
When and where previously under Examination and Treatment,	Sent to Southern Counties Asylum in 1873.
Duration of Existing Attack,	a few days
Supposed Cause,	Not known
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick
Date of becoming Chargeable,	14 February 1887
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 Mr Morrison Cullhorn Lodge Stranraer
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 fourteenth day of February One thousand eight hundred and eighty seven.

(*To be signed by Party applying*)

Jane Lally

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, Alexander William Dalgarno being a (1) graduate in medicine & surgery of Aberdeen Un[illegible] and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culhorn [illegible] Strauraer in the [illegible] Wigtown separately from any other Medical [illegible] visited and personally examined (4) Charlotte McGill Morrison [illegible] the parish of Inch the said Charlotte McGill Morrison is a (5) person of [illegible] mind and a proper Person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She conducts [illegible] a very noisy manner. Accuses her neighbours of [illegible] murder. Says she is troubled by noises of various [illegible] She is very suspicious of her husband whom she [illegible] insane

2. Other facts (if any) indicating Insanity communicated to me by other: (7) Her husband, Mr. Morrison, says she is very [illegible] manage and is constantly at night throwing herself [illegible] room. She is very talkative & allows him no rest [illegible]

Name and Medical Designation, } A.W. Dalgarno M.B.C.

Place of Abode, 17 Lewis Street, Strauraer.

DATED this thirteenth day of February One th[illegible] hundred and Eighty seven

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 Robert Gibson being a (1) Graduate in Medicine & Surgery of the University of Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culhorn [illegible] Strauraer in the [illegible] Wigtown separately from any other Medical [illegible] visited and personally examined (4) Charlotte McGill Morrison [illegible] of the Parish of Inch the said Charlotte McGill Morrison is a (5) person [illegible] unsound mind and a proper person to [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Very excited [illegible] demonstrative in her manner. [illegible] people going about at night. Such being [illegible] case. Will not allow her husband [illegible] out of her sight, & speaks of him being [illegible] while he is quite well, & is very [illegible] of him — urging him to go with her for a [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by other: (7) husband states she hardly sleeps any [illegible] talking & walking about most of night [illegible] States she talks to any person she [illegible] relates to them all her troubles.

Name and Medical Designation, } John R. Gibson M.B.[illegible]

Place of Abode 11 Lewis St Strauraer

DATED this thirteenth day of February One thousand [illegible] hundred and Eighty seven.

No. I.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Kelly, Inspector of Poor, Parish of Inch
Certificates under the hands of Alexander William Dalgarno
and John Robert Gibson , 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 McBell Morrison residing at Kirkcowan Lodge and that the said Charlotte McBell Morrison 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 McBell Morrison as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 McBell Morrison which accompanied the said Petition.

DATED this Thirteenth day of February One thousand eight hundred and eighty seven years

W. McGibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, or Private.

4985

Charlotte Mc Gill
Morrison
admitted 14 Feb.
1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway;

and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) John Mc Intosh, Strath Mill Cottage, Galston, Ayrshire,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Robert Mc. Intosh,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Robert Mc-Intosh, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

John Macintosh

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this fifteenth (5) day of February, One thousand eight hundred and eighty seven.

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 Mc Intosh
2. Sex and age,	31 years. Male.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Lace Manufacturer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Strath Mill Cottage. Galston Ayrshire
7. Place where found and examined,	Strath Mill Cottage. Galston, Ayrshire.
8. Length of time Insane,	2 days.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	31 years.
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	2 days.
13. Supposed Cause,	Business harassments.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	not particularly but easily roused.
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 Mc Intosh. Strath Mill Cottage Galston Ayrshire. Brother. One Brother suffered from Melancholia. now well. One Sister suffered from Religious Mania. now well.
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 fifteenth day of February, One thousand eight hundred and eighty seven.

(To be signed by the Party applying) John Macintosh

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Strath Mill Cottage, Galston Ay
2. Character of Education,	Good Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady. industrious & temp
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	One brother. & one sister. One other sister eccentric weak minded.
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?	Father died of Phthisis. He is dyspeptic. Relatives of wrong
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Has been harassed in business assaulted one night lately.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	See above
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Had fancies very early this
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.?	Sleeplessness..
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Hallucinations become more fre his ears tossed
13. What changes have taken place in his bodily symptoms?	–
14. Is he dirty, destructive, untidy, or obscene?	He swears badly.
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	Two days.

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 Frew, being (1) Doctor of Medicine University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Strath Mill Cottage in the County of Ayr, seen and personally examined Robt. Mc Intosh. Lace Manufacturer 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.

William Frew M.D. Edin

DATED this fifteenth day of February One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Frew

being a (1) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day at (3) Strath Mill Cottage, Galston, Ayr. in the County of Ayr. separately from any other Medical Practitioner, visited and personally examined (4) Robert Mc. Intosh Lace manufacturer. Strath Mill Cottage, Galston and that the said Robert Mc Intosh 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)

was lying in bed listening to imaginary voices repeating what they were saying & answering them questions, Cursing & swearing loudly. conversed like incoherently.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His brother informed me that he talked incessantly in the same manner as when I saw him. that he had suspicions of his food being drugged & would not eat it.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, William Frew M.D. Edin

Place of Abode, Galston Ayrshire

DATED this fifteenth day of February One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden

being a (1) Licentiate of the Royal College of Physicians Edinr

and being in actual practice as a (2) General practitioner

hereby certify, on soul and conscience, that I have this day, at (3) the Cricleton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Mc Intosh, Lace manufacturer, Galston, Ayrshire and that the said Robert Mc Intosh 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) He is excited & talks wildly & incoherently. He is full of delusions. He says that he has been dead ten times, and that he is now tired of dying. He says that his friends are plotting against him, and mean to annoy him continually & do

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCSEd

Place of Abode, 39 Castle Street Dfs

DATED this 18th day of Febry — One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McIntosh Strath Mill Cottage, Galston, Ayrshire, Certificates under the hands of William Frew, and James Hunter Dryden, 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 McIntosh, Strath Mill Cottage, Galston, Ayrshire (Petitioner) and that the said Robert McIntosh, 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 McIntosh, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 McIntosh 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 this Eighteenth day of February, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Robert McIntosh

Date of Admission, 15 Feb: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries *and his Substitutes,—*

(3) Christian Name and Surname.

The Petition of (3) Mrs Jane McNaughton, Widow, in Lauder humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Andrew McNaughton, your Petitioner's (4) 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 Andrew McNaughton, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within four clear days following the date of the Medical Certificate.

DATED this 18th (5) day of February, One thousand eight hundred and Eighty seven.

Jane McNaughton

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 McNaughton
2. Sex and age,	Male, 40 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Clerk & Printer
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Kingstown + Edinburgh
7. Place where found and examined,	Kingstown
8. Length of time Insane,	18 years old
9. Whether First Attack,	5 Institutions
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	None
12. Duration of Existing Attack,	No
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	None
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,	Mrs Jane McNaughton, above designed Mother Father & Brother —
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 17th day of February One thousand eight hundred and eighty seven

(To be signed by the Party applying)..... Jane McNaughton

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Lanoubie Dumfries [illegible]
2. Character of Education,	good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	8 times Lancaster Haydon [illegible] Musselburgh twice at Dumfries
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Father & Brother
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?	Father Heart disease Brother [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	None
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	None
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Melancholy stupor
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.?	None
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	
17. How long has he been insane?	22 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 Smith Kerr being (1) Graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Andrew McNaughton, 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.

W. S. Kerr M.D.

DATED this 17th day of Feby. One thousand eight hundred and Eighty seven Years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

th undersigned, William Smith Kerr
ing a (1) Graduate of Glasgow University
d being in actual practice as a (2) Physician
reby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, ited and personally examined (4) Andrew McNaughton and that said Andrew McNaughton is a (5) person of unsound mind and a proper person to be detained der are and Treatment, and that I have formed this opinion upon the following und viz. :—

1. Facts indicating Insanity observed by myself: (6)

He is quite Melancholic. Very quiet. weak expression. Has nothing to say. will scarcely answer question.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

This brother says he has always been unwell & of melancholic & stupid.

Name and Medical Designation, } W. S. Kerr M.D. &c.

Place of Abode, Dumfries

DATED this 17th day of February One thousand eight dre and Eighty Seven years.

(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.

the undersigned, James Hunter Dryden
g a (1) Licentiate of the Royal College of Physicians of Edin.
being in actual practice as a (2) general practitioner
eby certify, on soul and conscience, that I have this day, at (3) the Southern Counties asylum in the County of Dumfries separately from any other Medical Practitioner, ted and personally examined (4) Andrew McNaughton of Kingstown, near Carlisle, and that said Andrew McNaughton is a (5) person of unsound mind, and a proper Person to be detained der Care and Treatment, and that I have formed this opinion upon the following unds viz. :—

1. Facts indicating Insanity observed by myself: (6) He is very dull & melancholic; he says he dare not take his food & he is afraid it will make him burst — He says he cannot sleep at night, as he hears voices talking to him.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

By his attendant — He has had previous residence in an asylum

Name and Medical Designation, } J. Hunter Dryden L.R.C.S.E.

Place of Abode, 39 Castle Street, Dumfries

DATED this 18th day of February One thousand eight hundred and eighty seven years

(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.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Subst[illegible]
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Mrs Jan[illegible]
Widow, residing in Canonbie, (Mother)
Certificates under the hands of William Smith Kerr,
and James Hunter Dryden being two Medi[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of th[illegible]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible]
Asylums in Scotland," setting forth that they had separately visited and e[illegible]
Andrew McNaughton Kingstown near Carlisle and th[illegible]
Andrew McNaughton, is a (5) Person of uns[illegible]
mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHOR[illegible]
receive the said Andrew McNaughton a Pati[illegible]
Crichton Royal Institution for the Insane at Dumfries, and I authorize [illegible]
Transmission to the said Asylum accordingly; and I transmit you herewi[illegible]
Medical Certificates, and a Statement regarding the said Andrew McNa[illegible]
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 this Eighteenth day of February, One tho[illegible]
hundred and eighty seven.

David Boyle Ho[illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Andrew McNaughton

Date of Admission, 17 Feb: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries, *and his Substitutes,*—

The Petition of (3) Archibald Marquis, Coulport, Cove, Rosneath humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Marquis, your Petitioner's (4) 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 Elizabeth Marquis to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Archibald Marquis

DATED this eighteenth (5) day of February One thousand eight hundred and Eighty Seven.

(1) Sheriff or Steward.
(2) Shire or Stewartry.
(3) Christian Name and Surname and Designation.
(4) The degree of Relationship or other capacity in which Petitioner stands to the Lunatic.
(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

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 Marquis
2. Sex and age,	Female Seventy four (74)
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Housekeeper & Dairymaid
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Rosneath Parish Coulport, Cove, Rosneath.
7. Place where found and examined,	Four months
8. Length of time Insane,	No - Sixty four - (64)
9. Whether First Attack,	Treated at home
10. Age (if known) on First Attack,	Four months -
11. When and where previously under Examination and treatment,	Not known
12. Duration of Existing Attack,	No -
13. Supposed Cause,	Yes -
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not a pauper
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Archibald Marquis, Coulport Cove, Rosneath - Brother -
18. Date of becoming Chargeable,	No -
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,	
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 eighteenth day of February One thousand eight hundred and Eighty Seven

(To be signed by the Party applying). Archibald Marquis

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Coalport, Kenneth [illegible]
2. Character of Education,	Ordinair Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Habits good in [illegible]
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Has been depressed [illegible] months - M Landsky - Home 2 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?	Father & mother - [illegible] Brother drowned - No [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression & anxiety [illegible]
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.?	Want of appetite, sleeplessness, pain in head, costiveness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Continued depression [illegible] - no relief
13. What changes have taken place in his bodily symptoms?	Losing flesh -
14. Is he dirty, destructive, untidy, or obscene?	No -
15. Has he threatened or attempted violence to himself? If so, in what way?	Has pierced skull with [illegible]
16. Has he threatened or attempted violence to others? If so, in what way?	No -
17. How long has he been insane?	Four months

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, Lewis D Alexander being (1) M B & C M (Abd[n] University) hereby certify, on soul and conscience, that I have this day, at (2) Coalport, Kenneth in the County of Dumbarton —, seen and personally examined Elizabeth Marquis —, 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.

Lewis D Alexander M.D.

DATED this 24th day of February One thousand eight hundred and Eighty seven

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, Lewis D Alexander
ng a (1) M.B. C.M. (Aberdeen University)

I bei in actual practice as a (2) General Practitioner
eby ertify, on soul and conscience, that I have this day at (3) Coulport
Cor Rosneath in the County of
Dumbarton separately from any other Medical Practitioner,
ited nd personally examined (4) Elizabeth Marquis and that
said Elizabeth Marquis is a (5) person
of unsound mind and a proper person to be detained
ler are and Treatment, and that I have formed this opinion upon the following
und viz. :—

1. Facts indicating Insanity observed by myself: (6) She is depressed
suppliers anxious & has delusions - fancies
that she has nothing to live on - that she has injured
nephews children - Has attempted self injury
by means of scissors - & threatened self injury frequently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
restless & difficult to manage -
attempted strangulation in bed by handkerchief
full of disordered notions - A Marquis brother
E. Campbell attendant

Name and Medical Designation, L. D Alexander M.B.

Place of Abode, Kilcreggan, Dumbartonshire

DATED this Sixteenth day of February One thousand eight
hundred and Eighty seven

(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.

the undersigned, Alexander Thomson
ng (1) Doctor of Medicine of the University
of Glasgow and Surgeon
I bei g in actual practice as a (2) Physician & Surgeon
eby ertify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
ited nd personally examined (4) Elizabeth Marquis
Housekeeper from Cove Rosengath and that
said Elizabeth Marquis is a (5) person
of unsound mind - and a proper Person to be detained
ler are and Treatment, and that I have formed this opinion upon the following
ound viz. :—

1. Facts indicating Insanity observed by myself: (6) Her depressed
appearance; states that she has suffered
tomsevere pain in the head, depression,
sleeplessness, and restlessness, for about three months.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alexr Thomson

Place of Abode, Castle St Dumfries

DATED this Eighteenth day of February One thousand eight
hundred and Eighty-seven years

(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.

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 Stewartry.
(3) Insert Name and Designation.

I William Young Herries Scott Hon'l Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Archibald Marquis, Coulport, Cove, Roseneath, Dumbartonshire Certificates under the hands of Lewis D. Alexander, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care, Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Elizabeth Marquis, Coulport, Cove, Roseneath (Peter's Sister) and that Elizabeth Marquis, 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 Marquis, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Elizabeth Marquis 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 this Nineteenth day of February, One thousand eight hundred and eighty seven.

D. H. Scott

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Elizabeth Marquis

Date of Admission, 17 Feb: 1887

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) Dumfries ~~of~~ & Galloway —— *and his Substitutes.*

The Petition of John Maxwell. Insp. of Poor. Troqueer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Coltart. ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper. ——

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 Coltart. —— to the Southern Counties asylum and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Maxwell. Insp. of Poor. Troqueer.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate

DATED this Eighteenth (4) day of February — One thousand eight hundred and eighty seven 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,	James Coltart
2. Sex and Age,	Male. aged 30 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Bachelor. Currier
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	8 Bleigh Strut. Maxwelltown
7. Place where Found and Examined,	8 Bleigh Strut. Maxwelltown
8. Length of time Insane,	about 4 months.
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	17 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties asylum Dumfries put in January 1873. and discharged on 6 months probation 28 July 1873.
12. Duration of Existing Attack,	about 4 months.
13. Supposed Cause,	Religion
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,	Troqueer.
18. Date of becoming Chargeable,	18th February 1887.
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,	Mother - Mary Crosbie of Coltart 8 High St. Maxwelltown none known to be Insane before.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Eighteenth day of February — One thousand eight hundred and eighty seven years. —

(*To be signed by the Party applying*) John Maxwell.
Insp. of Poor. Troqueer.
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, Patrick M. Murray, being a (1) Graduate of the University 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) 8 High St. Parish of Troquer in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) James Coltart 8 High St. Pauper at the said James Coltart 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 depression spirits - says he is lost, and cannot saved - that he is ruined - that he friends despise him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Mother tells me that he is constantly telling her that he is lost, and at times excited - has been in the Asylum before.

Name and Medical Designation, P. M. Murray M.D.

Place of Abode, 33 Castle St Dumfries

DATED this 18th day of February One thousand eight hundred and 87

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 Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh & Ind. and being in actual practice as a (2) (Licentiate) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 8 High Street Maxwelltown Troquer. in the County of Kirkcudbright. separately from any other Medical Practitioner visited and personally examined (4) James Coltart. Cunningham 8 High Street. Pauper at the said James Coltart 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 facial expression indicates mental disorder. He is very much depressed in mind & he tells me that at times he is tempted to do some rash act, but so far he has been able to resist the impulse

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been confined on two separate occasions in Asylums, once in England & the other time in the Southern Counties Asylum. He does not sleep and is restless at night & has delusions.

Name and Medical Designation, John Cunningham M.D. L.R.C.P.

Place of Abode Dumfries

DATED this Eighteenth day of February One thousand eight hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, [redacted] (3) Sheriff-Substitute,
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) John Maxwell, Inspector of Poor, Troqueer,
Certificates under the hands of Patrick Maxwell Murray
and John Cunningham, 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 (6) James Collart Currier, 8 High Street, Maxwelltown and that the said James Collart, (a pauper) is a (7) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Collart, as a Patient into the (8) Public Asylum of Southern Counties, 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 Collart, which accompanied the said Petition.

DATED this nineteenth day of February, One thousand eight hundred and eighty seven.

W. H. Smith

To the Superintendent of the (9) Public Asylum of Southern Counties, Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

4989

James Coltart

admitted 19 Feb: 1887

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.

Sheriff or Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Counties of Dumfries~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Alexander McGeachen, Inspector of Poor, Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henrietta Wells your Petitioner's (3) Lunatic (Pauper) ~~of Alexander McGeachen Inspector of Poor Lochmaben~~ 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 Wells, to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

Sta degree of tionship or other city which Peti- r stands to Luna

Alexander McGeachen (Inspector of Poor)

Dated this 31st (4) day of February, One thousand eight hundred and 87 years.

The date of the ion must be with- urteen clear days ving the dates of Medical Certifi-

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Henrietta Wells
Second Age,	Female 39 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Dressmaker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Castle St Lochmaben
Place where Found and Examined,	Do D D
Length of time Insane,	gradually getting worse for 4 weeks
Whether First Attack,	no
Age (if known) on First Attack,	38 years
When and where previously under Examination and Treatment,	Dumfries Southern Counties Asylum
Duration of Existing Attack,	a few Days (very ill)
Supposed Cause,	unknown
Whether subject to Epilepsy,	~~no~~ yes
Whether Suicidal,	~~no~~ yes
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
Date of becoming Chargeable,	21st Feby 1887
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,	Mary Wells Sister Robert Wells Mother Castle Street, Lochmaben. Yes several
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 31st day of February One thousand eight hundred and 87.

(*To be signed by Party applying*) Alexander McGeachen (Inspector of Poor Lochmaben)

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, Norman Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle, Lochmaben, in the
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) Henrietta Wells, pauper, Castle
Lochmaben,
the said Henrietta Wells, is a (5) person of
unsound mind and a proper Person to be
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 was [illegible] and conducting herself in a maniacal manner and [illegible] restrained, was roaring and talking in an incoherent [illegible] She thrust her hand into a live fire and would have [illegible] if no one had been near.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother Robert Wells says she threatens to [illegible] and ran into some water holding her head under [illegible] with some force to remove hear. She has to be watched and [illegible] as violent are her actions.

Name and Medical Designation, Norman Reid M.D.

Place of Abode, Lochmaben

DATED this 20th day of February One thousand eight hundred and eighty seven

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 Irving,
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) General Practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) Castle, Lochmaben, in the
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Henrietta Wells, pauper, Castle
Lochmaben
the said Henrietta Wells, pauper is a (5) person of
Unsound Mind, and a proper person to be
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 [illegible] at times much depressed & at others violent & [illegible] & talks in an incoherent manner & her [illegible] conduct is irrational.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother Robert Wells, informs me that she threatens to destroy herself. & has thrown her self into the water & into the fire [illegible]

Name and Medical Designation, George Irving M.D.

Place of Abode Lockerbie

DATED this 20th day of February, One thousand eight hundred and eighty seven

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 Reid
being (1) a Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Castle St. Lochmaben,
in the County of Dumfries, seen and personally examined
Henrietta Wells Castle St, Lochmaben, 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.

Thomas Reid M.D.

Dated this 20th day of February One thousand eight hundred and eighty-seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander McLeachan, Inspector of Poor Lochmaben,
Certificates under the hands of Thomas Reid,
and George Irving, 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 Wells, Castle Strut, Lochmaben (a pauper) and that the said Henrietta Wells, 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 Henrietta Wells, as a Patient into the (6) Public Asylum of Southern Counties, 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 Wells which accompanied the said Petition.

Dated this Twenty first day of February, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

4990

Henrietta Wells

admitted 21 Feb 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries Galloway at Dumfries.

and his Substitutes,—

(3) Present Name and Designation.

The Petition of (3) Henry Cooke, Barrister-at-Law, Benwell Grove, ~~Northumberland~~ Tyne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Emily Cooke

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Sister, Emily Cooke

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 Cooke, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

H Brooke

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this 21st (5) day of Febmary, One thousand eight hundred and Eighty seven.

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 Cooke
2.	Sex and age,	Female — 41
3.	Married, Single, or Widowed,	Single
4.	Condition of Life and previous Occupation (if any),	—
5.	Religious Persuasion, so far as known,	Church of England
6.	Previous place of abode,	Benwell Grove, Newcastle on Tyne
7.	Place where found and examined,	
8.	Length of time Insane,	16 years
9.	Whether First Attack,	no
10.	Age (if known) on First Attack,	25
11.	When and where previously under Examination and treatment,	at Home
12.	Duration of Existing Attack,	5/2 years
13.	Supposed Cause,	Brother's death
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,	Henry Cooke, Benwell Grove, Newcastle on Tyne, Brother
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 Febmary One thousand eight hundred and Eighty seven

(To be signed by the Party applying)..... H Brooke

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Benwell Grove, Newcastle on
2. Character of Education,	Good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes — once — about four years — at Hou—
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	none as far as Know
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?	Father Heart disease — Peritonitis — Brothers Scarlet fever
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	perhaps Mothers death
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or 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.?	— nothing noticeable
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	delusions more vivid
13. What changes have taken place in his bodily symptoms?	—
14. Is he dirty, destructive, untidy, or obscene?	Has been destructive
15. Has he threatened or attempted violence to himself? If so, in what way?	Attempted once — jumping out of window
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	more or less for ½

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 Ferguson
being (1) M.B. & C.M. Edin
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined Miss Emily Cooke, 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.

Thomas Ferguson M.B.C.M.

DATED this twenty first day of February One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Thomas Ferguson,
(1) Graduate of Edin. University in Medicine,
being in actual practice as a (2) General Medical Practitioner,
hereby certify, on soul and conscience, that I have this day at (3) Station Hotel
Dumfries
in the County of Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Emily Cooke Spinster of Benwell
from Newcastle-on-Tyne and that
Emily Cooke, 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 & depressed – Sits muttering to herself
& declines to talk when spoken to or to take to any thing
to Eat.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)
by her brother
mother
Mr Henry Cooke
1 That she varies in her mood – at one time depressed at another
fits violently excited without apparent cause.
2 That she refuses to take food & at times has to be forced to eat.
3 That she fancies & at times thinks she is dead & would contaminate
any person coming near her.
4 That on Saturday last (17th inst.) she threw all the potatoes boiled for
food to throw herself on the pavement by the house.

Name and Medical Designation, Thomas Ferguson M.B. & Ch.

Place of Abode, 22 Castle St Dumfries

DATED this twenty first day of February One thousand eight hundred and eighty seven.

(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, James Hunter Dryden,
(1) Licentiate of Royal College of Physicians &
Surgeons of Edinburgh,
being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Emily Cooke
Benwell Grove, Newcastle on Tyne, and that
Emily Cooke is a (5) pauper
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 very dull &
depressed, she stands still in one position & will
not sit down, she refuses to speak and will not
answer questions. She looks confused and stupid.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. Hunter Dryden M.R.C.P.E.

Place of Abode, 39 Castle Street, Dfs

DATED this 21st day of February One thousand eight hundred and eighty seven years.

(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.*

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Henry Ker Barrister-at-Law, Benwell Grove, Newcastle-on-Tyne Certificates under the hands of Thomas Fergusson, — and James Hunter Dryden —, being two Medical Practitioners 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) Describe the Patient, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

Emily Cooke, Benwell Grove, Newcastle-on-Tyne and that the said Emily Cooke, — is a (5) Patient person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emily Cooke, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Cooke which accompanied the said Petition.

DATED this ~~Twenty-second~~ 23rd day of February, One thousand eight hundred and eighty-seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Emily Cooke

Date of Admission, 21 Feb: 1887

8962

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 19 FEB 87 SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Joseph Laidlaw Clerk Hawick

being desirous to transfer Andrew Brodie

at present a Patient in Glasgow Dist. Asylum Bothwell and (1)

from the said Asylum to the Crichton Royal Institution Dumfries

hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Andrew Brodie and a Medical Certificate with respect to his mental and bodily condition.

Joseph Laidlaw

(2) one of the Curators of A Brodie's

DATED at Hawick this 15th day of February 1887

One thousand eight hundred and eighty seven years

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Andrew Brodie
2. Sex and Age,	Male 57
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	22nd Apl 1886
7. Length of time Insane,	about 10 months
8. Whether first Attack,	not known
9. Age (if known) on first Attack,	56
10. Duration of existing Attack,	about 10 months
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	yes
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	[redacted]
16. 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,	Michael Brodie Joiner Hawick Cousin & Mrs — Grieve of Brodie, Linton Mill Bowick, sister

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Joseph Laidlaw

DATED this 15th day of February One thousand eight hundred and eighty seven years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

+ 1. The Patient's name was Edward Brodie but was altered to Andrew Brodie.

Date of Admission 21 Sept 1886

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Archibald Campbell Clark being (1) a Doctor of Medicine of Edinburgh hereby certify that I have this day at (2) Glasgow District Asylum personally examined Andrew Brodie at Patient in said Asylum, and with respect to his Mental State that he labours under Melancholia of religious character, and sometimes more than usually depressed upon food

; and with respect to his Bodily Health and Condition that they are weak, and he suffers from Murmurs Cordis

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal Dumfries

A Campbell Clark

DATED this fifteenth day of February One thousand eight hundred and eighty seven

4992
Andrew Brodie
24 February 1887

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Joseph Laidlaw to authorize the transfer of Andrew Brodie from Glasgow District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Andrew Brodie as requested.

Alex McDonald Commissioner

DATED at Edinburgh, this 19th day of February one thousand eight hundred and eighty-seven.

Date of Sheriff's Order:-
22nd April, 1886

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.

Sheriff Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriff-dom of Dumfries and Galloway and his Substitutes,—for Wigtownshire

The Petition of William Mackie, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Nixon, residing at Botany Street, Wigtown your Petitioner's (3) Pauper 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 Nixon to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Wm Mackie, Inspector of Poor

DATED this Twenty-fifth (4) day of February One thousand eight hundred and Eighty-seven 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.

Christian Name and Surname of Patient at length,	George Nixon
Sex and Age,	Male aged 56 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Pauper, Fisherman & Fish-hawker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Wigtown
Place where Found and Examined,	Botany Street, Wigtown
Length of time Insane,	Has been excited for some time back, but first insane about 40 years ago.
Whether First Attack,	No – fourth or fifth
Age (if known) on First Attack,	About 17 years
When and where previously under Examination and Treatment,	In Southern Counties Asylum, Dumfries at different times between 1847 and 1854
Duration of Existing Attack,	Just come on
Supposed Cause,	Born weak-minded
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
Date of becoming Chargeable,	1st Chargeable in 1847 & repeatedly since
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,	James McGowan, Bladnoch, Wigtown, Cousin. No member of family known to have been insane
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 Twenty-fifth day of February One thousand eight hundred and Eighty-seven years.

(*To be signed by Party applying*) Wm Mackie Inspector of Poor

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 Robert Dobie
being a (1) Bachelor of Medicine & ... in Surgery of Edinburgh Univ...
and being in actual practice as a (2) Physician and C...
hereby certify, on soul and conscience, that I have this day, at (3) Botany ...
Wigtown in the ...
Wigtown separately from any other Medical P...
visited and personally examined (4) George Nixon ...
residing at Botany Street, Wigtown, ...
the said George Nixon 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) He is ill-... and very excitable – rambles in his statements – says he is a Philosopher and ... that the Duke of Lord Beaconsfield has ... upon him – talks incoherently about religion

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs M'Suffie – a neighbour has noticed him very excitable recently – suspicions of people – keeping his door locked because the police ... late behaviour

Name and Medical Designation, John Robert Dobie

Place of Abode, Whithorn, Wigtownshire

DATED this 25th day of February One thousand eight hundred and eighty seven.

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 Macfarlane
being a (1) Bachelor of Medicine & ... in Surgery, of Edinburgh Univers...
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Bot... Street Wigtown in the ...
Wigtown separately from any other Medical P...
visited and personally examined (4) George Nixon ...
residing at Botany Street, Wigtown, and the
the said George Nixon 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 expression wild & his manner excitable. He is incoherent rambling in his speech, and says he has been swindled out of a large sum of money by his cousins (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)
Mrs Ewart wife of James Ewart ... informed me that last week, he was ... and screaming in the garden & danci...

Name and Medical Designation, Robert Macfarlane

Place of Abode Wigtown Wigtownshire

DATED this 25th day of February One thousand eight hundred and eighty seven.

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.)

[, 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor Wigtown Certificates under the hands of John Robert Dobbie M.B.C.M. Whithorn and Robert Macfilland M.B.C.M. Wigtown, 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 Nixon residing at Botany Street Wigtown Pauper and that the said George Nixon (Pauper) 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 Nixon as a Patient into the (6) Southern Counties Asylum of Dumfries 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 George Nixon which accompanied the said Petition.

DATED this twenty fifth day of February One thousand eight hundred and fifty seven

John Doig

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

---

(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.
(7) Public, District, Parochial, or Private.

4993

George Nixon

26 Feb: 1887

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.

...riff Steward. ...ire ...tewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway, *and his Substitutes,*—

The Petition of Francis Ker, Inspector of Poor, Gretna, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Whitson, Springfield, Gretna, your Petitioner's (3) Pauper, 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 Whitson to the Southern Counties Asylum, Dumfries, and to sanction His admission into the the said Asylum.

Stat... degree of ...ensh... or other ...y in ...ich Peti... ...stan... to Luna...

Francis Ker

The ...e of the ...n ma... be with... ...teen... ...eur days ...g t... dates of ...dic... Certifi...

DATED this Sixteenth (4) day of March — One thousand eight hundred and & Eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...hris...n Name and Surname of Patient at ...le...h,	James Whitson
...ex ...d Age,	Male, 30. Years,
...arr...l, Single, or Widowed,	Single.
...end...on of Life, and previous Occupation (if ...y),	Farm Servant.
...elig...s Persuasion, so far as known,	Protestant.
...revi...s Place of Abode,	Guards Mill. Kirkandrews, Cumberland.
...lace ...here Found and Examined,	Springfield, Parish of Gretna,
...eng... of time Insane,	about a Month
...Whet...r first Attack,	First attack
...ge (...known) on first Attack,	
...hen...nd where previously under Examination and Treatment,	never before
...urat...n of existing Attack,	about a month
...upp...d Cause,	Unknown
...Whet...r subject to Epilepsy,	no
...Whet...r Suicidal,	no appearance yet
...Whet...r Dangerous to others,	" " "
...Paris...or Union to which the Lunatic (if a Pa...er) is Chargeable,	Gretna
...Date ...becoming Chargeable,	14th March 1887.
...hris...n Name and Surname, and Place of Ab...e of nearest known Relative of the Pa...nt, and degree of Relationship (if kn...n), and whether any Member of Fa...ily known to be or to have been Insa...	John Whitson, Guards mill, Brother. No other Member known to be Insane.
Speci... circumstances (if any) preventing the ins...tion of any of the above particulars,	

I ce...fy, that, to the best of my knowledge, the above particulars are correctly stated.

DA...D this Sixteenth day of March — One thousand eight hundred and Eighty Seven

(*To be signed by Party applying*) Francis Ker. Insp of Poor Gretna.

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, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: & Lic Tr: Phys & Surgeons Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Springfield Dumfries, separately from any other Medical Practitioner visited and personally examined (4) James Whitson, Lanark Gretna, the said James Whitson is a (5) person of unsound mind and a proper person to be 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 dull listless & depressed, is able but disinclined to work

2. Other facts (if any) indicating Insanity communicated to me by others: His friends & neighbours say that he loiters about the village, sleeps in outhouses and refuses to work.

Name and Medical Designation, William Carruthers M.D.

Place of Abode, Kirkpatrick Fleming

DATED this 15th day of March One thousand hundred and eighty seven.

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, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Springfield Gretna Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) James Whitson, pauper the said James Whitson is a (5) lunatic and a proper person to be 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 general [illegible] look & manner, delusions about money, friends & the ordinary circumstances of life. Incapacity for any ordinary application.

2. Other Facts (if any) indicating Insanity communicated to me by others: Unwillingness to work, neglect of his own personal comfort, Stubbornness & melancholy.

Name and Medical Designation, D. Mackenzie M.D.

Place of Abode, 10 Cumberland Terrace [illegible]

DATED this sixteenth day of March One thousand eight hundred and eighty seven 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, Daniel Mackenzie being (1) Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Springfield in the County of Dumfries, seen and personally examined James Whitson, 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.

Daniel Mackenzie M.B. & C.M.

DATED this sixteenth day of March One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Herries Shortt (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Francis Ker, Inspector of Poor Gretna Certificates under the hands of William Carruthers and Daniel Mackenzie, 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 Whitson, Springfield, Gretna, a Pauper, and that the said James Whitson is a (5) person of unsound mind, a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Whitson as a Patient into the (6) Public Asylum of Southern Counties 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 Whitson, which accompanied the said Petition.

DATED this Seventeenth day of March, One thousand eight hundred and eighty seven.

W. H. Shortt

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

4994

James Whitson

admitted 17 March 1882

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *and his Substitutes,*

The Petition of (3) John Saunders Adamson, Gentleman, Croydon, Surrey, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Henry Adamson, your Petitioner's (4) 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 Henry Adamson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(3) Insert Name and Description.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John S. Adamson

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Twenty-sixth (5) day of March, One thousand eight hundred and Eighty-seven.

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 Adamson.
2. Sex and age,	40.
3. Married, Single, or Widowed,	single.
4. Condition of Life and previous Occupation (if any),	Manufacturer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous place of abode,	Croydon Surrey.
7. Place where found and examined,	London probably.
8. Length of time Insane,	Cannot say
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	38.
11. When and where previously under Examination and treatment,	Peckham House, Surrey. 1885.
12. Duration of Existing Attack,	Cannot say
13. Supposed Cause,	"
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Believe not.
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	none
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,	Catherine Adamson, Croydon, Surrey. (mother) no.
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 Twenty-sixth day of March —One thousand eight hundred and Eighty-seven.

(To be signed by the Party applying). John S. Adamson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

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 Cunningham —
being (1) Physician & Surgeon —
hereby certify, on soul and conscience, that I have this day, at (2) 35 Buccleuch St
in the County of Dumfries —, seen and personally examined
Henry Adamson —, 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.

John Cunningham

DATED this Twenty third day of March — One thousand eight hundred and Fifty seven Years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, e undersigned, John Cunningham
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh Thd
and ing in actual practice as a (2) Physician & Surgeon
here certify, on soul and conscience, that I have this day at (3) 35 Buccleuch St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visit and personally examined (4) Henry Adamson, Manufacturer, Croydon, Surrey and that the d Henry Adamson is a (5) person of unsound mind and a proper person to be detained and 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.

. Facts indicating Insanity observed by myself: (6)
His facial expression indicates mental disorder. He has great loss of memory & great difficulty & finding proper expressions in speech

(6) *State the Facts.*

. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is stupless & is very simple in his manner -

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham Md LRCPSEd

Place of Abode, 35 Buccleuch Street

DATED this Twenty third day of March One thousand eight hundred and Eighty Seven Years.

MEDICAL CERTIFICATE.—No. II.

I, he undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh, physician & surgeon
and eing in actual practice as a (2) ~~the Crichton Royal Institution~~
here certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visit and personally examined (4) Henry Adamson, Manufacturer of Croydon, Surrey, and that the id Henry Adamson is a (5) person of unsound mind and a proper Person to be detained and 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.

. Facts indicating Insanity observed by myself: (6) He has a vacant & stupid expression - He has considerable difficulty in comprehending & answering questions. His memory of times & places is impaired - He often laughs without apparent cause

(6) *State the Facts.*

. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden LRCPSEd

Place of Abode, 39 Castle Street Dumfries

DATED this 25th day of March One thousand eight hundred and 87 years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) John Cunningham Adamson, Croydon, Surrey — Certificates under the hands of John Cunningham, — and James Hunter Dryden —, 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 Henry Adamson, Manufacturer, Croydon Surrey (Petrus Brother) and that the Henry Adamson 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 Adamson, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Adamson 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 this Twenty sixth day of March — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

4995

Henry Adamson

admitted 23 March 1887

Date of Admission.....

Name John S.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Sire or Stewartry.

Unto the Honourable the (1) Sheriff of (2)

and his Substitutes,—

The Petition of (3) Agnes Robertson Grangeknowe Pollokshields

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Robertson Pollokshields your Petitioner's (4) 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 Robertson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(3) Insert Name and Designation.

(4) State degree of Relationship or other capacity which Petitioner stands in Lunatic.

(5) The date of the Petition must be within four-and-twenty days following the date of the Medical Certificate.

Agnes Robertson

DATED this 1st (5) day of April One thousand ~~[illegible]~~ eight hundred and eighty seven

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 Robertson
2. Sex and age,	Male 64
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Engineer-manager
5. Religious Persuasion, so far as known,	U. P.
6. Previous place of abode,	Pollockshields
7. Place where found and examined,	do Grangeknowe
8. Length of time Insane,	5 months
9. Whether First Attack,	2nd
10. Age (if known) on First Attack,	60
11. When and where previously under Examination and treatment,	Bridge of Allan
12. Duration of Existing Attack,	Business anxieties
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	doubtful
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,	~~One cousin in Glasgow~~ ~~Brother in Canada~~ A younger brother, while ill and previous to his death.
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 1st day of April One thousand eight hundred and 87

(To be signed by the Party applying) Agnes Robertson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Glasgow,
2. Character of Education, - - - - Deft. taught
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Cheerful, reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - Industrious temperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - - Had an affection of the head became excited, felt ... of coma. was four months ... Dun
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? - - - - Father of fever. ... of old age.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - - Business Anxiety
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - - very depressed thought ... fancied. Had commun... got bad food, and means ...
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.? - He always suffered ... from sleeplessness. Co...
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - He takes no personal blame now. Utters a ...
13. What changes have taken place in his bodily symptoms? - - - - - - He looks in better ... now. No.
14. Is he dirty, destructive, untidy, or obscene? —
15. Has he threatened or attempted violence to himself? If so, in what way? - - - - Wants to be ... into deep water.
16. Has he threatened or attempted violence to others? If so, in what way? - - - Tried to strike ... bers of the family.
17. How long has he been insane? - - - 5 months

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, Arthur Mechan
ing a (1) M.B. CM (Glas)

I bein in actual practice as a (2) Physician & Surgeon
reby ertify, on soul and conscience, that I have this day at (3) Grange Knowe
Closhields in the County of
Renfrew separately from any other Medical Practitioner,
ited d personally examined (4) John Robertson, Grange Knowe,
Engineer and that
said John Robertson is a (5) person of
unsound mind and a proper person to be detained
der Cre and Treatment, and that I have formed this opinion upon the following
ounds 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. acts indicating Insanity observed by myself: (6) (6) *State the Facts.*

Thake is surrounded by enemies — that there is some internal disease which
e expect upon his life — that certain drugs cause him to be very violent —
ancering looks & manner of expression, vague statements as to his bladder

2. ther Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

n from his wife = Has been "queer": for some time — says he would
ave his life — evidently on the look out for means to accomplish this
ecard to be provided with a razor — loses temper & spring at his family.

Name and Medical Designation, Arthur Mechan — M.B. CM.

Place of Abode, 12 Hamilton Crescent — Partick

D ED this 1st day of April One thousand eight
undre and eighty seven

MEDICAL CERTIFICATE.—No. II.

, th undersigned, James Gray
ing a (1) M.D. and N.N.D. & D Glasgow

d be g in actual practice as a (2) Physician
reby ertify, on soul and conscience, that I have this day, at (3) Grange Knowe
P. Closhields in the County of
Renfrew separately from any other Medical Practitioner,
sited d personally examined (4) John Robertson Grange Knowe
Engineer and that
e sai John Robertson is a (5) person of
unsound mind and a proper Person to be detained
nder re and Treatment, and that I have formed this opinion upon the following
round 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. acts indicating Insanity observed by myself: (6) (6) *State the Facts.*

Has the appearance of a person of
unsound mind believes that he is
ruined and lost all hope of this world
that his food is bad dirty and medicated

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (7) *State the Information, and from whom derived.*

Has a suicidal tendency made an
effort to drown himself and wanted a
razor to cut his throat, that he had
omitted forgery. injured his son with a duck
on the face. This from his wife

Name and Medical Designation, James Gray M.D.

Place of Abode, 15 Newton Terrace Glasgow

D TED this First day of April One thousand eight
hundr and eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, Hugh Macfarlane — (1) Sheriff Substitute of the (2) ~~County of Lanark~~ Renfrew [illegible] having had produced to me, with a Petition at the instance of (3) Agnes [illegible] Grangeknowe, Pollokshields — Certificates under the hands of Arthur Meehan, M B C M [illegible] and James Gray, M D Glasgow —, 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 John Robertson, before designed — and that the said John 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 John Robertson — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Robertson 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 this Second — day of April — One thousand eight hundred and Eighty seven years —

H. Macfarlane

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No 4996
John Robertson
admitted 2 April
1887

Date of Admission.....

Name.....

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) Sire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Johnston, Inspector of Poor Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Murray, 31 Arthur Street, Newton Stewart your Petitioner's (3) pauper 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 Murray to the Royal Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Johnston
Inspector of Poor parish of Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this fourth (4) day of April One thousand eight hundred and Eighty seven 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,	Henry Murray
2. Sex and Age,	male. 21 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Coal porter
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	31 Arthur Street Newton Stewart.
7. Place where Found and Examined,	Same
8. Length of time Insane,	One week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Known symptoms since attack of feverish
13. Supposed Cause,	Cold in first week of January
14. Whether subject to Epilepsy,	— no
15. Whether Suicidal,	no - but would hurt himself by violent action
16. Whether Dangerous to others,	no - but occasionally violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	1st April 1887
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,	Mother, Widow Elyth Murray, 31 Arthur St Newton Stewart - maternal uncle George Menellie, who died in Dumfries Asylum seventeen years ago after three years residence in it.
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 fourth day of April One thousand eight hundred and eighty seven years,

(*To be signed by Party applying*) John Johnston
Inspector of Poor
Parish of Penninghame

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 31 Arthur
Newton Stewart in the C
Wigtown, separately from any other Medical Pra
visited and personally examined (4) Henry Murray, 31
31 Arthur St. Newton Stewart
the said Henry Murray is a (5) Pauper
of unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is noisy & restless, talks incoh
& incoherent, mostly nationality, refuses
to take said over & over again, quotes
Scripture at one time & swears the
2. Other facts (if any) indicating Insanity communicated to me by others:
His mother says he smashes things
house, damages his hands, & head
& refuses to take food.

Name and Medical Designation, James Clark, L.R.
Place of Abode, Newton Stewart

DATED this Second day of April One thousand
hundred and Eighty seven years

(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, William Andrew Forsyth,
being a (1) Bachelor of Medicine and Master of Surg
the University of Glasgow
and being in actual practice as a (2) General Practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) 31 Arthur
Newton Stewart in the C
Wigtown, separately from any other Medical Prac
visited and personally examined (4) Henry Murray, Pauper
31 Arthur Street Newton Stewart a
the said Henry Murray is a (5) pauper
of unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He is excitable & violent. At times he is in a high
mood & plays on all manner of imaginary musical
of others he is angry & irritable, beating the bedclothes
his head & arms against the wall. He is now a
parliament, & the next minute a general leading
2. Other Facts (if any) indicating Insanity communicated to me by others:
His sister states that he is very sleepless,
throws anything within his reach at his mother
and that the disturbance & noise are complained
the neighbours.

Name and Medical Designation, William Andrew Forsyth M.B. C.M.
Place of Abode Newton Stewart

DATED this Second day of April One thousand
hundred and Eighty seven years.

(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.)

the undersigned,
ing (1)
reby certify, on soul and conscience, that I have this day, at (2)
the County of , seen and personally examined
, and that the said
rson 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.

DATED this day of One thousand eight
ndred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

William Mackie Esquire (1) Sheriff Substitute
the (2) County of Wigtown
ving had produced to me, with a Petition at the instance of (3) John Johnston
spector Poor, Penninghame
rtificates under the hands of James Clark L.R.C.P.S.
d William A. Forsyth M.B.C.M. Newton Stewart being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and eatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic ylums in Scotland," setting forth that they had separately visited and examined (4)
Henry Murray 31 Arthur Street Newton Stewart Wigtownshire and that the said
Henry Murray is a (5) person of unsound mind
d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said Henry Murray as a Patient into the
Southern Counties Asylum of Dumfries 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
Murray which accompanied the said Petition.

DATED this fourth day of April One thousand eight
ndred and eighty seven years

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(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.
(7) Public, District, Parochial, or Private.

No 4997

Henry Murray

admitted 4 april

1887

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.

Sher[illegible] or Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Court~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Fraser Inspector of Poor, Applegarth humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graham, your Petitioner's (3) ~~Lunatic~~ Pauper, 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 Graham to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(3) St[illegible] degree of [illegible]ip or other [illegible] which Peti[illegible] [illegible]ds to Luna[illegible]

J. ~~[illegible]~~ F. James Fraser

Dated this ~~[illegible]~~ (4) day of April One thousand eight hundred and eighty seven.

(4) T[illegible] date of the [illegible] must be with[illegible] clear days [illegible] the dates of [illegible] Certifi[illegible]

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Ch[illegible]tian Name and Surname of Patient at [illegible]ngth,	John Graham
S[illegible] and Age,	male - 31 years
M[illegible]ried, Single, or Widowed,	married
C[illegible]lition of Life, and previous Occupation [illegible]f any),	platelayer
Re[illegible]ious Persuasion, so far as known,	Protestant
Pr[illegible]ious Place of Abode,	Sandyholm Cottages, Applegarth
Pl[illegible] where Found and Examined,	Sandyholm Cottages, Applegarth
Le[illegible]th of time Insane,	three weeks
W[illegible]ther First Attack,	yes
A[illegible] (if known) on First Attack,	31 years
W[illegible]n and where previously under Examina[illegible]n and Treatment,	
D[illegible]tion of Existing Attack,	3 weeks
Su[illegible]osed Cause,	not known
W[illegible]ther subject to Epilepsy,	no
W[illegible]ther Suicidal,	no
W[illegible]ther Dangerous to others,	yes
Pa[illegible]h or Union to which the Lunatic (if a [illegible]auper) is Chargeable,	Applegarth
D[illegible] of becoming Chargeable,	6th April 1887.
Ch[illegible]tian Name and Surname, and Place of [illegible]bode of nearest known Relative of the [illegible]atient, and degree of Relationship (if [illegible]own), and whether any Member of [illegible]amily known to be or to have been In[illegible]ne,	Janet Graham, Sandyholm Cottage Applegarth, (wife)
Sp[illegible]ial circumstances (if any) preventing the [illegible]sertion of any of the above particulars,	

I [illegible]rtify, that, to the best of my knowledge, the above particulars are correctly stated.

D[illegible]ED this fourth day of April, One thousand eight hundred and eighty seven.

(*To be signed by Party applying*) James Fraser

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, Norman Reid
being a (1) Doctor of Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Pauperhill Cottage, Abbey path
Dumfries — separately from any other Medical Practitioner
visited and personally examined (4) John Graham, Pauper, Pauperhill
Cottage, Abbey path
the said John Graham — is a (5) Lunatic of
unsound mind — and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says that there
never been right since his Wife's pregnancy commenced the house is
webbed, and that they have three things which are debating, he
refuses, are cited and suspicious are imaginary things, talks incoherently
will [illegible] not to be killed in bed, but that men ought to be and doctors
(7) State the information, and from whom derived.

2. Other facts (if any) indicating Insanity communicated to me by others:
His wife says that he goes her out of bed at night and walks about
position under he changes his wife talks a lot of nonsensical matters
thinks her without any cause and fallen sudden fit of jealousy about
although none are near her.

Name and Medical Designation, Norman Reid

Place of Abode, Dumfries

DATED this Fourth day of April One thousand
hundred and eighty seven

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 Maxwell Davidson
being a (1) Bachelor of Medicine and Master in Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Savoyphobia
Railway Cottage, Applegarth — in
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Graham Parker
Savoyphobia Railway Cottage, Applegarth in
the said John Graham — is a (5) Person of
unsound mind — and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Restless Suspicious eye & Demeanour
Says he has a machine to keep him
light & cunning. Jealousy of wife. Conf
fies going on the sly wife is not neat
to stay cutting a turnip for a week

(7) State the information, and from whom derived.

His wife tells me

2. Other Facts (if any) indicating Insanity communicated to me by others: Has repeatedly threatened Violence to his
Last night put his wife out of bed & threa
to cut his boy's throat. So quite strange
answers & conversation at times

Name and Medical Designation, John Maxwell Davidson

Place of Abode Johnstone Brow, Lochar

DATED this Fifth day of April One thousand
hundred and eighty — seven.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Fraser, Inspector of Poor, Applegarth, Certificates under the hands of Thomas Reid and John Maxwell Davidson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunacies, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Graham, Shoemaker, Townfoot Cottages, and that the said John Graham, 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 Graham as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said John Graham, which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and eighty-seven.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

No 4998

John Graham

admitted 6 April

1887

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.

...rif r Steward. ...e Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Sheriffdom of Dumfries and Galloway, *and his Substitutes,*

The Petition of John Irving, Inspector of Poor of Cummertrees.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Tait or Johnstone, —

...degree of ...p or other ...which Peti... ...s to Luna...

your Petitioner's (3) Pauper, —

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 Tait or Johnstone, — to the ...tern Counties' Asylum at Dumfries, and to sanction her admission into the said Asylum.

John Irving

...ate of the ...st be with... ...clear days ...e dates of ...d Certifi...

Dated this Ninth (4) day of April, — One thousand eight hundred and eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ian Name and Surname of Patient at ...gth,	Agnes Tait or Johnstone.
Se...nd Age,	Female, 74 years.
Ma...ed, Single, or Widowed,	Married.
Co...tion of Life, and previous Occupation (...any),	Farm Labourer's wife.
Rel...ous Persuasion, so far as known,	Protestant.
Pre...us Place of Abode,	Ryehill, Cummertrees.
Pla... where Found and Examined,	Powfoot Village, Cummertrees.
Le...h of time Insane,	3 months
Wh...er First Attack,	yes.
Ag...f known) on First Attack,	74 years
Wh... and where previously under Examina...n and Treatment,	—
Du...ion of Existing Attack,	3 months
Sup...sed Cause,	Not Known.
Wh...er subject to Epilepsy,	No.
Wh...er Suicidal,	yes.
Wh...er Dangerous to others,	yes.
Par... or Union to which the Lunatic (if a ...per) is Chargeable,	Cummertrees.
Dat...f becoming Chargeable,	9th April, 1887
Chr...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...tient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...e,	Samuel Johnstone, husband Powfoot village. None of the family known to be insane.
Spe...l circumstances (if any) preventing the ...ertion of any of the above particulars,	—

I ...tify, that, to the best of my knowledge, the above particulars are correctly stated.

D...ED this Ninth day of April, One thousand eight hundred and eighty seven.

(*To be signed by Party applying*) John Irving

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, ~~AB~~ Robert Baillie Mackenzie, being a (1) Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Powfoot Village in the Dumfries separately from any other Medical visited and personally examined (4) Agnes Tait or Johnstone the said Agnes Tait or Johnstone is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient [illegible] of doing herself bodily harm, if left alone [illegible] at times, which I believe to be owing to [illegible] ditions, most probably associated with [illegible] the brain.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by other: Uncontrollable desire to set fire & [illegible] & commit suicide - if not constantly [illegible]

Name and Medical Designation, } R Baillie Mackenzie

Place of Abode, Annan

DATED this ninth day of April One thousand [illegible] hundred and eighty seven

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, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery [illegible] University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Powfoot in the Dumfries separately from any other Medical visited and personally examined (4) Agnes Tait or Johnstone, the said Agnes Tait ~~of~~ or Johnstone is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has [illegible] about her body & mind. Indecision in regard to the [illegible] duties of her household which she neglects. [illegible] completely changed in manner & character. —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by other: Her husband dare not leave her alone. [illegible] to set fire to the house & commit other kind of [illegible] -chief. She is suicidal.

Name and Medical Designation, } D Mackenzie, M.B. & [illegible]

Place of Abode Annan Dumfries

DATED this ninth day of April One thousand [illegible] hundred and eighty seven 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 Baillie Macbean, being (1) Physician & Surgeon, hereby certify, on soul and conscience, that I have this day, at (2) Bonfort Village in the County of Dumfries, seen and personally examined Agnes Tait or Johnstone, 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.

R. Baillie Macbean MB. CM.

DATED this Ninth day of April, One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Young Horne Shortt (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Irving, Inspector of Poor Cummertrees, Certificates under the hands of Robert Baillie Macbean, and Daniel Mackenzie, 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 Tait or Johnstone, Bonfort Village, Cummertrees (a pauper) and that the said Agnes Tait or Johnstone, 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 Tait or Johnstone, as a Patient into the (6) Public Asylum of Southern Counties, 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 Tait or Johnstone, which accompanied the said Petition.

DATED this Eleventh day of April, One thousand eight hundred and eighty seven years.

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

W. H. Shortt

(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.
(7) Public, District, Parochial, or Private.

No 4998

Agnes Tait or Johnstone

admitted 9 april 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Sire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) ~~Sheriff~~ Dumfries & Galloway

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) John Sadler Challoner, Stock: broker, Newcastle-on-Tyne humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that ———

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Niece, Fanny Green, ——— 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 Fanny Green ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

J. S. Challoner

(5) The date of the Petition must be within four-teen clear days following the date of the Medical Certificate.

DATED this 16th (5) day of April, ——— One thousand eight hundred and Eighty-Seven.

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,	Fanny Green
2. Sex and age,	Female : age
3. Married, Single, or Widowed,	Widow
4. Condition of Life and previous Occupation (if any),	"
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Benwell Lodge Newcastle
7. Place where found and examined,	do
8. Length of time Insane,	First Symptoms noticed 5 or 6 years ago
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Crichton Royal Institution Dumfries
12. Duration of Existing Attack,	First noticed about a month ago
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	not that I know of
15. Whether Suicidal,	
16. Whether Dangerous to others,	has never shown any signs
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,	Emily Challoner - her sister - Alfreton Derbyshire no other member of family ever known to be 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 16th day of April — One thousand eight hundred and Eighty-seven ~~Eight~~.

(To be signed by the Party applying)..... J. S. Challoner

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - -
2. Character of Education, - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, suicidal, or homicidal?
15. Has he threatened or attempted violence to himself? If so, in what way?
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane?

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 Kerr, being (1) a Bachelor of Medecine & Master in Surgery, Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Railway Station in the County of Dumfries, seen and personally examined Mrs Lamy Green, 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 Kerr M.B.C.M.

DATED this nineteenth day of April One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Kerr
being (1) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Railway Station. Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Fanny Green. Widow of Benwell Lodge. Newcastle. and that the said Mrs Fanny Green. 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.

Facts indicating Insanity observed by myself: (6) Patient was depressed with sudden fits of excitement - talking incoherently at times. Asked if there were any firearms or resolvers about. Called me by name of another person & persisted in saying that any father was dead which is not the case.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Kerr M.B.C.M.

Place of Abode, Dumfries 20 Castle St.

DATED this fourteenth day of April One thousand eight hundred and eighty-seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Fanny Green, widow of Benwell Lodge, Newcastle and that the said Mrs Fanny Green 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.

Facts indicating Insanity observed by myself: (6) She is depressed but is at times excited. She is full of delusions. e.g. She says she was sent here for committing forgery. She also told me that she had smothered her uncle and that she was very anxious to be hanged. P.C. P.C.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden LRCP 1 & Ed 3

Place of Abode, 39 Castle Street, Dumfries.

DATED this 14th day of April One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shortt, Sheriff-Sub[illegible] of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John [illegible] Blacklaner, Stockbroker, Newcastle [illegible] Certificates under the hands of James Kerr and James Hunter Dryden, being two Medic[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible] Asylums in Scotland," setting forth that they had separately visited and ex[illegible] Green, Widow, Benwell Lodge, Newcastle [illegible] Fanny Green, is a (5) person of [illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Fanny Green as a Patient [illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said Fanny Green 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 this Sixteenth day of April, One thousand eight hundred and eighty seven.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shortt

5000

Fanny Green

admitted 14 April 1887

Name,

Date of Admission,

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* Dumfries *and his Substitutes,—*

The Petition of Alexander McGeachean Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graham your Petitioner's (3) Pauper or Poor Person 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 Graham to the S Counties 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) A McGeachean Inspector of Poor

DATED this 21st (4) day of April One thousand eight hundred and 84

(4) The date of the Petition must be within four or ten 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 Graham
2. Sex and Age,	Male 32 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Traveller / Brewery Liverpool
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochmaben
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	Partially since August 1886
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32 Years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Greenock Hospital October 1886
12. Duration of Existing Attack,	4 Days (getting worse)
13. Supposed Cause,	Struck with Lightning in Liverpool
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,	Lochmaben
18. Date of becoming Chargeable,	21st April 1884
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,	Tom Graham Father None None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Case urgent

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 21st day of April One thousand eight hundred and 84

be signed by the Party applying) Alexander McGeachean Inspector of Poor

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 Reid 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) Sandyhole Cottage, Applegarth Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) John Graham, Pauper, Sandyhole Cottage Applegarth the said John Graham 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 speaks in a hesitating way and keeps looking about as if he were lost. Says that he killed one hens last night by the orders of God Almighty and that God has said he was going to give him a stick sharp so that he could not regret any [illegible] all of which are delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) ~~Mrs Scott~~ Mrs Beck says he does many thing in the morning between 4 and 5 o'clock a distance of over a mile to a farm house, where he was seen killing ducks and a goose and that he did not know what he was doing. That this is not the first time that he has many delusions and is dangerous to be at large. Reported on him and that

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Sorbie Abbey.

DATED this twenty first day of April One thousand eight hundred and eighty-seven

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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 Irving being a (1) Bachelor of Medicine & Master in Surgery (Edinburgh) and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Sandyhole Cottage Applegarth Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) John Graham, Pauper, Sandyhole cottage Applegarth the said John Graham 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 speaks in a slow drawling manner, & talks incoherently & wanders from one subject to another. He has delusions about killing hens &c & his whole conduct is unbalanced

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Beck informs me that he rose out of bed early this morning & went away to a farm house & was found there killing hens, not knowing what he was doing.

Name and Medical Designation, George Irving M.B. C.M.

Place of Abode Sorbie

DATED this Twenty first day of April One thousand eight hundred and eighty seven.

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 Reid
being (1) a Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Sandyholm Cottage, Applegarth
in the County of Dumfries
seen and personally examined John Graham, Pauper, Sandyholm Cottage
, 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.

Thomas Reid M.D.

DATED this twenty first day of April One thousand eight hundred and eighty seven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander M'Meachan, Inspector of Poor Lochmaben,
Certificates under the hands of Thomas Reid
and George Irving , 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 Graham, Sandyholm Cottage Applegarth and that the said John Graham is a (5) (a pauper) person of unsound mind.
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham as a Patient into the (6) Public Asylum of Southern Counties 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 John Graham which accompanied the said Petition.

DATED this Twenty second day of April — One thousand eight hundred and eighty seven.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(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.
(7) Public, District, Parochial, or Private.

5001

John Graham

admitted 21 April 1884

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.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) County — of Dumfries — *and his Substitutes,* —

The Petition of Geo M'Farlan Inspector of Poor Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving — your Petitioner's (3) pauper — 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 Irving — to the Southern Counties Asylum — and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity which Petitioner holds to Lunatic.

Geo M'Farlan

(4) The date of the Petition must be within fourteen clear days within the dates of the Medical Certificates.

DATED this Twenty first (4) day of April — One thousand eight hundred and Eighty seven

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 Irving
2. Sex and Age,	Female, 55
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Mill Worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cample Closeburn Dumfriesshire
7. Place where Found and Examined,	Cample Closeburn — Do
8. Length of time Insane,	one week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	not known
11. When and where previously under Examination and Treatment,	1874 — 1880 — 1881 — 1882 — 1885 — 1885 6 — Counties Asylum
12. Duration of Existing Attack,	one week
13. Supposed Cause,	
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,	Closeburn Parish
18. Date of becoming Chargeable,	19th May 1874
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,	Sarah Irving of Thornhill Cample Closeburn Sister yes
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 April One thousand eight hundred and eighty seven

(*To be signed by Party applying*) Geo M'Farlan

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, Thomas Davidson being a (1) Bachelor of Medicine & Master in Surgery University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Camp[illegible] Dumfries separately from any other Medical [illegible] visited and personally examined (4) Agnes Irving

the said Agnes Irving is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Talks incoherently for hours. Gets her body in all sorts of attitudes & then suddenly takes to dancing about the room

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Refuses food; pushes attendants & spits on people near her &c

Mrs Martin

Name and Medical Designation, Thomas Davidson

Place of Abode, Thornhill

DATED this twenty first day of April One thousand hundred and eighty seven.

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 Alexander Calderwood being a (1) Licentiate of the Royal College of Physicians & Edinburgh and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Camp[illegible] Dumfries separately from any other Medical [illegible] visited and personally examined (4) Agnes Irving

the said Agnes Irving is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Singing constantly, and putting her limbs in all sorts of positions, claps her hands, gets into a temper sometimes and would even strike you

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Begins dancing about the room, thinks she sees people looking in the windows at her, and says she is very sick, and frightens the attendants.

Agnes Watt.

Name and Medical Designation, John Alexander Calderwood

Place of Abode Thornhill

DATED this twenty first day of April One thousand hundred and eighty seven.

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 Davidson being (1) Bachelor of Medicine & Master of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Cample Mills in the County of Dumfries, seen and personally examined Agnes Irving, 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.

Thomas Davidson

DATED this twenty first day of April One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George McFarlane Inspector of Poor, Closeburn Certificates under the hands of Thomas Davidson and John Alexander Calderwood —, 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 Irving, Millworker, Cample Closeburn (a pauper), and that the said Agnes Irving 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 Irving as a Patient into the (6) Public Asylum of Southern Counties 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 Irving which accompanied the said Petition.

DATED this Twenty second day of April — One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Superintendent of the (7) Asylum of Southern Counties Dumfries

---

(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.
(7) Public, District, Parochial, or Private.

agnes Irving

admitted 21 April 1887

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) Sheriff dom of Dumfries & Galloway, *and his Substitutes,*—

The Petition of John Lawson, Inspector of Poor of Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nancy Herbertson, — your Petitioner's (3) Pauper, — 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 Nancy Herbertson, — to the Southern Counties 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 Lawson Inspector of Poor of Annan

(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 April, One thousand eight hundred and eighty seven.

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,	Nancy Herbertson
2.	Sex and Age,	Female. 56 years.
3.	Married, Single, or Widowed,	Single.
4.	Condition of Life, and previous Occupation (if any),	not Known.
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous Place of Abode,	Annan.
7.	Place where Found and Examined,	Hightae Lochmaben
8.	Length of time Insane,	not Known.
9.	Whether First Attack,	do.
10.	Age (if known) on First Attack,	20 years.
11.	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	not Known.
12.	Duration of Existing Attack,	not Known.
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,	Annan Parish.
18.	Date of becoming Chargeable,	1st September 1851.
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,	Some relations in Liverpool but relationship not Known. Not 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 29th day of April, — One thousand eight hundred and eighty seven.

(*To be signed by the Party applying*) John Lawson Inspector of Poor of Annan

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, Norman Reid ——— 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) Highfield Lochmaben ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Nancy Halbertson, Pauper, Highfield, Lochmaben ——— and that the said Nancy Halbertson ——— 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 talks incoherently in a loud incoherent manner, and cannot answer any question rationally. She says that she is going to get married and that the doctors were mad and that she has been thirty years old and had a child all of which are delusions ———

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Blackstone her guardian says, she cannot get her to rest that she has become quite unmanageable and bites and attacks when spoken to. The Board of Lunacy has ordered her removal to Asylum for safety & treatment

Name and Medical Designation, Norman Reid M.D.

Place of Abode, Lochmaben

DATED this Twenty eighth day of April One thousand eight hundred and eighty seven

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 Ross ——— being a (1) Graduate in Medicine & Surgery of Edinburgh and being in actual practice as a (2) General Practitioner Highfield Lochmaben ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined (4) Nancy Halbertson, pauper, Highfield, Lochmaben ——— and that the said Nancy Halbertson ——— 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 talks of being ill suffering great pain & wishes to go to the infirmary to put on her to make her strong. While she is in good health talks in an irrational manner beginning one sentence & finishing it but always returns to the subject of her health

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her friends state that she persists in staying in bed on account of which they get beyond the means & threatens to injure them -

Name and Medical Designation, John Ross M.B. C.M.

Place of Abode Lochmaben

DATED this twenty ninth day of April One thousand eight hundred and eighty seven

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 Ross, being (1) Graduate of Medicine of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Hightae, Lochmaben, in the County of Dumfries, seen and personally examined Nancy Herbertson, 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.

John Ross M.B.C.M.

DATED this Twenty ninth day of April, One thousand eight hundred and eighty seven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Herries Shortt, (1) Hy Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor Annan, Certificates under the hands of Thomas Reid, and John Ross, 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) Nancy Herbertson, Hightae Lochmaben (a pauper) and that the said Nancy Herbertson, is a (5) person of unsound mind, and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nancy Herbertson, as a Patient into the (6) Public Asylum of Southern Counties 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 Nancy Herbertson which accompanied the said Petition.

DATED this Twenty ninth day of April, One thousand eight hundred and eighty seven years.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

W. H. Shortt

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.
Public, District, Parochial, or Private.
Public, District, Parochial, or Private.

5'003

Nancy Herbertson

admitted 29 april 1884

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) ~~County~~ Stewartry.

Unto the Honourable the (1) Sheriff —— ~~of the~~ (2) ~~County~~
of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Lawson, Insp of Poor, Penpont.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Dalziel,
your Petitioner's (3) pauper,
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 Dalziel to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

Wm Lawson Inspector of Poor

(3) State degree of relationship or other ability which Petitioner holds to Lunatic.

DATED this third (4) day of May, One thousand eight hundred and eighty seven.

(4) The date of the petition must be within seven clear days previous to 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 Dalziel.
2. Sex and Age,	male. 37 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Previous Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Glasgow.
7. Place where Found and Examined,	Penpont.
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,	Glasgow.
12. Duration of Existing Attack,	1
13. Supposed Cause,	not Known
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,	Penpont
18. Date of becoming Chargeable,	3rd May 1887.
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,	George Dalziel Auchengrimble (Cousin) Dalgarnock
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 third day of May —— One thousand eight hundred and eighty seven.

(To be signed by Party applying) Wm Lawson Inspector of Poor.

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 Davidson
being a (1) Bachelor of Medicine & Master in Surg
of Glasgow University,
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Penpont
Village
Dumfries separately from any other Medical P
visited and personally examined (4) John Dalziel,
the said John Dalziel, is a (5) person
of unsound mind, and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Eddless talk without sense. Busy muttering
out of an old way when seen by me. Is inclined
to sleep & strikes at attendents.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7)
Mrs Dalziel
Cousin
Miss Dalziel
Cousin.
Is very violent Last night. threatened
with the poker, his blows on the floor be
the poker

Name and Medical Designation, Thomas Davidson

Place of Abode, Thornhill

DATED this third day of May — One thousand
hundred and eighty eleven.

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 Macrobert
being a (1) Bachelor of medicine master in Surgery & Licen
of the Royal College of 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) penpont
in the
Dumfries separately from any other Medical Pr
visited and personally examined (4) John Dalziel,
the said John Dalziel, is a (5) person of
unsound mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Impressed — opinion that if he had a pistol
would do for them & felt his pocket for the same
this incoherent sentences when asked question
distracted his attendants.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
intended to assault his cousin (Miss Dalziel)
She with a fire iron if she had not interfered.
informed Mr Robert Dalziel penpont the intention
of she had been there of cutting the throat of the
attendant who brought him. Information from

Name and Medical Designation, Macrobert

Place of Abode penpont

DATED this third day of May — One thousand eight
hundred and eighty seven.

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.)

, the undersigned, Thomas Davidson, ——
ing (1) Bachelor of Medicine & Master in Surgery, Glasgow,
ereby certify, on soul and conscience, that I have this day, at (2) Penpont
the County of Dumfries ——, seen and personally examined
John Dalziel, ——, and that the said
rson 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.

Thomas Davidson

DATED this third day of May — One thousand eight
undred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

, William Young Herries Shortt, Hony Sheriff Substitute,
the (2) County of Dumfries, ——
aving had produced to me, with a Petition at the instance of (3) William Lawson,
Inspector of Poor Penpont
ertificates under the hands of Thomas Davidson, ——
nd John Mair Robertson ——, being two Medical Persons
uly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
sylums in Scotland," setting forth that they had separately visited and examined (4)
John Dalziel, Penpont Village (a pauper,) and that the said
John Dalziel, —— is a (5) person of unsound mind,
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said John Dalziel, —— as a Patient into the
) Public —— Asylum of Southern Counties, and I authorize
his — Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said John Dalziel,
hich accompanied the said Petition.

DATED this Fourth — day of May, — One thousand eight
undred and eighty seven.

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

[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.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

5004

John Dalziel

3 May 1884

PARISH BOARD RECEIVED 26 APR. 87

9015

[FORM B²]

GENERAL BOARD OF LUNACY 25 APR 87 SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Robert Park. Inspector of Poor. Parish of Hoddam

desiring to transfer Robert Minto

present Patient in Woodilee Asylum, Lenzie near Glasgow and (1) a pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dumfries & Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Robert Minto and a Medical Certificate with reference to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Robert Park

(2) Inspector of Poor Parish of Hoddam

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Ecclefechan this 21st day of April one thousand eight hundred and eighty seven

STATEMENT.

Christian Name and Surname of Patient at length,	Robert Minto.
Age, or an Age,	Male aged 36 5/12 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Labourer. (Yardsman)
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	22. November 1886.
Length of time Insane,	Since above date
Was this the first Attack,	Yes.
Age (if known) on first Attack,	36 years.
Duration of existing Attack,	Since 22 November 1886 Aug.
Supposed Cause,	
Was the subject to Epilepsy,	No
Was the Suicidal,	No
Was the Dangerous to others,	Not at present
Parish in which the Lunatic (if a Pauper) is Chargeable,	Hoddam
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,	Brother John Minto residing at 186. Morrison Street Edinburgh. Mother Barbara McDowall or Minto residing at Hazzle Cottage. Greenbraes by Dumfries.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Robert Park Inspector of Poor Parish of Hoddam

Dated this 21st day of April One thousand eight hundred and eighty seven. at Ecclefechan

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Robert Blair being (1) graduate in Medicine and Surgery, Physician hereby certify that I have this day at (2) Woodilee Asylum, personally examined Robert Minto Patient in said Asylum, and with respect to his Mental State that he is insane. He labours under general paralysis and his mind and memory are much impaired.

; and with respect to his Bodily Health and Condition that the former is very infirm and the latter ordinary.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

Robert Blair

DATED this 21st day of April One thousand eight hundred and 87.

5005 Robert Minto admitted 6 may 1887

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 removal of Robert Minto from Barony Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such Application and the accompanying Medical Certificate, do hereby authorize the transfer within [illegible] days from the date hereof, of the said patient as requested.

John Sibbald

DATED at Edinburgh, this 25th day of April one thousand eight hundred and eighty-seven.

Date of Sheriff's Order.

23rd November 1886.

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 Dumfries ~~& Galloway~~ and his Substitutes,—

The Petition of Alexander L. Davidson Inspector of Poor Ruthwell ~~Dumfriesshire~~

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christopher Irving a pauper in charge of Inspector of Poor —

(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 Christopher Irving — to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

Alexander L Davidson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of May — One thousand eight hundred and Eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Christopher Irving.
Sex and Age,	Male, 52 years.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	Agricultural Labourer.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Summerfield Cottage, Ruthwell.
Place where Found and Examined,	Greenfield, Ruthwell,
Length of time Insane,	Since 3rd May.
Whether First Attack,	Third attack.
Age (if known) on First Attack,	Not known. 47. at 2nd attack.
When and where previously under Examination and Treatment,	From Nov. 1882 – April 28. 1883. So. Counties Asy.
Duration of Existing Attack,	Three days.
Supposed Cause,	Low state of health.
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell.
Date of becoming Chargeable,	5th May 1887
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,	Janet Irving. Summerfield Cottage Ruthwell. wife of Lunatic. Two sons of Patient have temporarily shewn symptoms of insanity.
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 Sixth day of May — One thousand eight hundred and Eighty seven

(*To be signed by Party applying*) Alex. L. Davidson,

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 Baillie Macbean
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Greenbank
Ruthwell in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Christopher Irving
and that
the said Christopher Irving 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) General agitation & incoherence in talk. Expresses himself afraid of his own son. He says he fled from the house who held a knife in his hand. Can only talk of this with much excitement.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) William Murdoch, Summerfield states he fled from his son, who he thought intended to murder him.

Name and Medical Designation, R Baillie Macbean M.B.

Place of Abode, The Moat, Annan

DATED this sixth day of May One thousand eight hundred and eighty seven.

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, Daniel MacKenzie
being a (1) Bachelor of Medicine & Master in Surgery
of Edinburgh University
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Greenfield
Ruthwell in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Christopher Irving
and that
the said Christopher Irving 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) An excited look & manner. Delusions about himself & others imagining they are going to do him grievous bodily harm.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been twice in an Asylum before.

Name and Medical Designation, Daniel MacKenzie M.B. C.M.

Place of Abode 10 Cumberland Terrace, Annan

DATED this sixth day of May One thousand eight hundred and eighty seven 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, 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.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute,
of (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander
Davidson Inspector of Poor Ruthwell,
Certificates under the hands of Robert Baillie Maclean,
and Daniel Mackenzie, 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) Christopher Greig, Johnnie Greenfield Ruthwell, and that the said Christopher Greig is a (5) person of unsound mind & Lunatic
and proper Person to be detained and taken care of; DO HEREBY AUTHORIZE you to receive the said Christopher Greig as a Patient into the (6) Public Asylum of Southern Counties, 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 Christopher Greig which accompanied the said Petition.

Dated this Sixth day of May, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5006

Christopher Irving

admitted 5 May, 1887

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) Sire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2)~~ Dumfries ~~shire~~ and Galloway, — *and his Substitutes,*—

The Petition of Alexander Hewison, Inspector of the Poor for the parish of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Halliday, — your Petitioner's (3) Pauper, — 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 Samuel Halliday, — to the Southern Counties 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*) Alexr. Hewison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of May, — One thousand eight hundred and Eighty Seven 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,	Samuel Halliday —
2. Sex and Age,	Male about 45.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Thornhill.
7. Place where Found and Examined,	Thornhill.
8. Length of time Insane,	— A few days.
9. Whether First Attack,	— So far as known.
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*],	—
12. Duration of Existing Attack,	A few days.
13. Supposed Cause,	— Supposed family matters.
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,	Morton in the meantime.
18. Date of becoming Chargeable,	6th May 1887. —
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 wife at Springholm parish of Urr. —
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 6th day of May, — One thousand eight hundred and 87

(*To be signed by the Party applying*) Alexr. Hewison

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, Thomas Davidson, 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) 27 New Street, Thornhill, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Samuel Halliday pauper, and that the said Samuel Halliday, 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)

Labours under delusions; imagines himself being attacked by people, is constantly repeating short prayers. Threatens to cut his own throat —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By Mr. Shankland } Has last issue of Dumfries Herald in his pocket & this he says causes all the trouble. Ramaway [illegible] night & is in a constant state of excitement [illegible]

Name and Medical Designation, } Thomas Davidson

Place of Abode, Thornhill

DATED this sixth day of May, One thousand eight hundred and eighty seven 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, John Mackie, being a (1) Licentiate of the Royal College of Surgeons, and being in actual practice as a (2) physician, do hereby certify, on soul and conscience, that I have this day, at (3) 27 New Street, Thornhill, ~~Dumfries~~, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Samuel Halliday pauper, and that the said Samuel Halliday, 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 in talk, rambling on about his wife, policemen and [illegible] has delusions, fancies people are placing obstacles in the way of his domestic happiness —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

is in a constant state of excitement has threatened to cut his throat. has not slept for three nights.

Name and Medical Designation, } John Mackie L.R.C.P.

Place of Abode Thornhill Dumfries

DATED this sixth day of May, One thousand eight hundred and eighty seven 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 Davidson, being (1) Bachelor of Medicine, Glasgow University, hereby certify, on soul and conscience, that I have this day, at (2) 27 New St Dumfries, in the County of Dumfries, seen and personally examined Samuel Halliday, 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.

Thomas Davidson

DATED this eighth day of May One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hoyle (1) Sheriff-Substitute, of (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander Senior Inspector of Poor, Moreton, Certificates under the hands of Thomas Davidson and John Mackie, 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) Samuel Halliday, Labourer, 27 New Street, Dumfries (a Pauper) and that the said Samuel Halliday is a (5) person of unsound mind and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Halliday as a Patient into the (6) Public Asylum of Southern Counties, 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 Samuel Halliday, which accompanied the said Petition.

DATED this Seventh day of May One thousand eight hundred and eighty seven.

David Boyle Hoyle

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5007

Samuel Halliday

admitted 6 may 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) the County of Ayr *and his Substitutes.*

(3) Insert Name and Designation.

The Petition of (3) William McKerrow Jr. Dalblair Road Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that William McKerrow Posting Master Ayr your Petitioner's (4) 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 William McKerrow to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

William McKerrow Jr.
David McMurtrie (Son in Law)

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this fifth (5) day of May One thousand eight hundred and eighty seven.

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 McKerrow
2. Sex and age,	Male - sixty six
3. Married, Single, or Widowed,	married
4. Condition of Life and previous Occupation (if any),	Posting Master
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	Ayr
7. Place where found and examined,	22 Barns St Ayr
8. Length of time Insane,	six months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	—
12. Duration of Existing Attack,	
13. Supposed Cause,	Worry, & through feeble health
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,	none
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 fourth day of May One thousand eight hundred and eighty seven

(To be signed by the Party applying)..... William McKerrow Jr
David McMurtrie
(Son in Law)

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Mayfield, Ayrshire
2. Character of Education,	not very high
3. Is the natural disposition cheerful or melancholy—reserved or frank,	cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no
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?	—
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	—
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	—
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	alteration of conduct
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.?	yes
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	They are aggravated
13. What changes have taken place in his bodily symptoms?	Improved
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	no
17. How long has he been insane?	six months

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Eo. McKerrow.
ing a(1) M.B.C.M. of Glasgow University
ed be(2) in actual practice as a Physician
reby certify, on soul and conscience, that I have this day at (3) 22 Barns
in the County of Ayr separately from any other Medical Practitioner,
sited and personally examined (4) Mr McKerrow, Post Master,
22 Barns St. Ayr and that
e said Mr McKerrow is a (5) person
of unsound mind and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ound 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)
He labours under delusions - such as being charged
with forging & stealing bars &c - He is quite charged in
said; he accuses every one of stealing from him, bears revenge.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Agatha states that he accuses people of all sorts and
he asleep. An attendant states that he thanked each one
for having him; & that he labours under delusions & is charged
with that he is at present being tried for having a cheap watch dog &c

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Eo McKerrow M.B.C.M.

Place of Abode, 22 Barns St. Ayr

D ED this Fourth day of May One thousand eight
hundred and eighty-seven.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Charles A. Shaw
ing a(1) M.D. St Andrews; & L.R.C.S.E.
ed be(2) in actual practice as a Physician
reby certify, on soul and conscience, that I have this day, at (3) 22 Barns
7. Ayr.
24- in the County of
separately from any other Medical Practitioner,
sited and personally examined (4) William McKerrow
Post master 22 Barns St. Ayr and that
he said William McKerrow is a (5) person of
unsound mind and a proper Person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
round 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) He labours
under delusions such as that he is to be
prosecuted by different persons for poisoning forges;
that he has attended meetings daily for weeks past

(6) *State the Facts.*

2. ~~Other Facts (if any) indicating Insanity communicated to me by others:~~ (7)
which the case is discussed; that
every one he meets & every one he knows are in
a plot about this case of his. He also says he is robbed
persecuted by various persons.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Charles A. Shaw M.D; L.R.C.S.E.

Place of Abode, Glengall Ayr

D ED this 5th day of May One thousand eight
hundred and 87

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 Stewartry.
(3) Insert Name and Designation.

I, Robert Gourlay (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) William McKerrow jr Dalblair Road Ayr Certificates under the hands of George McKerrow M.B.C.M and Charles H Hall 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) William McKerrow Post Master Ayr and that the said William McKerrow 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 William McKerrow as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 McKerrow 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 this fifth day of May One thousand eight hundred and eighty seven

Robert Gourlay

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, William McKerrow

Date of Admission 6 May 1887

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. Shire Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Wm Lawson - Inspector of Poor Penpont humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McWhir — your Petitioner's (3) Pauper 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 McWhir to the Crichton Royal Instn. and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity which Petitioner holds to Lunatic.

Wm Lawson Insp of Poor Penpont

DATED this Sixteenth (4) day of May One thousand eight hundred and Eighty seven

(4) The date of the Petition must be within four clear days exclusive of the dates of 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,	James McWhir
2. Sex and Age,	Male - 65 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ploughman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpont 18 years - Glencairn previously
7. Place where Found and Examined,	Penpont
8. Length of time Insane,	about 3 months
9. Whether First Attack,	no
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and Treatment,	30 years ago - Greater in the Crichton Instn
12. Duration of Existing Attack,	More or less for 3 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	~~Yes~~
16. Whether Dangerous to others,	~~[redacted]~~
17. Parish or Union to which the Lunatic (if a pauper) is Chargeable,	Penpont
18. Date of becoming Chargeable,	15th May 1887
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,	Mrs Marion McWhir wife Drongleton - Penpont
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 Sixteenth day of May One thousand eight hundred and eighty seven.

(To be signed by Party applying) Wm Lawson Inspector of Poor. Penpont

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 Mair Robertson being a (1) Bachelor of Medicine, Master of Surgery & Licentiate of Royal college of Surgeons Edinburgh University of Glasgow and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Pringleton Penpont in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James McWhir and that the said James McWhir 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)

Desponding Unhappy.
Cannot concentrate his attention to his occupation
Dreads being removed somewhere, he does not know
He says people do not wish him to walk about outside

(7) *State the information, and from whom derived.*

Information from Marion McWhir, his Wife

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Suspicion of his food being poisoned.
Wished he was dead
Watches the movements of his attendant.
He said if he could get out of the house without being [illegible] he would not return.

Name and Medical Designation, John Mair Robertson M.B.C.

Place of Abode, Penpont

DATED this 15th day of May One thousand eight hundred and Eighty Seven.

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 Davidson being a (1) Bachelor of Medicine & Master of Surgery of Royal University and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Pringleton Penpont in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James McWhir and that the said James McWhir 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 in a state of great despondency. Says he is in everlasting torment. Has no desire for food, but is hanging his head all day long

(7) *State the information, and from whom derived.*

Mr. McWhir
His wife –

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Refuses food at times & says it is poisoned
Has threatened to take his own life

Name and Medical Designation, Thomas Davidson

Place of Abode Thornhill

DATED this fifteenth day of May One thousand eight hundred and eighty seven –

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Lawson, Inspector of Poor Penpont
Certificates under the hands of John Muir Robertson
and Thomas Davidson, , 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 McWhir Roughman, Penpont (Pauper) and that the said James McWhir, 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 McWhir as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 McWhir which accompanied the said Petition.

DATED this Sixteenth day of May, One thousand eight hundred and eighty seven years.

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution

(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.
(7) Public, District, Parochial, or Private.

5009

James M. White

admitted 16 May 1889

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway, at Dumfries,

——— *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) James Altham Penrith Cumberland Medical Practitioner

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that — Mary Altham, —

(4) State degree of Relationship, or other capacity which Petitioner stands in Lunatic.

your Petitioner's (4) ——— 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 — Mary Altham, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Altham

(5) The date of the Petition must be within four-and-twenty days following the dates of the Medical Certificate.

DATED this 24th (5) day of May — One thousand eight hundred and Eighty Seven.

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 Altham.
2. Sex and age,	Female — 36 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	always before at home.
5. Religious Persuasion, so far as known,	Protestant — Member of Society of Friends.
6. Previous place of abode,	Penrith.
7. Place where found and examined,	~~Found Do~~ Exd at Dumfries.
8. Length of time Insane,	About 4 days or more
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	23 years (?)
11. When and where previously under Examination and treatment,	1879 at home 1880 Friends Retreat York 1882 Crichton Institution Dumfries 1884-5 do
12. Duration of Existing Attack,	About a week.
13. Supposed Cause,	
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,	Thomas Altham Brunswick Hall Penrith (Father)
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 24th day of May — One thousand eight hundred and Eighty seven.

(To be signed by the Party applying) James Altham

M.B.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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 Cunningham being (1) Licentiate of the Royal Colleges of Physicians hereby certify, on soul and conscience, that I have this day, at (2) 35 Breakeach Street in the County of Dumfries, seen and personally examined Mary Altham, Penrith, 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.

John Cunningham Mdl. Cpt. Bde.

DATED this Twenty first day of May One thousand eight hundred and Eighty Seven Years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Cunningham, being (1) Licentiate of the Royal College of Physicians Surgeons Edinburgh & Med. and having in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) The Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Altham, Penrith, Cumberland, England, and that the said Mary Altham, 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.

Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She is morbidly restless in her disposition. She exhibits a cunning in hiding her delusions.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) She does not sleep much & is constantly noisy at night using very strong language. She is inmate of this establishment on two previous occasions. Her brother Dr Altham is my informant.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham M.D. L.R.C.P. & S.Ed.

Place of Abode, Dumfries

DATED this Twenty third day of May One thousand eight hundred and Eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden, being (1) Licentiate of the Royal College of Physicians Edinburgh, and having in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Altham, Penrith, Cumberland, England, and that the said Mary Altham 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.

Facts indicating Insanity observed by myself: (6) She is very restless and excitable. She laughs immoderately and without apparent cause; she is at times incoherent, ~~and her language~~ & frequently indulges in obscene & profane language.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden L.R.C.S.Ed.

Place of Abode, 39 Castle Street. Dumfries

DATED this 24th day of May One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) James Attham Medical Practictioner, Penrith, Cumberland, Certificates under the hands of John Cunningham, — and James Hunter Dryden —, 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 Mary Attham, Penrith, Cumberland (Petrus's sister) and that the said Mary Attham, — 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 Attham, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Attham 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 this Twenty fourth day of May, — One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5010

Mary Altham

admitted 21 May 1887

Date of Admission.....

Name.....

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway.
——— *and his Substitutes,—*

(3) First Name and Surname.

The Petition of (3) Miss Jane Selkirk, Dressmaker, Wallace Street Dumfries,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that John Selkirk, ———

(4) State degree of Relationship or other capacity which Petitioner stands to Lunatic.

your Petitioner's (4) 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 John Selkirk ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Jane Selkirk

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this 24th (5) day of May — One thousand eight hundred and eighty seven 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,	John Selkirk.
2. Sex and age,	Male: 42 years.
3. Married, Single, or Widowed,	Widower.
4. Condition of Life and previous Occupation (if any),	Estate Agent.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Wallace St, Dumfries.
7. Place where found and examined,	Wallace St, Dumfries.
8. Length of time Insane,	6 weeks.
9. Whether First Attack,	Third attack.
10. Age (if known) on First Attack,	42 years
11. When and where previously under Examination and treatment,	Manchester.
12. Duration of Existing Attack,	Three years.
13. Supposed Cause,	Accident.
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. 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 Selkirk Wallace St. Dumfries (Daughter)
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 24th day of May — One thousand eight hundred and Eighty seven years.

(To be signed by the Party applying) Jane Selkirk

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Glencairn, Dumfriesshire
2. Character of Education,	Thorough
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Frank & Sociable
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes — twice — Dumfries Manchester.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Accident. Thrown from cart
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Great excitement
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.?	Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Gradually getting worse Has got much thinner
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Yes, Threatened his daughter with a stick.
17. How long has he been insane?	Last attack 4 months

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 Cunningham

being (1) Physician & Surgeon Crichton Royal Institution

hereby certify, on soul and conscience, that I have this day, at (2)

in the County of Dumfries, seen and personally examined John Selkirk, 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.

John Cunningham M.D.

DATED this 24th day of May One thousand eight hundred and Eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, John Cunningham ——
ing (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh, Mod. ——
d being in actual practice as a (2) Physician & Surgeon
rebe certify, on soul and conscience, that I have this day at (3) Police Station Dumfries, (Burgh) —— in the County of Dumfries —— separately from any other Medical Practitioner,
site and personally examined (4) John Selkirk, Retired Estate Agent. Wallace St. Dumfries —— and that
e sa John Selkirk, —— is a (5) person of unsound mind —— and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ours, 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.

Facts indicating Insanity observed by myself: (6) He is extremely extrageous in his conduct says that he has a message from God to do some terrible thing, also says that he has a message from the Queen & Prince Consort, He is sleepless & talks continuously & incoherently

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
He threatened the life of his daughter Jane & she is in bodily fear of him. This information I obtained from Jane Selkirk

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham MD LRCP BSc

Place of Abode, Dumfries

DATED this 24th day of May One thousand eight hundred and Eighty seven years

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Hugh Cunningham ——
ing (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow
nd being in actual practice as a (2) Physician and Surgeon ——
rebe certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries —— in the County of Dumfries —— separately from any other Medical Practitioner,
site and personally examined (4) John Selkirk, Retired Estate Agent, Wallace Street, Dumfries —— and that
he said John Selkirk —— is a (5) person of unsound mind —— and a proper Person to be detained
der 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.

Facts indicating Insanity observed by myself: (6) His facial expression indicates mental disease, ~~and~~ he imagines that he is in communication with the late Prince Consort and that God has commanded him to reform mankind.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P. &c

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty fifth day of May — One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miss Jane Selkirk, Dressmaker, Wallace Street, Dumfries Certificates under the hands of John Cunningham and Hugh Cunningham, 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 John Selkirk, Wallace Street, Dumfries (Petitioner's father) and that the said John Selkirk, 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 Selkirk as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Selkirk 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 this Twenty sixth day of May, One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5011

John Selkirk

admitted 24 May 1887

Name,

Date of Admission,

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway,
and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Joseph Eccles, of Fairfield ashton - Preston.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Eccles,

(4) State degree of Relationship, or other capacity in which Petitioner stands to the Lunatic.

your Petitioner's (4) 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 Thomas Eccles to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Joseph Eccles

(5) The date of the Petition must be within four clear days following the date of the Medical Certificate.

DATED this 20th (5) day of May, One thousand eight hundred and Eighty-seven.

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 Eccles
2. Sex and age,	Male 29 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Cotton Manufacturer
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Ashton in Preston
7. Place where found and examined,	Dumfries
8. Length of time Insane,	Since November last
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	29 years
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	six months
13. Supposed Cause,	Abuse of Alcoholic stimulants
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. Place 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,	Joseph Eccles Fairfield, Ashton in Ribble Preston -
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 28th day of May — One thousand eight hundred and Eighty seven.

(To be signed by the Party applying). Joseph Eccles

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene?
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane?

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 Smith Kerr, ——— being (1) graduate of Glasgow University ——— hereby certify, on soul and conscience, that I have this day, at (2) Railway Station in the County of Dumfries, ———, seen and personally examined W. Thomas Easles ———, 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.

W.S.K. — DATED this 28th day of May One thousand eight hundred and Eighty Seven years.

W. S. Kerr M.D.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, t undersigned, William Smith Kerr
ing (1) graduate of Glasgow University &c

d ing in actual practice as a (2) Physician
rel certify, on soul and conscience, that I have this day at (3) the Railway Station Dumfries in the County of Dumfries separately from any other Medical Practitioner, sit and personally examined (4) Mr. Thomas Eccles of Fairfield Alton, Preston and that e s l Thomas Eccles is a (5) person of unsound mind and a proper person to be detained nde Care and Treatment, and that I have formed this opinion upon the following ou s, 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.

Facts indicating Insanity observed by myself: (6)

He is dull, stupid, Melancholic, absent, Peculiar manner, Requires supervision.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife informs me, that she has noticed a great change in him, and that he has entirely given way to Alcoholism.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode, Dumfries

ATED this 28th day of May One thousand eight
ned and Eighty Seven Years.

MEDICAL CERTIFICATE.—No. II.

, e undersigned, James Hunter Dryden
ein a (1) Licentiate of the Royal College of Physicians of Edinr.

nd ing in actual practice as a (2) general practitioner
ere certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, isit and personally examined (4) Mr. Thomas Eccles of Fairfield Alton, Preston and that he d Mr. Thomas ~~Ashton~~ Eccles is a (5) person of unsound mind and a proper Person to be detained nde Care and Treatment, and that I have formed this opinion upon the following grou s, 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.

Facts indicating Insanity observed by myself: (6) He is dull, stupid restless and cannot concentrate his mental faculties on any point. He has an abnormal appetite for fluids, and the intense craving for stimulants

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden LRCSEd

Place of Abode, 39 Castle Street, Dumfries

DATED this 28th day of May One thousand eight
hun ed and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, ~~David Boyle Hope~~, — Hy Sheriff Subsitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Joseph Eccles Fairfield, Ashton on Ribble, Preston, Certificates under the hands of William Smith Kerr, and James Hunter Dryden, 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 Thomas Eccles, Ashton on Ribble, Preston, (Petitioner's son) and that the Thomas Eccles, 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 Eccles, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Thomas Eccles, 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.

William Young
Herry Shortt,
W.

DATED this Thirty first day of May One thousand eight hundred and eighty seven. Three words deleted.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shortt

Name, Thomas Eccles

Date of Admission, 28 May 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
and his Substitutes,—

(3) Christian Name and Surname at length.

The Petition of (3) James Porteous, Bank Accountant
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Sarah Ann Porteous,

(4) State degree of Relationship or other capacity which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Sarah Ann Porteous to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

James Porteous

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this fourth (5) day of June One thousand eight hundred and seventy-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,	Sarah Ann Porteous.
2. Sex and age,	female—38.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	wife of petitioner—nil.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	Mount Pleasant Rd Dalston
7. Place where found and examined,	96 Beaconsfield Rd Tottenham
8. Length of time Insane,	3 & 4 years.
9. Whether First Attack,	nearly four years ago
10. Age (if known) on First Attack,	34.
11. When and where previously under Examination and treatment,	Examined by Dr Motyon—not under treatment
12. Duration of Existing Attack,	/
13. Supposed Cause,	/
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Irish 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,	Sophia Paul pintor—residing at 96 Beaconsfield Rd Tottenham
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 fourth day of June One thousand eight hundred and seventy-six.

(To be signed by the Party applying) J Porteous

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Kingsland London
2. Character of Education,	fairly good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy — reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	for the last four years
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Sister epileptic
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?	Mother died of Erysipelas. Father died suddenly — disease.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Childbirth.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression. — [illegible]
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.?	Derangement of [illegible]
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	gradually more [illegible]
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	untidy
15. Has he threatened or attempted violence to himself? If so, in what way?	yes. to use poison
16. Has he threatened or attempted violence to others? If so, in what way?	Thrown knife at [illegible]
17. How long has he been insane?	four 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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians Edin hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Mrs Sarah Ann Porteous, 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.

J Hunter Dryden Ret

DATED this 4th day of June One thousand eight hundred and 87 years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, James Hunter Dryden,
ing a (1) Licentiate of the Royal College of Surgeons of Physicians
Edinburgh,
hereby in actual practice as a (2) general practitioner,
hereby certify, on soul and conscience, that I have this day at (3) the Crichton
Royal Institution, Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Sarah Ann Portlous of
Beaconsfield Road, Tottenham, London, and that
said Sarah Ann Portlous, 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) Her expression
is indicative mental disorder. she is dull stupid
and incoherent. she has no idea of time or place, &
has no memory. She says she is the Princess Sarah
and she knows several members of the Royal Family.

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(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.*

Name and Medical Designation, J Hunter Dryden MRCPE.

Place of Abode, 39 Castle Street, Dumfries

DATED this fourth day of June — One thousand eight
hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alexander Duff MacDonald,
being (1) Graduate of Edinburgh Universit
and living in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Sarah Ann Portlous
of 6 Beaconsfield Road Tottenham London, and that
the said Sarah Ann Portlous 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. :—

Facts indicating Insanity observed by myself: (6) owned with
difficulty answers any questions says
she is 14 years of age and has been
in good health & surroundings. says
she is the Princess Sarah
of the Netherlands & is the Queen Mother

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(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.*

Name and Medical Designation, A Duff MacDonald MRCPE

Place of Abode, 18 Castle St Dumfries

DATED this 4th day of June — One thousand eight
hundred and eighty seven.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Corteous Bank Accountant 96 Beaconsfield Road Tottenham London James Hunter Dyden Certificates under the hands of and Alexander Dall Mac Donald, 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 Sarah Ann Porteous (Petitioner's wife) and that the said Sarah Ann Porteous 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 Sarah Ann Porteous, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Sarah Ann Porteous 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 this Sixth day of June One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Sarah Ann Porteous

Date of Admission, 4 June 1887

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 Dumfries & Galloway and his Substitutes,—

The Petition of James Grieve Inspector of Poor Moffat, 70 humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Wood, ——— your Petitioner's (3) Pauper, ——— 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 Wood, ——— to the Southern Counties 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 Grieve Insp. of Poor

DATED this Fifth (4) day of June — One thousand eight hundred and eighty seven. Moffat.

(4) The date of the Petition must be within fifteen 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,	Robert Wood
2.	Sex and Age,	Male. 16.
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Apprentice Painter
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Henderson Street, Moffat
7.	Place where Found and Examined,	Henderson Street, Moffat
8.	Length of time Insane,	Six days
9.	Whether First Attack,	First Attack
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*],	Never previously treated
12.	Duration of Existing Attack,	Six Days
13.	Supposed Cause,	Not Known
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	Might become so
16.	Whether Dangerous to others,	Might become so
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat
18.	Date of becoming Chargeable,	5th June 1887
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,	Margaret Martin or Wood, Henderson Street, Moffat. Mother.
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 Fifth day of June, ——— One thousand eight hundred and eighty seven years

(*To be signed by the Party applying*) James Grieve P. p. Inspector of Poor

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 Munro
being a (1) Member of the Royal College of Physicians and Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Henderson Street. Moffat. Dumfries
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Robert Wood. Henderson Street. Moffat. Pauper.
and that the said Robert Wood
is a (5) Person of Unsound Mind
and a proper Person to be certified
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 way of talking. Incoherent talk. breaking articles in house - smashing door of house - running out almost naked -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above facts, forcing about wanting to pursue peoples houses - violent in other ways -

Name and Medical Designation, James Munro M.D.

Place of Abode, Moffat

DATED this Fifth day of June — One thousand eight hundred and eighty seven.

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 D'Orsy Grange
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) Henderson Street - Moffat - Dumfries
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Robert Wood of Henderson Street Moffat Pauper
and that the said Robert Wood
is a (5) Lunatic 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) Obstinately refuses to speak dilated pupils & stupid appearance having been out all night - does not appear to be able to explain where he has been; only half dressed & is uncertain in putting on his clothes

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been noisy & the door has been smashed refuses food, though he and to take it is violent.

Name and Medical Designation, Wm D'Orsy Grange

Place of Abode Moffat.

DATED this Fifth day of June — One thousand eight hundred and eighty seven.

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, be undersigned, James Munro
be g (1) Physician & Surgeon
he by certify, on soul and conscience, that I have this day, at (2) Henderson Street. Moffat
in e County of Dumfries, seen and personally examined
Robert Wood, and that the said
pe on 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 Munro M.D. L.R.C.S. Edin.

Dated this Fifth day of June, — One thousand eight
hu ired and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff-Substitute,
of (4) County of Dumfries,
ha g had produced to me, with a Petition at the instance of (5) James Grieve,
Inspector of Poor, Moffat,
Ce ficates under the hands of James Munro:
an William D'Orly Grange, being two Medical Persons
dul qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
Tre ment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
Asylums in Scotland," setting forth that they had separately visited and examined (6)
Robert Wood, Henderson Street, Moffat, a Pauper, and that the said
Robert Wood is a (7) person of unsound mind,
and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
rece e the said Robert Wood as a Patient into the
(8) Public Asylum of Southern Counties, and I authorize
yo Transmission to the said Asylum accordingly; and I transmit you herewith
the id Medical Certificates, and a Statement regarding the said Robert Wood
whi accompanied the said Petition.

Dated this Sixth day of June, — One thousand eight
hun ed and eighty seven years.

David Boyle Hope

To the Superintendent of the (8) Public Asylum of Southern Counties Dumfries.

---

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
Public, District, Parochial, or Private.

5014

Robert Wood

admitted 5 June 1887

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) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~of the~~ and Galloway; ~~of~~ ——— *and his Substitutes,*—

The Petition of William Gibb, ~~Clothier~~ Baillieston, Glasgow, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Gibb, ——— your Petitioner's (3) 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 authorise the transmission of the said Euphemia Gibb, ——— to the Crichton Royal Institution for the Insane, at Dumfries, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. Wm. Gibb

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighth ——— (4) day of June, ——— One Thousand eight hundred and Eighty seven.

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,	Euphemia Gibb.
2.	Sex and Age,	Female 28.
3.	Married, Single, or Widowed,	Single.
4.	Condition of Life, and previous Occupation (if any),	Shop assistant.
5.	Religious Persuasion, so far as known,	United Presbyterian.
6.	Previous Place of Abode,	Main Street - Glasgow.
7.	Place where Found and Examined,	Glasgow.
8.	Length of time Insane,	Twelve months.
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,	Twelve months.
13.	Supposed Cause,	Death of mother and disappointments in love affairs
14.	Whether subject to Epilepsy,	———
15.	Whether Suicidal,	Has threatened lately to cut her throat.
16.	Whether Dangerous to others,	Yes — lately.
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,	William Gibb brother. Clothier Baillieston, Glasgow.
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 8th day of June ——— One thousand eight hundred and Eighty seven.

(*To be signed by Party applying*) J. Wm. Gibb

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, George Willis, being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) McQueen's Land Main St. Baillieston Lanark In the Case separately from any other Medical Practitioner visited and personally examined (4) Euphemia Gibb, the said Euphemia Gibb is a (5) person of unsound mind and a proper Person to be taken 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) Threatening to injure friends about her, and say she will cut her throat.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Brother informs me that she is wild and delirious. throwing the crockery at her sister and says she will kill her.

Name and Medical Designation. George Willis L.P.S.G.

Place of Abode, Clifton House Baillieston

DATED this Seventh day of June One thousand eight hundred and eighty seven.

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 Hunter Dryden, being a (1) Licentiate of the Royal Colleges of Physicians and and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the Case Dumfries separately from any other Medical Practitioner visited and personally examined (4) Miss Euphemia Gibb of McQueen's Lane, Main Street, Baillieston, the said Miss Euphemia Gibb is a (5) person of unsound mind and a proper person to be taken 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 depressed and is very reticent. She will scarcely answer any question. She says that her friends did not treat her well & threaten injure her, 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. Hunter Dryden M.B.

Place of Abode, 39 Castle Street, Dumfries

DATED this eighth day of June One thousand eight hundred and eighty seven 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, George Willis being (1) Licentiate of the Faculty of Physicians and Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) McGuinn's Land Main Street Bellister in the County of Lanark, seen and personally examined Euphemia Gibb, 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.

George Willis. L.F.P.S.G.

Dated this Seventh day of June, One thousand eight hundred and Eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Gibb, Clothier, Bailleston Glasgow Certificates under the hands of George Willis L.F.P.S.G. and James Hunter Dryden, 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) Euphemia Gibb, McGuinn's Lane, Main Street, Glasgow, Patient's Sister and that the said Euphemia Gibb 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 Euphemia Gibb as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Euphemia Gibb which accompanied the said Petition.

Dated this Ninth day of June, One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution.

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(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.
(7) Public, District, Parochial, or Private.

5015

Euphemia Gibb

admitted 8 June 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) I Agnes Fairley widow, of
1 Kerseland Street, Glasgow,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mrs Jane Cairns Kay,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Mrs Jane Cairns Kay to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Agnes Fairley

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 8th (5) day of June One thousand eight hundred and 87.

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 Cairns Kay
2. Sex and age,	65 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	—
6. Previous place of abode,	363 St Georges Rd Glasgow
7. Place where found and examined,	363 St Georges Rd
8. Length of time Insane,	two weeks
9. Whether First Attack,	~~three years ago~~ No.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	363 St Georges Rd & Gartnavel
12. Duration of Existing Attack,	3 weeks
13. Supposed Cause,	Domestic bereavement
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,	Mrs Agnes Fairley, 1 Kerseland Street Glasgow, Sister.
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 8th day of June One thousand eight hundred and 87.

(To be signed by the Party applying) Agnes Fairley

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Dunlop, —
being (1) ~~M.B. & C.M.~~ M. Glasgow, Univ
hereby certify, on soul and conscience, that I have this day, at (2) 363 St George's Rd
in the County of Lanark —, seen and personally examined
Jane Cairns Kay, —, 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 Dunlop

DATED this 7th — day of June, One thousand eight hundred and 87.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, A Bryden Moffat, ——
ing a (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh ——
d being in actual practice as a (2) Physician, ——
reby certify, on soul and conscience, that I have this day at (3) 363 St
Georges Road. Glasgow, —— in the County of
Lanark —— separately from any other Medical Practitioner,
ited and personally examined (4) Jane Cairns Kay, ——
and that
e said Jane Cairns Kay, —— is a (5) person of
unsound mind, —— and a proper person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, 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 Melancholia
at the time of my examination was sitting with an expression of deep
tion for which there is no special reason. She is extremely taciturn
ing with the utmost difficulty that she could be got to speak.

(6) *State the Facts.*

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)
informed by her Grandson Mr Ronald L. Cowan that she was con-
in Gartnavel Asylum three years ago suffering from Melancholia.
informs me that she has allusions to the effect that while she believes
receipt of her income. Still she disposes of it in some mysterious way that
in poverty.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A Bryden Moffat LRCP. LRCS. Edin

Place of Abode, 405 St Vincent St. Glasgow

DATED this Seventh day of June One thousand eight
hundred and Eighty seven.

MEDICAL CERTIFICATE.—No. II.

, the undersigned, James Dunlop, ——
being a MB & Cell of Glasgow University,
and being in actual practice as a (2) Physician, ——
reby certify, on soul and conscience, that I have this day, at (3) 363 St
Georges Road Glasgow —— in the County of
Lanark, —— separately from any other Medical Practitioner,
visited and personally examined (4) Jane Cairns Kay ——
residing there, ——
and that
the said Jane Cairns Kay, —— 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.

Facts indicating Insanity observed by myself: (6) She is in a
state of mental depression, excited, and
under the influence of delusions such as
that she is in deep poverty &c &c.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Ronald M. Cowan her Grandson
informs me she is restless, depressed,
and wanders aimlessly about the house,
and that she has delusions—

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Dunlop MB,

Place of Abode, 423 St. Vincent St

DATED this 7th day of June, One thousand eight
hundred and 87.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Agnes [illegible] Widow, 1 Hersiland Street Glasgow, Certificates under the hands of Andrew Dyde Moffat L.R.C.P. and James Dunlop M.B. —, being two Medical Practitioners 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 Cairns Hay 163 St Georges Road Glasgow and that the said Jane Cairns Hay, — 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 Jane Cairns Hay, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Cairns 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 this Ninth — day of June, — One thousand eight hundred and eighty seven Years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5076

Jane Cairns Hay

admitted 8 June 1887

Name

Date of Admission

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway

and his Substitutes.—

The Petition of (3) John Potter 21 Maclise Rd West Kensington W.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that A.E. Potter, Gentleman,

your Petitioner's (4) 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 A.E. Potter, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(3) Insert Name and Designation.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Potter

DATED this ninth (5) day of June, One thousand eight hundred and 87 eighty seven.

(5) The date of the Petition to be within four-teen days following the date 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,	Alfred Ernest Potter
2. Sex and age,	male - 33 years -
3. Married, Single, or Widowed,	single
4. Condition of Life and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Church of England
6. Previous place of abode,	Carrom bridge Thornhill
7. Place where found and examined,	do
8. Length of time Insane,	fifteen months
9. Whether First Attack,	second
10. Age (if known) on First Attack,	Thirty three
11. When and where previously under Examination and treatment,	Boarded at a farm.
12. Duration of Existing Attack,	ten days
13. Supposed Cause,	Sun Stroke
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	possible
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,	John Potter brother 21 Maclise Rd. London None.
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 ninth day of June, — One thousand eight hundred and eighty seven.

(To be signed by the Party applying) John Potter

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Lancashire
2. Character of Education,	general
3. Is the natural disposition cheerful or melancholy—reserved or frank,	reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Intemperate & unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes once Three weeks same as at present. [illegible]
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Restlessness
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.?	Refuses food is sleepless & losing flesh
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	More violent & dangerous
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	distructive
15. Has he threatened or attempted violence to himself? If so, in what way?	
16. Has he threatened or attempted violence to others? If so, in what way?	Yes. wished to fight [illegible]
17. How long has he been insane?	Fifteen months

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 Mackie, being (1) Licentiate of the Royal College of Physicians [illegible] hereby certify, on soul and conscience, that I have this day, at (2) Newlands in the County of Dumfries, seen and personally examined Ernest Potter, 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.

John Mackie

DATED this 7th day of June One thousand eight hundred and Eighty seven

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Mackie, being a (1) Licentiate of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician, do hereby certify, on soul and conscience, that I have this day, at (3) Newlands in the parish of Morton, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Ernest Potter, Newlands Dumfriesshire and that the said Ernest Potter 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) Incoherent in his talk; restless & unsettled in his movements; while talking to me he would suddenly start up & walk off aimlessly: keeps muttering to himself & whistling. On receiving his morning letters, he tore them up without reading & threw them in the fire.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He has had sunstroke. He has thrown the furniture about, threatened people, asked others to fight duels with him, and talks confusedly of axes, pistols & knives. Has attempted to burn away

Name and Medical Designation, John Mackie Physician

Place of Abode, Thornhill, Dumfriesshire

DATED this Eighth day of June One thousand eight hundred and Eighty seven

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Davidson, 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) Newlands Morton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ernest Potter and that the said Ernest Potter 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 very restless & excited. Asks to be excused for a minute & walks off aimlessly returning saying no excuse is necessary. Sits talking & muttering to himself. Looks ~~fierce~~ angrily at people while his eyes are red & injected.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Tosses the furniture about; smashed earthenware jars. Has asked people to fight duels. Threatens to kill some one.

Name and Medical Designation, Thomas Davidson M B C M

Place of Abode Thornhill Dumfriesshire

DATED this Eighth (9th) day of June One thousand eight hundred and eighty seven.

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) *of* *of the* (2) *and his Substitutes,*—

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(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 as an Asylum for the Insane. May it therefore please your Lordship to authorize the commission of the said

and to sanction the admission into the said Asylum.

(To be signed by the Party applying)

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this (4) day of 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, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, . .
8. Length of time Insane, . . .
9. Whether First Attack, . . .
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*], .
12. Duration of Existing Attack, . .
13. Supposed Cause, ...
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. 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, ...
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 day of One thousand eight hundred and

(To be signed by the Party applying)

MEDICAL CERTIFICATE.—No. I.

, the undersigned,
ng a (1)

d being in actual practice as a (2)
reby certify, on soul and conscience, that I have this day at (3)
in the County of
separately from any other Medical Practitioner,
sited and personally examined (4)
and that
is a (5)
and a proper person to be detained
der are and Treatment, and that I have formed this opinion upon the following
ound viz. :—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, ...

Place of Abode, ...

D ED this day of One thousand eight
andr 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.

, the undersigned,
ng a (1)

d being in actual practice as a (2)
reby certify, on soul and conscience, that I have this day, at (3)
in the County of
separately from any other Medical Practitioner,
sited and personally examined (4)
and that
is a (5)
and a proper Person to be detained
der are and Treatment, and that I have formed this opinion upon the following
ound viz. :—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, ...

Place of Abode, ...

D ED this day of One thousand eight
andr 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.*

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) — Sheriff-Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John Potter 21 Maclise Road West Kensington Lond. Certificates under the hands of John Mackie and Thomas Davidson —, 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 Alfred Ernest Potter Newlands Thornhill Pet. Bretton and that Alfred Ernest Potter 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 Alfred Ernest Potter, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Alfred Ernest Potter 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 this Tenth — day of June, — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, ...

Date of Admission, ...

6017

Alfred Ernest Potter

Admitted 9 June 1887

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) Burgh or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Stewartry of Kirkcudbright and his Substitutes.

The Petition of George Hunter, Inspector of Poor, Tongland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Campbell your Petitioner's (3) Pauper

(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 Thomas Campbell to the Southern Counties' and to sanction his admission into the said Asylum.

(To be signed by the Party applying) George Hunter

(4) The date of the Petition must be within four clear days from the dates of the Medical Certificates.

DATED this 10th (4) day of June One thousand eight hundred and eighty seven.

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 Campbell
2.	Sex and Age,	Male 74.
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Labourer
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Castle Douglas
7.	Place where Found and Examined,	Poorhouse - Kirkcudbright
8.	Length of time Insane,	
9.	Whether First Attack,	So far as known
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*],	—
12.	Duration of Existing Attack,	About 10 days - according to information of others
13.	Supposed Cause,	Cranial 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,	Tongland
18.	Date of becoming Chargeable,	31st January 1887 - (Prior in 1877) - In America since
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,	Wife & two sons in America - present address unknown.
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 10th day of June One thousand eight hundred and eighty seven

(To be signed by the Party applying) George Hunter

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, Wm Swanston Spence Reid being a (1) Bachelor of Medicine & master Surg 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) The Kirk Poorshouse in the County of separately from any other Medical Practitioner visited and personally examined (4) Thomas Campbell Pauper. the said Thomas 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 is quite incoherent in speech and is under various delusions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The Governor of the Kirkcudbright poorshouse tells me he was awake most of the last night trying to make his trying to tear down boards above bed & at the same time rambling in his speech

Name and Medical Designation, W. S. T. Reid. M.B.

Place of Abode, Oakley. Kirkcudbright

DATED this 10th day of June One thousand eight hundred and eighty seven.

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 Moffat being a (1) Graduate in Medicine and Surgery 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) The Kirkcudbright Combination Poors House in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Campbell Pauper and the said Thomas 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)

His general incoherence - I put several questions to him, but the only answer I was a laugh - quite idiotic in its character.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The Governor and an Attendant informed me that he had employed himself during the day in rubbing the walls and gathering the [illegible] in the court with his feet.

Name and Medical Designation, James Moffat, M.B.C.M.

Place of Abode Church Place - Kirkcudbright

DATED this tenth day of June One thousand eight hundred and eighty seven.

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, 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.

DATED this day of One thousand eight
hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Bell (1) Sheriff Substitute
of (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) George Hunter
Inspector of Poor for the Parish of Dalry
Certificates under the hands of W. L. Reid M.D. C.M.
and James Moffat Surgeon, 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 Campbell Pauper and that the said
Thomas Campbell is a (5) person of unsound mind
and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Campbell as a Patient into the (6) Public Asylum of Southern Counties 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 Thomas Campbell which accompanied the said Petition.

DATED this tenth day of June One thousand eight
hundred and Eighty seven years.

William Bell
Sheriff Substitute.

To the Superintendent of the (7) Southern Counties Asylum. Dumfries.
Asylum of

(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.
(7) Public, District, Parochial, or Private.

5018

Thomas Campbell

admitted 11 June 1887

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. (1) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the County~~ of Dumfries ~~Kirkcudbright~~ *or his Substitutes,*—

The Petition of Alexander Cameron Inspector of Poor, ~~Joy Sealall~~,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Craig or Herron ——

(2) State degree of relationship or other capacity in which Petitioner intends to Lunatic.

your Petitioner's (2) 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 Ann Craig or Herron, —— to the Southern Counties Asylum Dumfries, and to sanction her admission into the said Asylum.

Alex^r Cameron, Insp^r of Poor Dryfesdale

(3) The date of the Petition must be within seven clear days between the dates of the Medical Certificates.

Dated this eleventh (3) day of June, —— One thousand eight hundred and eighty seven.

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,	Ann Craig or Herron.
2. Sex and Age,	Female, Thirty five years old.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Home Keeper
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Sydney Place Lockerbie.
7. Place where Found and Examined,	Her Husbands Home in Sydney Place Lockerbie.
8. Length of time Insane,	Five Months bordering on Insanity
9. Whether First Attack,	First
10. Age (if known) on First Attack,	Thirty four or a half years old
11. When and where previously under Examination and Treatment,	None
12. Duration of Existing Attack,	Five Months.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Sometimes
17. Parish or Union to which the Lunatic (if a pauper) is Chargeable,	Dryfesdale Parish.
18. Date of becoming Chargeable,	June 11th 1887.
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 Nunns, or Semmy, Sometime Craig mother, residing at Beechhill near Glasgow. No Insanity among her Relation.
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 eleventh day of June, — One thousand eight hundred and eighty seven.

(*To be signed by Party applying*) Alex^r Cameron, Insp^r of Poor Dryfesdale P. S.

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 Irving, being a (1) Bachelor of Medicine and Master in Surgery and being in actual practice as a (2) General Practitioner, hereby certify, on soul and conscience, that I have this day, at (3) Sydney Place Lockerbie, in the county of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Ann Craig or Herron, a Pauper Sydney Place Lockerbie and that the said Ann Craig or Herron 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 depressed owing to fears about things in the Bible. Her muscular movement she is never at rest. (3) She is [illegible] requiring two men to hold her, sometimes being fairly quiet & at other times violent & [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she is sleepless and restless & that she refuses her food. And that night she rose out of bed & attempted to leap through the window, breaking as many as three panes of glass.

Name and Medical Designation, } George Irving M.B.

Place of Abode, Lockerbie.

DATED this eleventh day of June One thousand eight hundred and eighty seven.

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, Walter Sandeman, being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Assistant to Dr Maclachlan, hereby certify, on soul and conscience, that I have this day, at (3) Sidney Place, Lockerbie in the county of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Craig or Herron, a pauper, Sydney Place, Lockerbie and that the said Ann Craig or Herron 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 expresses a fear that someone is going to [illegible] her and her children. Sits motionless with her baby in her arms.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I was informed by Mr Herron, her husband, that she sprang out of bed & tried to get out of the bedroom window, smashing the glass & cutting herself. She has been sleepless refusing her food for the past week.

Name and Medical Designation, } Walter Sandeman M.B.

Place of Abode Dr Maclachlan's Lockerbie

DATED this eleventh day of June, One thousand eight hundred and eighty seven.

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 Irving, ——————
being (1) Bachelor of Medicine & Master in Surgery ——
hereby certify, on soul and conscience, that I have this day, at (2) Sydney Place, Lockerbie
in the County of Dumfries ——————, seen and personally examined
Ann Craig or Herron ——————, 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.

George Irving M.B. C.M.

DATED this eleventh day of June, ——— One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander Cameron, Inspector of Poor, Dumfriesdale, —
Certificates under the hands of George Irving
and Walter Sandeman ——————, 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 Craig or Herron, Sydney Place Lockerbie, and that the said Annie Craig or Herron, is a (5) person of unsound mind, (a pauper),
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Craig or Herron — as a Patient into the (6) Public —— Asylum of Southern Counties, — 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 Annie Craig or Herron, ——— which accompanied the said Petition.

DATED this Thirteenth day of June, — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(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.
(7) Public, District, Parochial, or Private.

Agnes Craig or Herron
admitted 11 June 1887

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) Dumfries & ~~of~~ Galloway — *and his Substitutes.*—

The Petition of John Maxwell. Insp. of Poor. Troqueer, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Fettes, Tea-Dealer, —— your Petitioner's (3) Pauper, ——— 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 Fettes, ——— to the Southern Counties 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 Maxwell. Insp. of Poor.

DATED this Thirteenth (4) day of June, —— One thousand eight hundred and eighty seven years. ———

(4) The date of the Petition must be within fifteen 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,	James Fettes.
2. Sex and Age,	Male. aged about 49 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Tea-Dealer. formerly Colporteur,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	66 Glasgow Street. Maxwelltown.
7. Place where Found and Examined,	same place.
8. Length of time Insane,	Has been strange for about 3 months.
9. Whether First Attack,	Has several times been in an excited state.
10. Age (if known) on First Attack,	about 49 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never known to have been under Treatment before. ———
12. Duration of Existing Attack,	more or less for about 3 months.
13. Supposed Cause,	Religious meetings excite him.
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,	Troqueer in the meantime.
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 wife tells me that his youngest brother is Imbecile, and is in an Institution for Treatment of this class of patients.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Thirteenth day of June, —— One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) John Maxwell. Insp. of Poor. P.P.

Parish of Troqueer.

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, Patrick M. Murray, being a (1) Graduate 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) 66 Glasgow St. Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Fettes Bookcase pauper and that the said James Fettes 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 he has a mission from God to correct [illegible] of evil. that the spirit tells him [illegible] it and he must obey.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife tells me that he spends money foolishly, that he often breaks the furniture in the house.

Name and Medical Designation, P. M. Murray

Place of Abode Castle St. Dumfries

DATED this 13 day of June One thousand eight hundred and 87

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 Smith, being a (1) Graduate in 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) High Street Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Fettes Bookcase 66 Glasgow St. a pauper, and that the said James Fettes, 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 insane excited appearance & actions. Caused a disturbance on the street today by his violent speech & actions.

(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 during last three or four weeks he has been unmanageable. & she is afraid to live with him.

Name and Medical Designation, J. Smith M.D.

Place of Abode 16 Castle St. Dumfries

DATED this 12th day of June, One thousand eight hundred and eighty seven 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 Smith
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) High St Dumfries
in the County of Dumfries, seen and personally examined
James Fettes, 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.

Jno Smith M.D. &c.

DATED this 12th day of June One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~William Young~~ Hennes Shortt (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) ~~Patrick Maxwell Murr~~ John Maxwell Inspector of Poor, Trogueer,
Certificates under the hands of Patrick Maxwell Murray,
and John Smith, 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 Fettes, Tea Dealer, Maxwelltown (a pauper) and that the said
James Fettes, 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 Fettes, as a Patient into the (6) Public Asylum of Southern Counties, 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 James Fettes which accompanied the said Petition.

DATED this Thirteenth day of June One thousand eight hundred and eighty seven. Three words deleted.

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

W H Shortt

(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.
(7) Public, District, Parochial, or Private.

5020

Dames Feltes

admises

15 Juin 1884

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.

Sheriff or Steward. Sheriff Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway, *and his Substitutes,*—

The Petition of Peter John Carruthers. Insp. of Poor, Eskdalemuir

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Boyes.

(3) State degree of relationship or other authority which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper,

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 Boyes, to the Southern Counties Asylum and to sanction her admission into the said Asylum.

P. J. Carruthers

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 17th (4) day of June—One thousand eight hundred and Eighty-seven years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary (Marion) Boyes.
Sex and Age,	Female - 31.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Craighaugh, Eskdalemuir.
Place where Found and Examined,	do. do.
Length of time Insane,	A few days.
Whether First Attack,	Yes.
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	—
Supposed Cause,	Over anxiety
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Eskdalemuir.
Date of becoming Chargeable,	16th June 1887
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,	Wachup Boyes - sister Craighaugh. Eskdalemuir. Yes - a sister is insane
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 17th day of June, One thousand eight hundred and Eighty-seven.

(*To be signed by Party applying*) P. J. Carruthers.

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 Gill, being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Craighaugh, Eskdalemuir, Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Boyes, Craighaugh, Eskdalemuir, Langholm, Pauper and the said Mary Boyes 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 saw her she would scarcely speak & when she did so she [illegible] of somebody attempting to shoot her & that her late master [illegible] along with her brother were conspiring to do something [illegible] not tell what. She seemed frightened & could scarcely be [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her sister Wauchope Boyes, repeats the above, & tells me that often urges her to leave the house and save herself, for something going to happen to her (Mary Boyes).

Name and Medical Designation, John Gill M.B. [illegible]

Place of Abode, Langholm

DATED this 16th day of June One thousand eight hundred and eighty seven.

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, Fred. H. Clarke, being a (1) Bachelor of Medicine & Master in Surgery, University of Glasgow, and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Mary Boyes, Craighaugh, Eskdalemuir, Pauper, and the said Elizabeth Boyes 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 appeared to be much depressed mentally.
Had delusions about people threatening her with personal injury.

(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, Fred. H. Clarke M.B.

Place of Abode 37 Castle Street Dumfries

DATED this seventeenth day of June One thousand eight hundred and eighty seven.

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, Frederick H. Clarke, being (1) a Bachelor of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) 16 Castle St. Dfs: in the County of Dumfries, , seen and personally examined Mary Boyes, , 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.

Fred H. Clarke, MB CM.

Dated this 17th day of June One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter John Carruthers Inspector of Poor Kirkpatrick Juxta, Certificates under the hands of John Gill, and Peter Hannah, 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 Boyes, Craigtaugh, Kirkpatrick Juxta and that the said Mary Boyes, 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 Boyes as a Patient into the (6) Public Asylum of Southern Counties ~~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 Boyes which accompanied the said Petition.

Dated this Seventeenth of June, One thousand eight hundred and eighty seven. Two words deleted

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5021

Mary Boyes

admitted 17 June 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Matthew Edgar, 84 Lorebum St, Dfs,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Janet Robison or Edgar
your Petitioner's (4) ~~Wife Matthew Edgar, Husband, 84 Lorebum St, Dfs,~~
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 Robison or ~~Edgar~~ to the Crichton Royal Institution for the Insane at Dumfries, and to sanction ~~her~~ admission into the said Asylum.

(4) State degree of Relations, or other capacity in which Petitioner stands to Lunatic.

Matthew Edgar

(5) The date of the Petition must be within four-teen days following the date of the Medical Certificate.

DATED this 24th (5) day of June One thousand eight hundred and Eighty Seven

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 Robison or Edgar
2.	Sex and age,	Female age 84 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life and previous Occupation (if any),	Housewife
5.	Religious Persuasion, so far as known,	
6.	Previous place of abode,	84 Lorebum Street Dumfries
7.	Place where found and examined,	84 Lorebum Street
8.	Length of time Insane,	four Weeks
9.	Whether First Attack,	do
10.	Age (if known) on First Attack,	
11.	When and where previously under Examination and treatment,	May 28th at 84 Lorebum Street
12.	Duration of Existing Attack,	one Month
13.	Supposed Cause,	
14.	Whether subject to Epilepsy,	
15.	Whether Suicidal,	
16.	Whether Dangerous to others,	Dangerous
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18.	Date of becoming Chargeable,	June 24th
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,	Margaret Black or Robison Mother 21 Cranston St Anderston Glasgow none ever known to be 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 24th day of June One thousand eight hundred and Eighty Seven

(To be signed by the Party applying) Matthew Edgar

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Cunningham being (1) A Licentiate of the Royal College of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 84 Lochburn Street Dumfries in the County of Dumfries, seen and personally examined Janet Robison or Edgar, 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.

Hugh Cunningham L.R.C.P.Edin.

DATED this twenty third day of June One thousand eight hundred and eighty seven years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, e undersigned, Hugh Cunningham being (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow and ing in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day at (3) 84 Loreburn Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Robison or Edgar Gonewife, 84 Loreburn Street, Dumfries and that the said Janet Robison or Edgar 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.

Facts indicating Insanity observed by myself: (6) She refuses food, believes that some dreadful evil is about to overtake her, and she has a maniacal look.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother informs me that she is sleepless and that she will not take food.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edinb.

Place of Abode, 25 Castle Street, Dumfries

DATED this twenty third day of June One thousand eight hundred and eighty seven years

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MEDICAL CERTIFICATE.—No. II.

I, e undersigned, John Cunningham being (1) Licentiate of the Royal College of Physicians & Surgeons & Med and ing in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 84 Loreburn Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Robison or Edgars Married, 84 Loreburn Street and that the said Janet Robison or Edgars 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.

Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She answers questions incoherently — She is aimlessly restless.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) She is sleepless — She threatened to drown herself yesterday — She will not take her food — This information was received from her husband

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Cunningham Med L.R.C.P. Edin.

Place of Abode, Dumfries

DATED this 24th day of June One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Matthew [illegible] 84 Loreburn Street, Dumfries, Certificates under the hands of Hugh Cunningham — and John Cunningham —, 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 Robison or Edgar 84 Loreburn St Dumfries and that the said Janet Robison or Edgar is a (5) person of unsound mind (Petitioner) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Robison or Edgar — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Janet Robison or Edgar 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 this Twenty fifth day of June — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5022

Janet Robison or Edgar

admitted 24 June 1887

Date of Admission.....

Name.....

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, at Dumfries.

and his Substitutes,—

The Petition of (3) — John Newlands. jeweller, Kilmarnock.

(3) Christian Name and Surname.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that — ~~your wife~~ Lilias White or Newlands, your Petitioner's (4) 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 Lilias White or Newlands, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Newlands

DATED this ~~Twenty-ninth~~ 29th (5) day of June, One thousand eight hundred and Eighty seven.

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

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,	Lilias White or Newlands.
2. Sex and age,	Female - Forty nine.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant. Evangelical Union.
6. Previous place of abode,	10 Orchard Street.
7. Place where found and examined,	10 Orchard Street. Kilmarnock. Kilmarnock.
8. Length of time Insane,	~~No~~ -
9. Whether First Attack,	Forty eight.
10. Age (if known) on First Attack,	Crichton Royal Institution, Dumfries
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	No.
13. Supposed Cause,	No.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	
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 her family known to be or to have been insane,	Isabella White or Wilson, Burnside, Riccarton. No.
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 Twenty ninth day of June, — One thousand eight hundred and Eighty seven.

(To be signed by the Party applying) John Newlands

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
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? - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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 Frew, being (1) a Doctor of Medicine of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 10. Orchard Street, Kilmarnock in the County of Ayr, seen and personally examined Lilias White or Newlands, 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.

William Frew

DATED this twenty eighth day of June, One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, th undersigned, William Frew, ——
ing (1) Doctor of Medicine of the University of Edinburgh, ——
d b g in actual practice as a (2) Physician & Surgeon, ——
ereby ertify, on soul and conscience, that I have this day at (3) 10. Orchard Street. Kilmarnock, —— in the County of —— Ayr. —— separately from any other Medical Practitioner, isite nd personally examined (4) Lilias White or Newlands, ownwife 10 Orchard St. Kilmarnock, —— and that e sa —— Lilias White, —— is a (5) person of unsound mind, —— and a proper person to be detained nder are and Treatment, and that I have formed this opinion upon the following roun, 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)

(6) *State the Facts.*

She informed me that she could not help using very profane language. looks Excited in manner. & says she hears voices - imaginary. talking to her. contradicting her or approving her

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her husband informs me that she thinks her friends are conspiring against her. to do her hurt. She uses very profane language. which is quite contrary her usual way of talking. very Emotional.

Name and Medical Designation, William Frew M.D.

Place of Abode, London Road, Kilmarnock

ATED this twenty eighth day of June, —One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

, th undersigned, James Hunter Dryden, ——
ing (1) Licentiate of the Royal Colleges of Physicians & Surgeons, of Edinburgh ——
d b g in actual practice as a (2) general practitioner ——
ereby ertify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries —— in the County of Dumfries —— separately from any other Medical Practitioner, isite nd personally examined (4) Lilias White or Newlands, of Orchard Street, Kilmarnock —— and that e sa Lilias White or Newlands —— is a (5) person of unsound mind —— and a proper Person to be detained nder are and Treatment, and that I have formed this opinion upon the following roun, 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 looks dull depressed, she is very despondent and says that her home is being destroyed. She says she hears voices speaking to her, urging her to do acts which she knows would be wrong

(6) *State the Facts.*

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

By her attendant — She has had previous residence in an asylum.

Name and Medical Designation, J Hunter Dryden MCP & SEd

Place of Abode, 39 Castle St. Dfs

ATED this 29th day of June One thousand eight hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Newlands Jeweller Kilmarnock, Certificates under the hands of William Frew, and James Hunter Dryden, 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 Lilias White or Newlands, 10 Orchard St Kilmarnock, and that the said Lilias White or Newlands 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 Lilias White or Newlands, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Lilias White or Newlands 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 this First day of July, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Lilias Newlands

Date of Admission, 29 June 1887

9065

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

PL[illegible]ATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

[illegible] Frederick G. Hopper,
[illegible] desirous to transfer Hugh Hopper,
[illegible] a Patient in the Royal Edinburgh Asylum, and (¹)
[illegible] Brother Name
from the said Asylum to the
[illegible]ston Royal Institution, Dumfries, hereby request the authority of
[illegible]d to such transfer; and I subjoin a Statement of Particulars regarding the said
Hugh Hopper, and a Medical Certificate with
[illegible]ect to his mental and bodily condition.

F. G. Hopper.

(¹) Brother

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

D[illegible]ED at Edinburgh this day of June
[illegible]e thousand eight hundred and eighty seven

STATEMENT.

Christian Name and Surname of Patient at length,	Hugh Hopper
Sex and Age,	Male 46
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Medical Man
Religious Persuasion, so far as known,	Church of England
Date of Admission into Asylum,	~~2 October 1886~~ 9 Nov. 1886.
Length of time Insane,	11 months
Whether first Attack,	Yes
Age (if known) on first Attack,	45
Duration of existing Attack,	11 months
Supposed Cause,	Overwork in Practice and weak lungs
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish to which the Lunatic (if a Pauper) is chargeable,	
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,	Ann Hopper, 14 Wolseley Terrace, Jock's Lodge Brother was melancholy – but not in- sane (& consumptive)

I [illegible]rtify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) F. G. Hopper.

D[illegible]ED this day of June One thousand eight hundr[illegible] and eighty seven.

N.B.—The foregoing particulars are required for the information of the authorities to whose [illegible]re the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the Roy. Coll. of Physicians hereby certify that I have this day at (2) The Royal Asylum personally examined Hugh Hopper Patient in said Asylum, and with respect to his Mental State that he is depressed in mind. He labours under the delusions that he should not and that he has committed [illegible]

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to Bodily Health and Condition that the am under [illegible] proved since admission [illegible] being trouble & diabetes [illegible] having meantime disappeared

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Wimpus (Crichton Royal Institution)

T. S. Clouston

DATED this 17th day of April One thousand eight hundred and 87.

5024
Hugh Hopper
admitted 30 June 1887

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 Hugh Hopper from Royal Edinburgh Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 22nd day of June One thousand eight hundred and eighty-seven.

Date of Sheriff's Order.

9th November 1886

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) Shrievalty or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of George Drysdale Inspector of Poor Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Matilda Milveen your Petitioner's (3) Pauper 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 Matilda Milveen to the Southern Counties asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic.

George Drysdale

DATED this 24th (4) day of June One thousand eight hundred and eighty seven

(4) The date of the Petition must be within seven clear days before 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,	Matilda Milveen
2.	Sex and Age,	Female age 26 years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Imbecile from Birth
5.	Religious Persuasion, so far as known,	
6.	Previous Place of Abode,	Whithorn
7.	Place where Found and Examined,	Whithorn
8.	Length of time Insane,	from her Birth
9.	Whether First Attack,	—
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and Treatment,	has always been Insane
12.	Duration of Existing Attack,	
13.	Supposed Cause,	—
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	Parish of Whithorn
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	25 August 1875.
18.	Date of becoming Chargeable,	John Milveen her Father
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,	Resides in Whithorn
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 24th day of June — One thousand eight hundred and eighty seven.

(*To be signed by Party applying*) George Drysdale

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 Robert Dohi
being a (1) Bachelor of Medicine and a
in Surgery of Edinburgh University
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Glasse
Row, Whithorn in the County
Wigtown separately from any other Medical practitioner
visited and personally examined (4) Matilda Milveen, Pauper
Glasserton Row, Whithorn and
the said Matilda Milveen 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) Dull, fatuous expression — defective co-ordination — tendency to rhythmical movements — [illegible] to understand questions — cannot articulate even monosyllables.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Milveen Father says she has been stupid & unable to do anything her birth — makes no signs to take food unless offered to her.

Name and Medical Designation, John Robert Dohi M.B.C.

Place of Abode, Whithorn.

DATED this 22nd day of June One thousand eight hundred and eighty seven.

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 Charles Douglas
being a (1) Doctor of Medicine of Glasgow University
& Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Glasserton Row
Whithorn, Parish of Whithorn in the County of
Wigtown separately from any other Medical practitioner
visited and personally examined (4) Matilda Milveen, Pauper
Whithorn and
the said Matilda Milveen is a (5) idiot
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 never been able to speak. cannot feed herself or do any kind of work. in fact a perfect imbecile

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Isabella Christine, neighbour, says she is perfectly harmless. but never was able to [illegible] do the least thing for herself.

Name and Medical Designation, John C. Douglas M.B.C.

Place of Abode St. Ninians, Whithorn

DATED this Twenty third day of June One thousand eight hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig (1) Sheriff Substitute
of the (2) ~~Wigtown~~ County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor Whithorn
Certificates under the hands of John Robert Dobie MB. CM. Whithorn and John S. Douglas M.D. F.R.C.S. Whithorn, 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)
Matilda Milwen (Pauper) and that the said
Matilda Milwan 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 Matilda Milwen as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize Rest — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Matilda Milwen which accompanied the said Petition.

DATED this twenty fourth day of June One thousand eight hundred and eighty seven

John Doig

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(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.
(7) Public, District, Parochial, or Private.

5025

Matilda Mihveen

admitted 30th June 1817

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway,

and his Substitutes,

The Petition of (3) James Rolls Hoare, and Arthur Hoare, gentlemen both of 29 Cadogan Square, London

(3) First Name and Surname.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Hoare,

(4) State degree of Relationship or other capacity which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Thomas Hoare, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this 1st (5) day of July One thousand eight hundred and eighty seven —

Jas. R. Hoare
Arthur Hoare.

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 Hoare.
2. Sex and age,	male - 37 next march.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Gentleman - no occupation
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	
7. Place where found and examined,	Crichton Royal Institution, Dumfries.
8. Length of time Insane,	one year.
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	36
11. When and where previously under Examination and treatment,	
12. Duration of Existing Attack,	at least one year
13. Supposed Cause,	Intemperance
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. 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,	Father. Thomas Rolls Hoare, 56 marina St Leonards on Sea, at present a lunatic found by Inquisition,
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 1st day of July One thousand eight hundred and eighty seven.

(To be signed by the Party applying) Jas. R. Hoare
Arthur Hoare.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - Battersea
2. Character of Education, - - - - Rugby & Trinity College Cambridge
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - Unsettled & intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - Father
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Dryden, being (1) Licentiate of the Royal College of Physicians Edin. hereby certify, on soul and conscience, that I have this day at (2) Dumfries in the County of Dumfries, seen and personally examined Thomas Hoare, 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.

J. Hunter Dryden Med.

DATED this 20th day of June One thousand eight hundred and 87 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden
(1) Licentiate of the Royal College of Physicians
Surgeon of Edinburgh &c &c
all being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) the Crichton
Royal Institution, Dumfries,
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Hoare gentleman.
residing in Crichton Royal Institution and that
the said Thomas Hoare 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) His expression is that of morbid
suspicion. He is afraid of what is going to happen, and any
suggestion that anything unpleasant will occur, he starts and accepts
it at once. He has many delusions — e.g. he stated to me that the
matron & other ladies in the institution are going to prosecute him for breach of promise & seduction
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(6) State the Facts.
(7) State the Information, and from whom derived.

By Wm Davie, head attendant — He is subject to sudden and
violent impulses. Two days ago, while at breakfast, he
suddenly attempted to cut his throat with his table knife

Name and Medical Designation, J. Hunter Dryden L.R.C.P.S.E.

Place of Abode, 39 Castle Street, Dfs

DATED this 30th day of June One thousand eight
hundred and eighty seven years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Fred.k Hugh Clarke.
(1) Bachelor of Medicine & Master in Surgery
of Oregon University
all being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Hoare, Gentleman
residing in the Crichton Royal Institution and that
the said Thomas Hoare 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)
(1) Furtive suspicious expression of Countenance
(2) Idiots being frequently seized with sudden im-
pulses during which he might commit acts for
which he could not be held responsible, e.g. Suicide

(6) State the Facts.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Wm Davie, head Attendant
Struggles with his attendants and has
attempts of violence without apparent
object.
Requires constant watching to prevent violence to
himself or others.

(7) State the Information, and from whom derived.

Name and Medical Designation, Fred. Hugh Clarke M.B. C.M.

Place of Abode, 37 Castle Street Dumfries.

DATED this 1st day of July One thousand eight
hundred and eighty seven years.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James [illegible] & Arthur Hoare, 29 Cadogan Square, [illegible] Certificates under the hands of James Hunter Dr[illegible] and Frederick Hugh Clarke, being two Medi[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of th[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible] Asylums in Scotland," setting forth that they had separately visited and e[illegible] Thomas Hoare, Crichton Royal Institution, Dfs, and th[illegible] Thomas Hoare, is a (5) (Peter's Brother) person of u[illegible] mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHOR[illegible] receive the said Thomas Hoare, as a Patie[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize [illegible] Transmission to the said Asylum accordingly; and I transmit you herewi[illegible] Medical Certificates, and a Statement regarding the said Thomas Hoare 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 this Second day of July, One thousand eight hundred and eighty seven years.

David Boyle [illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Thomas Hoare

Date of Admission, 30 June 1887

9070

[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 25 JUN 87 SCOTLAND

I the undersigned George Hutcheson
being desirous to transfer Susannah Crawford McNair
present a Patient in Gartnavel Royal Asylum, and (1)
detained at my instance (being Patient's Brother)
from the said Asylum to the Crichton Royal Institution
hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Susannah Crawford McNair and a Medical Certificate with respect to her mental and bodily condition.

(1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

George Hutcheson
(2) Brother of Patient

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Greenock this 21st day of June one thousand eight hundred and eighty seven.

STATEMENT.

Christian Name and Surname of Patient at length,	Susannah Crawford McNair
Sex and Age,	Female, 56 past
Married, Single, or Widowed,	Widow
Condition of Life, and Previous Occupation (if any),	wife of an Engineer
Religious Persuasion, so far as known,	Presbyterian
Date of Admission into Asylum,	Nearly 8 years (9 July 1879)
Length of time Insane,	eight years
Whether first Attack,	several attacks
Age (if known) on first Attack,	not known
Duration of existing Attack,	eight years
Supposed Cause,	a bad marriage
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish to which the Lunatic (if a Pauper) is chargeable,	not a Pauper
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,	George Hutcheson Hyde Park Cottage 12 St Lawrence Street Greenock eldest brother no Member of her family ever insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) George Hutcheson

Dated this 21st day of June One thousand eight hundred and eighty seven.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Dyellowlees being (1) M.D. Edin. F.F.P.S. Glas hereby certify that I have this day at (2) Gartnavel Asylum personally examined Mrs. Susannah McNair at present Patient in said Asylum, and with respect to ~~his~~ Mental State that she is habitually depressed, hypo-chondriacal with fancied [illegible] and somewhat weak minded ; and with respect to ~~his~~ Bodily Health and Condition that she is weak.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Crichton Institution, Dumfries

Dyellowlees

DATED this 21st day of June One thousand eight hundred and 87.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) George Hu[illegible] to authorize the transfer of Susannah Crawford McNair from Glasgow Royal Asylum to Crichton Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Susannah Crawford McNair as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 25th day of June One thousand eight hundred and eighty-seven.

Date of Sheriff's Ordr
10th July 1879

5027

Susannah Crawford McNair
admitted 30 June 1887

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.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

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) *of Dumfries & Galloway and his Substitutes,—*

The Petition of Thomas Kennedy, Inspector of Poor, Parish of Stoney Kirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Campbell or Espie 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 Campbell or Espie to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Thomas Kennedy

(3) The date of the Petition must be within seven clear days between the dates of the Medical Certificates.

DATED this thirtieth (3) day of June One thousand eight hundred and Eighty Seven

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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,	Mary Campbell or Espie
2. Sex and Age,	Female about 50 years
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,	Wicerton Leswalt
7. Place where Found and Examined,	Village of Stoney Kirk
8. Length of time Insane,	— not known
9. Whether first attack,	— not known
10. Age (if known) on first Attack,	— not known
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	apparently not
16. Whether Dangerous to others,	apparently not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoney Kirk
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,	James Espie, Labourer, Wicerton Leswalt, Husband.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Pauper is not personally known to Petitioner and is herself unable to give the information

certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name Thomas Kennedy

DATED this thirtieth day of June One thousand eight hundred and eighty seven 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cowan McClew
being a (1) Bachelor of Medicine Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Stoney Hill Village in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell or Espie Housing-pauper
the said Mary Campbell or Espie is a (5) person of unsound mind and a proper person to be [illegible] 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 wanders about the country in an excited manner When questioned her memory is found to be very defective and she repeatedly contradicts [illegible] She is under delusions and is fleeing from her home from some one who is about a mile in advance of her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Andrew Kennedy says:- She came to the house yesterday declaring that "he" (whom, she didn't know) was after her to kill her and wished to be sent off to the asylum.

(SIGNED) Name and Medical Designation, John C. McClew M.B.

Place of Abode, Sandhead.

DATED this 29th day of June. One thousand eight hundred and eighty seven.

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, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians [illegible] & a Licentiate of the Faculty of Physicians & Surgeons [illegible]
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Stoney Hill Village, in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell or Espie a pauper
the said Mary Campbell or Espie is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently States that before leaving home her neighbour was digging in the moss and was going to destroy her family. [illegible] that people are on the roof of the house [illegible] sleeps crying like birds. Says that men dressed [illegible] intercept her in her walks from place to place.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Margaret Sprout informs me that she came to her house on the previous night in an excited [illegible] that men were trying to murder her. Talks [illegible] day and does not sleep well at night.

(SIGNED) Name and Medical Designation, Hugh Cochrane L.R.C.P. & L.R.P.S.

Place of Abode, Stranraer

DATED this 29th day of June One thousand eight hundred and eighty seven.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that

is a (2) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(2) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor parish of Stonykirk certificates under the hands of John C. M'Clure Surgeon Sandhead and Hugh Buchanan Surgeon Stranraer, 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 Campbell or Espie Stonykirk Village and that the said Mary Campbell or Espie 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 Campbell or Espie as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Campbell or Espie which accompanied the said Petition.

~~(Signed)~~ X W. M'Gibbon

DATED this Thirtieth day of June One thousand eight hundred and eighty seven years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(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, or Private.
(7) Public, District, or Private.

5028

Mary Campbell or Espie

admitted 30 June 1887

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 Dumfries & Galloway, and his Substitutes,—

The Petition of Alex^r McWilliam, Inspector of Poor, Carlaverock,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Fisher,

(3) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper, 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 Fisher, to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Alexander McWilliam

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this fourth (4) day of July, One thousand eight hundred and eighty seven.

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 Fisher.
2.	Sex and Age,	Male. 64
3.	Married, Single, or Widowed,	Married.
4.	Condition of Life, and previous Occupation (if any),	Farm Servant.
5.	Religious Persuasion, so far as known,	— Protestant.
6.	Previous Place of Abode,	
7.	Place where Found and Examined,	Craig's Cottage, Carlaverock
8.	Length of time Insane,	
9.	Whether First Attack,	No
10.	Age (if known) on First Attack,	60
11.	When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Southern Counties Asylum. Dumfries, 1884
12.	Duration of Existing Attack,	
13.	Supposed Cause,	—
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,	Carlaverock
18.	Date of becoming Chargeable,	2nd July 1887.
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,	Agnes Duncan = Fisher - Craigs, Carlaverock (wife,) his father was insane -
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 2nd day of July, One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) Alex^r McWilliam P. p. Insp. of Poor Carlaverock.

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, Richard B. Lorraine
being a (1) Graduate of Edinburgh 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) Craig Caerlaverock, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Fisher, Craig Caerlaverock, a pauper at that
the said David Fisher (Pauper) 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 he is [illegible] clothes to put on, and consequently not able to [illegible] out of bed while he has, is very childish and [illegible] at times in his talk, is dull and melancholy [illegible] himself and says he has not strength to get up while [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible] time he is quite strong in bodily health [illegible] His son says he is always assaulting his mother yesterday knocked her down and hurt her [illegible] also he is suicidal last night getting a [illegible] his neck to hang himself with.

Name and Medical Designation, R. B. Lorraine
A.B.C.

Place of Abode, 16 Castle St. Dumfries

DATED this second day of July — One thousand eight hundred and eighty seven.

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 Dale MacDonald
being a (1) Graduate of Edinburgh 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) Southern Counties Asylum Dumfries in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) David Fisher Craig Caerlaverock and that
the said David Fisher 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 [illegible] been frequently before very excitable threatening his wife &c. says he [illegible] to die &c when he is quite [illegible] physically

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is in this Asylum several times [illegible] reported to have threatened [illegible] on ~~the~~ Saturday last

Name and Medical Designation, A. D. MacDonald

Place of Abode 18 Castle St. Dumfries

DATED this 4th day of July — One thousand eight hundred and eighty seven

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, Richard B. Lorraine, being (1) Graduate of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Craigs, Caulaverock, in the County of Dumfries, seen and personally examined David Fisher, Craigs, Caulaverock, a pauper, 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.

Richard B. Lorraine

DATED this second day of July One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Alexander M'William, Inspector of Poor Carlaverock, Certificates under the hands of Richard B. Lorraine and Alexander Dall MacDonald, 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 Fisher, Craigs, Carlaverock, a Pauper, and that the said David Fisher, 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 Fisher as a Patient into the (6) Public Asylum of Southern Counties, 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 David Fisher, which accompanied the said Petition.

DATED this Fourth day of July One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5029

David Fisher

admitted 2 July 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honorable the (1) *Sheriff of* (2) Lanarkshire

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) Matthew J. Ferguson, journalist, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Russell Ferguson 20, Kelvinhaugh St Glasgow

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 David Russell Ferguson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Matthew J. Ferguson

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this Second (5) day of July One thousand eight hundred and eighty seven 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,	David Russell Ferguson,
2.	Sex and age,	male
3.	Married, Single, or Widowed,	single
4.	Condition of Life and previous Occupation (if any),	Middle class condition Formerly as a clerk.
5.	Religious Persuasion, so far as known,	Protestant
6.	Present place of abode,	20, Kelvinhaugh Street, Glasgow
7.	Place where found and examined,	20, Kelvinhaugh Street, Glasgow.
8.	Length of time Insane,	About ten months
9.	Whether First Attack,	This is the first attack.
10.	Age (if known) on First Attack,	About 39 years of age.
11.	When and where previously under Examination and treatment,	Not examined (but in need of examination) prior to being at 20, Kelvinhaugh St Glasgow.
12.	Duration of Existing Attack,	About ten months.
13.	Supposed Cause,	Too great a length of time at one study.
14.	Whether subject to Epilepsy,	Not subject to epilepsy
15.	Whether Suicidal,	Yes he is suicidally disposed
16.	Whether Dangerous to others,	No
17.	Irish 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 this Family known to be or to have been Insane,	~~Matthew Taylor Ferguson~~, Mrs Jean Russell or Ferguson who is patients mother & in whose family no one has been known to be insane. Her address is 20 Kelvinhaugh Street, Glasgow.
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 Second day of July One thousand eight hundred and eighty seven years

(To be signed by the Party applying) Matthew J. Ferguson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Lennoxtown, Campsie, Stirling
2. Character of Education,	Plain English Education
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Disposed to melancholy always reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady & industrious and very temperate.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Never been insane before
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Patient's father died of epilepsy on a second attack, & was [illegible] in his early life.
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?	Father dead; mother alive [illegible] of age; one brother dead of [illegible] about 20 years of age patient [illegible] delicate, supposed to be from [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No physical disease precipitated the present attack.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	The proximate cause was a prolonged study of shorthand [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	An increased indisposition associate with friends & society, & patient abandoned himself altogether to dispondency
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.?	He was at first & still is sleepless. He had at first [illegible] which is now good
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	There is practically no [illegible]
13. What changes have taken place in his bodily symptoms?	His body has somewhat improved. He has gained [illegible]
14. Is he dirty, destructive, untidy, or obscene?	He has become somewhat untidy of late
15. Has he threatened or attempted violence to himself? If so, in what way?	He has threatened drown himself, [illegible] shoot himself or poison himself
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	About ten months.

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification.

(2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, John Hardie
a) ~~Medical Doctor~~. Doctor of Medicine
of Glasgow University
being in actual practice as a (2) Physician & Surgeon
by certify, on soul and conscience, that I have this day at (3) 20, Kelvinhaugh
Street, Glasgow in the County of
Lanark separately from any other Medical Practitioner,
and personally examined (4) David Russell
Ferguson, Clerk, 20 Kelvinhaugh Street Glasgow and that
said David Russell 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. :—

(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)

(6) *State the Facts.*

I a state of great despondency. He stated that he felt
[illegible] wrong with his brain and asked the question, if people in his condition ever got better.
He stated that he felt he could commit suicide; Also mentioned the names
of great men that ended their lives by suicide

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Sleeplessness. Would like to keep his bed; Afraid anyone finds
[illegible] there is anything wrong with him; Has often said he would Commit suicide.
Also, when he goes out, that he may never return; Apparently looks the Newspapers for
the various ways suicide can be committed

Name and Medical Designation, John Hardie M.D.

Place of Abode, 220, St Vincent Street, Glasgow

DATED this Second day of July One thousand eight
hundred and eighty seven years

MEDICAL CERTIFICATE.—No. II.

the undersigned, David Smith
a (1) Member of the Royal College of Surgeons England
and Doctor of Medicine of St Andrew's University
being in actual practice as a (2) Physician and Surgeon
by certify, on soul and conscience, that I have this day, at (3) Number
20 Kelvinhaugh Street, Glasgow — in the County of
Lanark — separately from any other Medical Practitioner,
and personally examined (4) David Russell Ferguson,
Clerk, 20 Kelvinhaugh Street Glasgow and that
said David Russell 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. :—

(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) In Conversation he informed
me that since September 1886 he has been Melancholy
and has fancied he saw imaginary objects. He says that he seldom
sleeps, and when he does sleep he has disturbed dreams. Also, since
the above date he has lost all interest in his work, pastimes and former
associates, and now he remains solitary and idle at home, though he acknowledges
that he is perfect physical health. He says also that his life is lost, though he has continued
to fill a responsible position in the North British Railway, and follows up the preceding

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His brother, the petitioner, states that his
brother David Russell Ferguson has often
threatened to Commit suicide, and that his mother
and other persons in the house are exhausted
in watching him to prevent him doing himself bodily harm

Name and Medical Designation, David Smith M. D.

Place of Abode, 22 Newton Place, Glasgow

DATED this Second day of July One thousand eight
hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, Walter Cook Ogens (1) Sheriff [illegible] of the (2) County of Lanark having had produced to me, with a Petition at the instance of (3) Matthew Ferguson Journalist [illegible] Certificates under the hands of Dr John Hardie, 220 St Vincent St and David Smith MD Glasgow being two Medical Practitioners duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and examined

(4) Describe the Patient, and if a Pauper, state so.

David Russell Ferguson 20 Kilmichaelgate Glasgow and that

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

David Russell Ferguson 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 David Russell Ferguson as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Russell Ferguson which accompanied the said Petition.

DATED this fourth day of July One thousand eight hundred and eighty seven years

Walter Cook Ogens

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5030

David Russell Ferguson admitted 5 July 1887

Name.....

Date of Admission.....

9087

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

The undersigned John Johnston

being desirous to transfer Bartholomew Dodds

(1) If Lunatic is not a Pauper, detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

at present a Patient in Stranaer poorhouse, Lunacy wards, and (1) a pauper lunatic of the parish of which I am Inspector of poor from the said Asylum to the Royal asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Bartholomew Dodds and a Medical Certificate with respect to his mental and bodily condition.

John Johnston

Inspector of Poor Penninghame

(1) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranaer this second day of July — One thousand eight hundred and Eighty seven years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Bartholomew Dodds
2. Sex and Age,	male, 37 years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and Previous Occupation if any),	Light porter
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	7 augt 1886.
7. Length of time Insane,	11 months
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	11 months
11. Supposed Cause,	Suspected accident in childhood
12. Whether subject to Epilepsy,	Yes
13. Whether Suicidal,	no
14. Whether Dangerous to others,	occasionally
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
16. 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 Agnes Dodds, Victoria St Newton Stewart - mother. no

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Johnston

DATED this Second day of July — One thousand eight hundred and Eighty seven years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Easton

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Doctor of Medicine
hereby certify that I have this day at (2) Poorhouse Stranraer
personally examined Bartholomew Dodds at present
Patient in said Asylum, and with respect to his Mental State that he is
of unsound mind
& epileptic

; and with respect to his
Bodily Health and Condition that it is fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Thomas Easton

DATED this 2nd day of July One thousand eight hundred and eighty seven

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SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor, Kenninghame to authorize the transfer of Bartholomew Dodds from Wigtown Poorhouse to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of Bartholomew Dodds as requested.

1 valid for fourteen days from date

John Sibbald Commissioner.

DATED at Edinburgh, this Fifth day of July one thousand eight hundred and eighty-seven.

Date of Sheriff's Order:-
7th August 1886.

5031
Bartholomew Dodds
admitted
8 July 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Walter Johnstone, of Beckbeck, Moffat,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Beck,
your Petitioner's (4) friend
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 Beck, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Walter Johnstone

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Ninth (5) day of July One thousand eight hundred and eighty seven.

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 Beck.
2.	Sex and age,	Female
3.	Married, Single, or Widowed,	Single
4.	Condition of Life and previous Occupation (if any),	School mistress.
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous place of abode,	Infant school Moffat.
7.	Place where found and examined,	2 Osborne Row Moffat.
8.	Length of time Insane,	some weeks.
9.	Whether First Attack,	yes.
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and treatment,	—
12.	Duration of Existing Attack,	some weeks.
13.	Supposed Cause,	
14.	Whether subject to Epilepsy,	no
15.	Whether Suicidal,	no
16.	Whether Dangerous to others,	no but may become so.
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 her Family known to be or to have been Insane,	no relation known.
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 Ninth day of July One thousand eight hundred and eighty seven

(To be signed by the Party applying) Walter Johnstone

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	
2. Character of Education,	Very good
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	No relative known
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	
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.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Eight weeks.

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. W. Ogle Grange, being (1) a doctor of medicine & master in surgery of Ed[illegible] hereby certify, on soul and conscience, that I have this day, at (2) 2 Osborne Row [illegible] in the County of Dumfries, seen and personally examined Margaret Beck of Infant School Moffat, and that the said is a 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.

Wm. W. Ogle Grange

DATED this Ninth day of July One thousand eight hundred and eighty-seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

the undersigned, Wm Dog Scougall ——
ing a (1) Doctor of Medicine & Master in
Surgery of the University of Edinburgh ——
being in actual practice as a (2) ~~Doctor of Medicine~~ Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 2 Osborne
Row, Moffat, —— in the County of
Dumfries, —— separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Beck, of the
Margaret School, Moffat, —— and that
said Margaret Beck, —— 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)

Loss of memory, Cannot remember seeing people a few minutes before.
wants to get out of bed & go home in the middle of the night.
Raves & talks nonsense.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

that she does not remember people &
that they are other people. Cannot be kept in bed
wants to go home though she has no home to go

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Wm Dog Scougall M.D. Edin.

Place of Abode, Moffat

DATED this ninth day of July — One thousand eight
hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Munro, ——
being a (1) Member of the Royal College of Physicians
in Edinburgh & Licentiate of the Royal College of Surgeons Edinburgh
being in actual practice as a (2) Physician & Surgeon ——
hereby certify, on soul and conscience, that I have this day, at (3) 2 Osborne
Row, Moffat, —— in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Beck, eatery the
Margaret School, Moffat now 2 Osborne Row Moffat and that
the said Margaret Beck —— 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)

Loss of Memory - talks nonsence - Wants
to get out of house in the middle of the night
get violent occasionally - very restless.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She above facts and always wanting
to go home although no place to go to -
Making a noise & Knocking on doors & windows. Mrs Brown
with whom she lives -

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Munro M.D. L.R.C.S. Edin

Place of Abode, Moffat

DATED this Ninth day of July, One thousand eight
hundred and eighty seven.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANS[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Walter [illegible] of Bodesbeck, Moffat, Certificates under the hands of William D'Oyly [illegible] and James Munro, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the [illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation [illegible] Asylums in Scotland," setting forth that they had separately visited and ex[illegible] Beck, 2 Osborne Row, Moffat, Petro Fried[illegible] Margaret Beck, is a (5) person of [illegible] mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORI[illegible] receive the said Margaret Beck, as a Patie[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said Margaret [illegible] 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 this Twelfth day of July — One thou[illegible] hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5032

Margaret Beck

admitted 9 July 1887

Name, ...

Date of Admission, ...

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries —
and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) William Fern, Wesleyan Minister, Alston, Cumberland,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mrs Charlotte Elizabeth Hunter,
your Petitioner's (4) daughter,
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 Charlotte Elizabeth Hunter to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Fern
Wesleyan Minister, Alston, Cumberland

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Fourteenth (5) day of July, One thousand eight hundred and eighty seven.

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 Hunter. (née Fern)
2. Sex and age,	Female Thirty two.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Wife of a Chemist & Druggist. Grocer
5. Religious Persuasion, so far as known.	Wesleyan.
6. Previous place of abode,	Newcastle-on-Tyne.
7. Place where found and examined,	Found Alston, Cumberland: Lod at Dumfries
8. Length of time Insane,	Two years. Since July 1885 more or less violent
9. Whether First Attack,	Thirty years.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Newcastle on Tyne, Denston Lodge Lanarkshire. She has been under a few days
12. Duration of Existing Attack,	
13. Supposed Cause,	Pregnancy
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,	The patient is at the house of her father, the Rev. W. Fern, Wesleyan Minister, Alston, Cumberland (the petitioner) Not to my knowledge has any of the family 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 Fourteenth day of July, One thousand eight hundred and eighty seven.

(To be signed by the Party applying) William Fern

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Beeth. Yorkshire
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady and industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	The first attack was in July and more or less has been depressed. Not Domestic
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None to my knowledge
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?	~~She has been subject to~~ Particular disease None of the family except a boy of [illegible]
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	She certainly was very ~~ob~~ nursed at her first confinement in June 1886 commenced in after her first confinement
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Not known Childbirth
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Laughing, singing talking smart sayings, then depressed obstinacy. Refusal of food
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.?	Sleeplessness, falling off No discharge for nearly mouths
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	At times very irritable depressed.
13. What changes have taken place in his bodily symptoms?	She has lost flesh
14. Is he dirty, destructive, untidy, or obscene?	Her own statement is [illegible] at times as if pulsation was discharged at her and breathe strong
15. Has he threatened or attempted violence to himself? If so, in what way?	She took some bottles from [illegible] times; but to the nurse [illegible] soon her
16. Has he threatened or attempted violence to others? If so, in what way?	She threw a brooch at nurse [illegible] struggled, hit me I cannot say [illegible] thought
17. How long has he been insane?	Her first attack was two years ago July after her first confinement

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 Smith, being (1) a Graduate in Medicine of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) The Cottage in the County of Dumfries, seen and personally examined Mrs Charlotte Elizabeth Hunter, 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.

John Smith

DATED this 12th day of July One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith
being (1) Graduate in Medicine of the University of Edinburgh
and living in actual practice as a (2) Physician Dumfries
hereby certify, on soul and conscience, that I have this day at (3) The Crichton Royal Institution
in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs Charlotte Elizabeth Hunter of Prospect House, Alston and that the said Mrs Charlotte Elizabeth Hunter 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.

Facts indicating Insanity observed by myself: (6) Her insane manner & incoherence of Speech. She informs me that she becomes excited & cannot control herself.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) She refuses food.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith Ind. 1e

Place of Abode, 14 Castle St Dumfries

DATED this 12th day of July. One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden,
being a (1) Licentiate of the Royal college of Physicians and Surgeons of Edinburgh,
and being in actual practice as a (2) general practitioner,
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Mrs charlotte Elizabeth Hunter of Prospect House, Alston and that the said Mrs Hunter 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) Her facial expression indicates insanity; she is incoherent and refuses to answer questions. She has delusions — i.e. that her food is poisoned &c

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her attendant — she refuses to take her food —

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.R.C.S. & L.R.C.P.

Place of Abode, 39 Castle Street Dumfries

DATED this 18th day of July — One thousand eight hundred and eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) The Revd. William Fern, Wesleyan Minister, Alston Cumberland Certificates under the hands of John Smith and James Hunter Dryden, 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 Charlotte Elizabeth Hunter, Alston, aforesaid, and Mrs. Charlotte Elizabeth Hunter 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 Charlotte Elizabeth Hunter as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 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 this Fourteenth day of July, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5033

Charlotte Elizabeth Hunter

admitted 12 July 1887

Name,

Date of Admission,

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway.

——— *and his Substitutes,*

(3) Insert Name and Designation.

The Petition of (3) Commercial Hotel Kirkcudbright Maggie Ann Stewart.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that David Stewart, ——— your Petitioner's (4) 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 Stewart, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

Maggie Ann Stewart

DATED this 14th (5) day of July ——— One thousand eight hundred and eighty seven 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,	David Stewart
2. Sex and age,	Male. 48.
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Hotel Keeper
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous place of abode,	Commercial Hotel Kirkcudbright
7. Place where found and examined,	Commercial Hotel. Kirkcudbright
8. Length of time Insane,	Two months
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	40 years.
11. When and where previously under Examination and treatment,	Crichton Institution, Dumfries.
12. Duration of Existing Attack,	Two months
13. Supposed Cause,	Alcohol.
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 his Family known to be or to have been Insane,	Maggie Ann Stewart. Commercial Hotel Kirkcudbright. Wife. No.
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 14th day of July ——— One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) Maggie Ann Stewart

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Parton. Kirkcudbright
2. Character of Education,	Good.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Unsettled & intemperate
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes. Three times before as now.
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?	
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	excitement
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.?	No.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	Very dirty & obscene
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	Yes.
17. How long has he been insane?	Two months.

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 Smith, being (1) Graduate of Medicine of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Commercial Hotel in the County of Kirkcudbright, seen and personally examined David Stewart, 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.

John Smith M.D.

DATED this 14th day of July — One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) Commercial Hotel, Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) David Stewart, Hotel Keeper, Kirkcudbright and that the said David 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. :—

(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) Facts indicating Insanity observed by myself: (6) Has wild and excited appearance. Violent language and actions.

(6) *State the Facts.*

(7) Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is dangerous & unmanageable & that he has threatened to murder her.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith M.B. & C.M.

Place of Abode, 14 Castle St Dumfries

DATED this 14th day of July One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John MacMyn
being (1) Bachelor of Medicine and master in Surgery of Edinburgh University General Practitioner
and acting in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Commercial Hotel Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) David Stewart, Hotel-Keeper Commercial Hotel Kirkcudbright, and that the said David 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. :—

(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.

Facts indicating Insanity observed by myself: (6)

(6) *State the Facts.*

Excitable; threatening the lives and safety of people about the Hotel.

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His wife tells me that he has threatened often to take her life.

Name and Medical Designation, John MacMyn M.B., C.M.

Place of Abode, Kirkcudbright

DATED this Fourteenth day of July One thousand eight hundred and eighty-seven.

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 Stewartry.
(3) Insert Name and Designation.

I, ~~David Boyle Hope~~ William Young Herries Sheriff Hy Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Maggie Ann Stewart, Commercial Hotel, Kirkcudbright Certificates under the hands of John Smith, and John Macmyn, 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 David Stewart, Hotel Keeper Kirkcudbright (Peter's Sweeban) and that the said David 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 David Stewart, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Stewart, 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 this Fifteenth day of July, One thousand eight hundred and eighty seven years. Three words deleted

B H Smith

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5034

David Stewart

14 July 1887

Date of Admission.....

Name.....

No.

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Thomas Kennedy, Inspector of Poor, Stoney Kirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Booth your Petitioner's (3) pauper 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 Booth to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of kindred or other capacity in which Petitioner claims to Lunatic.

Thomas Kennedy

Dated this (4) Sixteenth day of July One thousand eight hundred and Eighty seven years

(4) Date of the Order may be within fourteen days following all dates of Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Booth
Sex and Age,	Male, 67 years
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	formerly Labourer and Fish Hawker
Religious Persuasion, so far as known,	Protestant
Usual Place of Abode,	Sandmill
Place where Found and Examined,	Sandmill
Length of time Insane,	first sent to Asylum 1850
Whether first Attack,	Sixth
Age (if known) on first Attack,	about 37 years
When and where previously under Examination and Treatment,	Southern Counties Asylum in 1850 1865: 1864. 1878 and 1882
Duration of existing Attack,	about 14 days
Supposed Cause,	— none apparent
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoney Kirk
Date of becoming Chargeable,	with slight exceptions since April 1850
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 Booth. Son. Sandmill in the Parish of Stoney Kirk. no
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 Sixteenth day of July One thousand eight hundred and Eighty seven yrs

(*To be signed by Party applying*) Thomas Kennedy

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, John Cowan McClure being a (1) Bachelor of Medicine & Master of Surgery Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sandhill Parish of Stonykirk Wigtown in the County of separately from any other Medical Practitioner visited and personally examined (4) James Booth - Labourer a Pauper and that the said James Booth 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 excitable with tendency to violence. Under the idea that there were things above the mantelpiece annoying him he wrecked the furniture & smashed the windows [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr. Andrew Kennedy says he is subject to attacks of insanity for which he has been previously treated, & that he has left the house, wandered about & slept outside [illegible]

Name and Medical Designation, John Cowan McClure M.D.

Place of Abode, Sandhead

DATED this 16th day of July. One thousand eight hundred and eighty seven

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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, R Roulledge being a (1) Bachelor of Medicine & Master of Surgery Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sandhill Parish Stonykirk Wigtown in the County of separately from any other Medical Practitioner visited and personally examined (4) James Booth labourer a Pauper and that the said James Booth 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 violent especially if slightly irritated & is subject to Delusions as stated above.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been treated several times previously having been detained one time 4 mos.

Name and Medical Designation, Robert Roulledge M.D.

Place of Abode, Stranraer

DATED this 16th day of ~~16th~~ July. One thousand eight hundred and Eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of the Poor Stoneykirk Certificates under the hands of John Cowan M'Clew Surgeon Sandhead and Robert Routledge Surgeon Portpatrick Strauraer 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 Booth Labourer Sandhill Stoneykirk Wigtown and that the said James Booth 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 Booth as a Patient into the (6) public Asylum of Southern Counties Dumfries 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 Booth which accompanied the said Petition.

DATED this Seventeenth day of July One thousand eight hundred and eighty seven

W. M'Gibbon

To the Superintendent of the (7) public Asylum of Southern Counties Dumfries

(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.
(7) Public, District, Parochial, or Private.

James Booth
admitted 18 July 1887

rf 81

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) of Dumfries and Galloway *and his Substitutes,—*

The Petition of James Christison Inspector of Poor for the Parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Harkness your Petitioner's (3) pauper 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 Jean Harkness to the Southern Counties 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) James Christison

DATED this nineteenth (4) day of July One thousand eight hundred and eighty seven

(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.

Christian Name and Surname of Patient at length,	Jean Harkness
Sex and Age,	Female 67 years
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	out door labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkinner
Place where Found and Examined,	Bladnoch
Length of time Insane,	indefinate
Whether First Attack,	first
1. Age (if known) on First Attack,	
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	nil
1. Duration of Existing Attack,	many years
1. Supposed Cause,	hereditary
1. Whether subject to Epilepsy,	no
1. Whether Suicidal,	no
1. Whether Dangerous to others,	no
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner
1. Date of becoming Chargeable,	31st. aug. 1880
1. 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,	nil.
2. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this 19th day of July One thousand eight hundred and seven

(To be signed by the Party applying) James Christison

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Robert Dobie
being a (1) Bachelor of Medicine & Master in 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) Blairs
Kingstown in the County of
visited and personally examined (4) Jane Hankey, a pauper
residing at Gladneigh and that
the said Jane Hankey 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) *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) She is suspicious think She is going to be murdered by someone — that the Son, Hugh Walker, detained from Anglesea with Mrs and Miss done away with — that her daughter is to being watched by the murderers of her Son & been days like

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Isabella McKee — a neighbour, says she jumped from a window during the night — that get up lights matches to look for people [illegible] to murder her — She has been said poor friend requires

Name and Medical Designation, John Robert Dobie
Lt. Ch.

Place of Abode, Ulsig St. Columbs

DATED this Twenty day of July One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the University of
and being in actual practice as a (2) Physicians & Surgeons
do hereby certify, on soul and conscience, that I have this day, at (3)
village Wigtown in the County of
visited and personally examined (4) separately from any other Medical Practitioner
residing at Blednoch and that
the said Jane Harkness 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. :—

(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) Found her badly dressed at the door parts of her body the result of having passed a number of hours in the open air ancient [illegible] outside of her door muttering words

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs McKee — says that she is under idea that her son was murdered in the burning village and a great deal of [illegible] Mrs —

Name and Medical Designation, Charles McBride

Place of Abode Wigtown

DATED this Twenty day of July One thousand eight hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire Sheriff-Substitute
of (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) James Christison Inspector of Poor of the parish of Kirkinner
Certificates under the hands of John Robert Dobie M.B. C.M. Whithorn
and Charles McBride M.B. Wigtown, 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)
Jean Harkness (Pauper) and that the said
Jean Harkness is 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 Jean Harkness as a Patient into the (7) Southern Counties Asylum of Dumfries 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 Jean Harkness which accompanied the said Petition.

DATED this nineteenth day of July One thousand eight hundred and eighty seven

John Doig

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

5036

Jean Harkness

admitted 20 July 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway

——— *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) William Robertson, Tailor, of 125 Tritonville Road, Dublin — humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Christina Nairn Robertson, — ——— your Petitioner's (4) 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 Christina Nairn Robertson, ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Robertson.

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this 21st (5) day of July, — One thousand eight hundred and Eighty seven 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,	Christina Nairn Robertson.
2. Sex and age,	Female. 55 next Birthday to Decr
3. Married, Single, or Widowed,	Widow.
4. Condition of Life and previous Occupation (if any),	Wife of Merchant Tailor.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	125 Tritonville Road, Dublin.
7. Place where found and examined,	14 Castle Street. Dumfries.
8. Length of time Insane,	One month
9. Whether First Attack,	No
10. Age (if known) on First Attack,	52 years
11. When and where previously under Examination and treatment,	at home
12. Duration of Existing Attack,	One month
13. Supposed Cause,	Death of sister — & great heat of weather
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,	William Robertson Tailor 125 Tritonville Road, Dublin (Son)
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 July — One thousand eight hundred and Eighty seven years —

(To be signed by the Party applying) William Robertson.

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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 Smith, being (1) a Graduate in Medicine of Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined Christina Nairn Robertson, 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.

John Smith M.D.

DATED this 21st day of July, One thousand eight hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Smith.
being (1) Graduate in Medicine of the Edinburgh University
and living in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 14 Castle St Dumfries
Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christina Nairn Robertson
Widow 125 Tritonville Road Dublin and that the said Christina Nairn 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. :—

(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)

(6) *State the Facts.*

She insane excited appearance
rambling incoherency of speech.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith MD RCPE

Place of Abode, 14 Castle St Dumfries

DATED this 21st day of July One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Christina Nairn Robertson, aged 125 Tritonville Road, Dublin and that the said Christina Nairn 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. :—

(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 very much excited, is rambling & incoherent in speech and talks incessantly. She has no recollection of past events and cannot remember her name or previous residence.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Hunter Dryden RCPE

Place of Abode, 39 Castle Street, Dfs.

DATED this 21st day of July One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, — (1) Sheriff Substitute, of the (2) County of Dumfries, ——— having had produced to me, with a Petition at the instance of (3) William Robertson, Tailor, 125 Tritonville Road, Dublin, Certificates under the hands of John Smith, ——— and James Sumter Dryden ———, 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 Nairn Robertson, 125 Tritonville Rd. Dublin, and that she is (5) Christina Nairn Robertson, — is a (5) person of unsound mind,

(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,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Nairn Robertson, — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize he — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Nairn Robertson which accompanied the said Petition.

DATED this Twenty-second day of July, ——— One thousand eight hundred and eighty-seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5037

Christina Nairn Robertson

admitted 21 July 1887

Name,

Date of Admission,

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.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Stewartry of Kirkcudbright and Galloway and his Substitutes,—

The Petition of William Black, Inverness Clerk to the Parochial Board of Inverness humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Rankin, Labourer, Millbuie, Third Inverness your Petitioner's (2).

(2) Any degree of Relationship or other Authority which Petitioner holds 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 William Rankin to the Northern Counties Asylum, Lunacraft and to sanction his admission into the said Asylum.

Wm Black

DATED this twenty first (3) day of July One thousand eight hundred and eighty seven years.

(1) The date of the Medical Certificates must be within fourteen clear days preceding the dates of 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 Rankin
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Precise Place of Abode,	Lunacraft Third Inverness Canal Buildings, Inverness
7. Place where Found and Examined,	Inverness
8. Length of time Insane,	Seven days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Northern Counties Asylum Lunacraft
12. Duration of Existing Attack,	Inverness
13. Supposed Cause,	Do.
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,	Inverness Parish
18. Date of becoming Chargeable,	Inverness
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,	Mary McHardy Rankin Wife
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 twenty first day of July One thousand eight hundred and eighty seven years.

(To be signed by Party applying)

Wm Black

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, Robert Roulledge M.B. C.M.
being a (1) Physician Surgeon
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Coast Guard
Craigaby
Wigtown
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) William Rankine, pauper
Chief
the said William Rankine 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 is subject to sudden fits of violence during which attacks he is not responsible for his actions. He is also the subject of delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others (7)
The man I understand has been committed under similar circumstances before

Name and Medical Designation, Robt Roulledge
Place of Abode, Chairman

DATED this 21st day of July One thousand eight hundred and 87

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 William Dalgarno
being a (1) Graduate in Medicine Surgery of Aberdeen University
and being in actual practice as a (2) Physician Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) County Buildings
Stranraer
Wigtown
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) William Rankin, pauper
Stranraer
the said William Rankin 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) Conduct unusual
a very noisy manner and has an excited appearance. Complaints of people annoying him. and. of seeing strange faces
Strange noises during the night.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
The policeman who had him in charge tells me he has been annoying people in the streets & breaking into his wife says she cannot live with him because of his uncertain temper. the neighbours complain of his behaviour

Name and Medical Designation, Alex. Dalgarno M.B.
Place of Abode 17 Lewis Street Stranraer

DATED this second first day of July One thousand eight hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Meyer Dickson (1) Sheriff substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Black
interim clerk of the parochial Board of Stranraer
Certificates under the hands of Robert Routledge
and A W Dalgarno , 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 Rankine and that the said
William Rankine is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Rankine as a Patient into the ~~Dumpies~~ Counties Asylum of Dumpies 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 Rankine which accompanied the said Petition.

DATED this 21st day of July One thousand eight hundred and eighty seven

Meyer Dickson

To the Superintendent of the (7) Southern Counties
Asylum of Dumpies

(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.
(7) Public, District, Parochial, or Private.

5038

William Rankins

admitted 21 July 1887

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.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) ~~Sheriff~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Anthony Heron Church Stat, Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Geddes or Heron, your Petitioner's (2) 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 Mary Geddes or Heron to the Crichton Lunatic Asylum, and to sanction her admission into the said Asylum.

Anthony Heron

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

DATED this 25th (3) day of July One thousand eight hundred and eighty Seven.

(3) 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 Geddes or Heron.
2. Sex and Age,	Female 56. years of age.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Comfortable Circumstances.—
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Church Stat, Annan.
7. Place where Found and Examined,	Church Stat, Annan.
8. Length of time Insane,	Fortnight
9. Whether First Attack,	First
10. Age (if known) on First Attack,	56 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Fortnight
13. Supposed Cause,	Gastric, natural Nervousness and Religious Mania
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,	Anthony Heron Church Stat Annan Husband, no insanity in family.
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 25th day of July One thousand eight hundred and eighty Seven

(*To be signed by Party applying*) Anthony Heron

P. 36

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 Mackenzie, being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Church Street Annan, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Geddes or Heron and at the said Mary Geddes or Heron 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) Restlessness, Sleeplessness in spite of remedies & at times incoherence of ideas, delusions about her friends intentions & her religious state.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has worn out her friends by her want of sleep, & has threatened to poison & drown herself.

Name and Medical Designation, Daniel Mackenzie M.B. & C.M.

Place of Abode, Annan.

DATED this twenty-fifth day of July One thousand eight hundred and eighty seven 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, Thomas Williamson being a (1) Licentiate of Roy. Col. of Surgeons of Edinr and being in actual practice as a (2) Surgeon, hereby certify, on soul and conscience, that I have this day, at (3) Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Geddes or Heron wife of Anthony Heron and at the said Mrs Mary Geddes or Heron 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) her cauchy efforts to escape from the charge of persons employed to keep her in the house and prevent her from doing injury to herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her husband about a week ago detected her feeling laudanum and she expressed an intention of drowning herself.

Name and Medical Designation, Thos. Williamson Surgt.

Place of Abode Church Place Annan

DATED this twenty fifth day of July One thousand eight hundred and Eighty seven.

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, Daniel MacKenzie, being (1) Bachelor of Medicine & Master in Surgery, hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Mary Geddes or Heron, 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.

Daniel MacKenzie MB. & CM.

DATED this twenty fifth day of July One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Anthony Heron Church Street, Annan, Certificates under the hands of Daniel MacKenzie, and Thomas Williamson, 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 Geddes or Heron, Church Street, Annan (Petn's wife) and that the said Mary Geddes or Heron, is a (5) Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Geddes or Heron, as a Patient into the (6) Public Asylum of Crichton Royal Institution 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 Mary Geddes or Heron, which accompanied the said Petition.

DATED this Twenty eighth day of July, One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

5039

Mary Geddes or Heron

admitted 26 July 1887

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) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Dumfries~~ Stewartry of Dumfries & Galloway and his Substitutes,—

The Petition of Archibald Galbraith, Inspector of Poor, Dalton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Brown a widow for whose relief application has been made

(3) State degree of Relationship or other reason in which Petitioner stands to Lunatic.

your Petitioner's (3) charge, 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 Brown to the Crichton Royal Institution, Dumfries, and to sanction her admission into the the said Asylum.

Archibald Galbraith

(4) The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

Dated this twenty first (4) day of July One thousand eight hundred and Eighty Seven.

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 Brown.
2. Sex and Age,	Female 84 years.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation if any),	A person for whose relief application has been made. Maiden name Brown Labourer. Formerly farmer's daughter.
5. Religious Persuasion, so far as known,	Presbyterian (Established Church of Scotland)
6. Previous Place of Abode,	Nursing throughout life Dalton.
7. Place where Found and Examined,	Mossrig Nursing Home, Dalton.
8. Length of time Insane,	About 6 months
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	83 years
11. When and where previously under Examination and Treatment,	Nil
12. Duration of existing Attack,	about 6 months
13. Supposed Cause,	Old age (Senile Dementia)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not thought to be so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalton Parish, Dumfriesshire.
18. Date of becoming Chargeable,	July 18th, 1887.
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,	William Brown, Farm ploughman, High Boreland, Kirkcudbright No other relation known to have 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 twenty first day of July, — One thousand eight hundred and Eighty Seven.

(*To be signed by Party applying*) Archd. Galbraith,
Insp. of Poor.
Dalton
Lockerbie

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a (1) Walter Sanderman MB
Bachelor of Medicine & Master

and being in actual practice as a (2) Assistant to Dr Maclachlan
hereby certify, on soul and conscience, that I have this day, at (3) Moss Side, Murraythwaite, Dalton, in the
Dumfries separately from any other Medical P
visited and personally examined (4) Janet Brown, a widow
who application has been made
the said Janet Brown is a (5) Person of
Unsound Mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Complete loss of memory
says she is 14 that her husband mother & family
just now the way. Talks a great deal
rambling nonsense.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
taken from a pair of shoes & glass in her own possession
imprisoned and was given food in the small
field or no school. Continually wandering
from her residence to other places.

Name and Medical Designation, Walter Sanderman MB

Place of Abode, Lockerbie.

DATED this 15th day of July One thousand eight
hundred and eighty seven.

(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, George Irving
being a (1) Doctor of Medicine & Master in Surgery &c
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Moss
Murraythwait, Dalton, in the
Dumfries separately from any other Medical Pr
visited and personally examined (4) Janet Brown, a widow
relief application has been made
the said Janet Brown is a (5) Person of
unsound Mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) 1st Complete loss of memory
she does not know what day it is or what year. 2nd Restless
she is always in motion & walking. 3rd She has taken
clothing besides &c for her children & friends which are long
since dead 4th Her whole Conduct is irrational

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter Elizabeth informs me that she
is very restless & sleepless & will get up during the night
& walk up & down the road & do other irrational acts

Name and Medical Designation, George Irving M. MB

Place of Abode, Lockerbie

DATED this 17th day of July One thousand eight
hundred and eighty seven

(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.)

the undersigned, George Irving
ing (1) Doctor of Medicine & Master in Surgery (Edin)
hereby certify, on soul and conscience, that I have this day, at (2) Massrig Murraythwait Dalton
the County of Dumfries, seen and personally examined
Janet Brown, a widow for whose relief application has been made, 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.

George Irving M.A.M.D.

DATED this 14th day of July — One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

David Boyle Hope, (1) Sheriff Substitute,
the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Archibald
Galbraith, Inspector of Poor, Dalton,
Certificates under the hands of Walter Sandeman,
and George Irving, 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 Brown, Mossrigg, Murraythwaite, Dalton, and that the said
Janet Brown, is a (5) person of unsound mind, (a pauper)
and a proper Person, to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Brown, as a Patient into the (6) Public Asylum of Southern Counties, 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 Janet Brown which accompanied the said Petition.

DATED this Twenty second day of July, — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

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(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.
(7) Public, District, Parochial, or Private.

5040

Janet Brown

admitted 27 July 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) Robert Greive, Baker, Langholm,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Archibald Greive, Langholm,

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Greive to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Robert Greive

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this thirtieth (5) day of July, One thousand eight hundred and eighty seven 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 Greive.
2. Sex and age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	most unsettled latterly has acted as Doctors Assistant
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Langholm- latterly in Cumberland-
7. Place where found and examined,	Maryport.
8. Length of time Insane,	about four Months.
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	never previously under treatment
12. Duration of Existing Attack,	between 3 & 4 Months.
13. Supposed Cause,	distress at his position in life- blasted prospects- results of his own wicked 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,	Private patient
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,	Robert Greive, Brother- Baker High St Langholm- Yes- Father and Sister same both for a short periods Insane-
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 thirtieth day of July, — One thousand eight hundred and eighty seven

(To be signed by the Party applying) Robert Greive

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Langholm.
2. Character of Education,	First Class. Edinburgh University
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful - frank -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	anything but steady & industrious most unsettled & intemperate most of [illegible]
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Father and Sister insane for a short [illegible] No to other particulars.
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?	Natural Causes. None in particular
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	trouble in Connection with his [illegible] assistant, & not being fully qualified [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	depression only
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.?	falling off in flesh, the appetite [illegible] stantly scratching his head & [illegible] not sleep well - very Costive
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Greater distress & great restlessness [illegible] others - making mountains out of [illegible] & dread of his late employer [illegible]
13. What changes have taken place in his bodily symptoms?	short comings (imagined) would be [illegible] got much thinner.
14. Is he dirty, destructive, untidy, or obscene?	would go unwashed if let [illegible]
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Some four Months -

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 L. Welch being (1) Bachelor of Medicine and Master of Surgery Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Archibald Grieve, 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.

John Lawson Welch

DATED this Thirtieth day of July One thousand eight hundred and Eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, John Crerar
(1) a Member of the Royal College of Physicians in Edinburgh
being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day at (3) 43 John
Street, Maryport in the County of
Cumberland separately from any other Medical Practitioner,
have personally examined (4) Archibald Grieve, residing
at 43 John Street, Maryport and that
the said Archibald Grieve is a (5) person of
unsound mind and a proper person to be detained
for Care and Treatment, and that I have formed this opinion upon the following
facts, 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) on visiting him this
morning in his bedroom (he was in bed) he sat himself forward
with his head between his knees & began to cry & moan, rocking himself
backwards & forwards; his landlady, apparently for a wedding present,
came with a bang when he said "There now you'll never get out", evidently
in fear of a possibility that the door could be opened again.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Hewitt, his landlady said "that he has an idea that a door
should not be opened again; and that his sister visiting him,
did return again to her home".
Besides his sister said, that he imagines that if a fire were to break
out in the house there is no door which he could get out at".

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Crerar Member of the Royal College of Physicians of Edinburgh Licentiate of Royal College of Surgeons of Edinburgh

Place of Abode, Castle Hill, Maryport

DATED this 28th day of July One thousand eight
hundred and Eighty seven years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden
(1) Licentiate of the Royal College of Physicians
& Surgeons of Edinburgh
being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
have and personally examined (4) Archibald Grieve of
43 John Street, Maryport and that
Archibald Grieve is a (5) person
of unsound mind and a proper Person to be detained
for Care and Treatment, and that I have formed this opinion upon the following
facts, 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) He is very
restless & is constantly on the move. He is dull
and extremely despondent & depressed.
He is afraid of something going to happen to him and
he takes no interest in what is going on around him.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden M.R.C.P. & R.C.S.

Place of Abode, 39 Castle Street, Dumfries

DATED this 30th day of July One thousand eight
hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Grieve, Baker, Langholm, Certificates under the hands of John Crerar, and James Hunter Dryden ——, being two Medical Practitioners 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) Describe the Patient, and if a Pauper, state so.

Archibald Grieve Langholm (Peters Brother) and that he the said Archibald Grieve, is a (5) person of unsound mind

(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 Archibald Grieve, —— as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the Medical Certificates, and a Statement regarding the said Archibald Grieve which accompanied the said Petition.

DATED this First — day of August, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5041

Archibald Grieve
admitted 30 July 1887

Name.....

Date of Admission.....

9101

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY 22 JUL 87 SCOTLAND

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned John Lawson Inspector of the Poor of the Parish of Annan ing desirous to transfer Euphemia Gourlay or Richardson present a Patient in the Asylum at Melrose — and (1) Pauper Lunatic of the Parish of which I am Inspector of Poor, from the said Asylum to the Dumfries & Counties Asylum Dumfries hereby request the authority of Board to such transfer; and I subjoin a Statement of Particulars regarding the said Euphemia Gourlay or Richardson and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Lawson

(2) Inspector of Poor of Annan Parish

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Annan this 18th day of July — one thousand eight hundred and eighty seven years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Euphemia Gourlay or Richardson
2. Sex and Age,	Female — 66 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Bookseller to at Annan
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	20th June 1887.
7. Length of time Insane,	Seven months.
8. Whether first Attack,	Yes.
9. Age (if known) on first Attack,	66 years.
10. Duration of existing Attack,	Seven months.
11. Supposed Cause,	Anxiety & worry. Brain disease?
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is chargeable,	Annan Parish
16. 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,	John Richardson Highst Annan Stepson No.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Lawson Inspector of Poor of Annan

DATED this 18th day of July One thousand eight hundred and eighty seven years.

N.B.—The foregoing particulars are required for the information of the authorities to whose are the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned John Carlyle Johnstone being (1) a Bachelor of Medicine of Glasgow [illegible] hereby certify that I have this day at (2) Roxburgh District Asylum personally examined Euphemia Gourlay or Richardson [illegible] Patient in said Asylum, and with respect to her Mental State that

She is extremely restless, irritable, & [illegible] labours under the delusion that everything being burned; & calls those who accost [illegible] "Brute-beasts", "Blackguards", &c;

; and with respect to [illegible] Bodily Health and Condition that

They are weak. She suffers from the effect of paralytic & rheumatic attacks, & [illegible] articulates with difficulty;

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of The Euthanasia Counties at Dumfries.

J. Carlyle Johnstone

DATED this twenty first day of July One thousand eight hundred and eighty seven years.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Board.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor, Annan to authorize the transfer of Euphemia Gourlay or Richardson from Roxburgh District Asylum to Crichton Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Euphemia Gourlay or Richardson as requested.

[illegible] Commissioner

DATED at Edinburgh, this 22nd day of July One thousand eight hundred and eighty-seven.

Date of Sheriff's Order:-
22nd June 1887.

5042
Euphemia Gourlay or Richardson
admitted 1 Aug 1887

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. (1) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lowden Inspector of Poor Urr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Armstrong your Petitioner's (3) Patient 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 Armstrong to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity which Petitioner holds to Lunatic.

John Lowden Inspr.

DATED this 2d (4) day of August One thousand eight hundred and 87

(4) The date of the Petition must be within four 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,	Jane Armstrong
2. Sex and Age,	Female aged 44
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Parish of Dunscore
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	About twelve months
8. Length of time Insane,	Second attack
9. Whether First Attack,	43 years
10. Age (if known) on First Attack,	August 1886. Dalbeattie
11. When and where previously under Examination and Treatment,	Three weeks
12. Duration of Existing Attack,	
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Urr
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	2nd August 1887
18. Date of becoming Chargeable,	Agnes Burgess or Armstrong. Mother. Dalbeattie
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,	No
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 2d day of August One thousand eight hundred and 87

(To be signed by Party applying)

John Lowden Inspr.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Paul Gray being a (1) Medical Bachelor & Master in Surgery of Edin[burgh]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 15 Stat[ion Road]
Dalbeattie in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Armstrong 15 Station Road Dalbeattie
the said Jane Armstrong 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)
Restless misery, the patient constantly moaning and
tryet unable to explain why & incoherent in her
The patient can only be made to sleep by
hypnotics. She is constantly attempting to bite her

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The fact of her attempting to bite her attendant
Graham.

Name and Medical Designation, Thomas Paul Gray L.R.C.P.
Place of Abode, Water Street, Dalbeattie

DATED this First day of August One thousand eight hundred and eighty seven.

(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 Paterson Lacis
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 15 Station Road
Dalbeattie
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Jane Armstrong - 15 Station Road
Dalbeattie
the said Jane Armstrong 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)
constantly weeping. will not mention the cause, and often
answer the simplest question. does not know what day
week it is, nor the months of the year, nor how long she has
Dalbeattie, nor how long it is since her father died a year, but

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
Mrs Graham, who has been in the house for a fortnight, informs
me that has often refused to take her food, and has given
food to
that she will not sleep her back at night except
the influence of narcotics, that she has frequently bitten

Name and Medical Designation, John Paterson Lacis, M.B.C.M.
Place of Abode Alma, Dalbeattie

DATED this first day of August One thousand eight hundred and eighty seven,

(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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Young Herries Sporth (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Lowden, Inspector of Poor Urr, Certificates under the hands of Thomas Paul Gray and John Paterson heirs, 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 Armstrong 15 Station Rd. Dalbeattie (a pauper) and that the said Jane Armstrong 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 Armstrong as a Patient into the (6) Public Asylum of Southern Counties 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 Armstrong which accompanied the said Petition.

DATED this Second day of August One thousand eight hundred and eighty seven years.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

[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.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

5043

Jane Armstrong

admitted 2 augt. 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, at Dumfries, *and his Substitutes,—*

(3) Full Name and Designation.

The Petition of (3) John Gray Rowan, residing at Clarencroft Johnstone,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Rowan,

(4) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Agnes Rowan, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John G Rowan

(5) The date of the Petition must be within fourteen days following the date of the Medical Certificate.

DATED this Fourth (5) day of August One thousand eight hundred and Eighty seven.

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 Rowan
2. Sex and age,	Female Twenty years.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	London
7. Place where found and examined,	Found at London: Exd at Dumfries
8. Length of time Insane,	Of weak Intellect
9. Whether First Attack,	No. same as above for about five years.
10. Age (if known) on First Attack,	Convulsions till aged 12 followed by Epilepsy
11. When and where previously under Examination and treatment,	In 82 at Chatham Convly Asylum Kent
12. Duration of Existing Attack,	Cannot tell
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Supposed to be so in 82
16. Whether Dangerous to others,	Not Known
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,	James Rowan 59 Boundary Road London, N.W.
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 Fourth day of August, One thousand eight hundred and Eighty seven.

(To be signed by the Party applying) John G Rowan

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Fulham London
2. Character of Education,	Limited in consequence of bad health
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy, reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Idle
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Already Answered
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?	Father Bronchitis Mother Cancer Brother Pneumonia
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not Known
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Convulsions from 5 days
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression, strange fa
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.?	Not Known
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Additional Weakness of
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	Quite unable to dress herself without help, Changes Once or twice in 24 hours
15. Has he threatened or attempted violence to himself? If so, in what way?	believe by taking
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	Of weak mind since

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 Hunter Dryden
being (1) Licentiate of the Royal College of Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Agnes Rowan, 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.

J Hunter Dryden M.R.C.P.

DATED this 3rd day of August One thousand eight hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden (1) Licentiate of the Royal College of Physicians and Surgeons of Edinr. and beg in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day at (3) the Railway Station, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Miss Agnes Rowan from 240 St Paul's Road, Higbury, London, — and that the said Miss Agnes Rowan, — 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) Her expression general demeanour indicate insanity. she is very talkative and occasionally incoherent, and frequently contradicts herself.

(6) *State the Facts.*

2 Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

By her brother John Gray Rowan -

She was previously in an asylum (Chatham County) Kent

Name and Medical Designation, J Hunter Dryden M.C.P.S.

Place of Abode, 39 Castle Street Dumfries

DATED this 3rd day of August One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Smith, (1) Graduate in Medicine of Edinburgh and long in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Rowan from 240 St Paul's Road Highbury. London, a Spinster and that the said Agnes Rowan 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.

Facts indicating Insanity observed by myself: (6) Her insane appearance & rambling incoherent conversation.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, John Smith M.D. M.C.

Place of Abode, 14 Castle St. Dumfries

DATED this 4th day of August One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shoott, (1) Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Gray Rowan, residing at Clairmont, Johnstone, Certificates under the hands of James Hunter Dryden, and John Smith, being two Medical persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Asylums in Scotland," setting forth that they had separately visited and examined Agnes Rowan, 240 St. Paul's Road, Highbury, London, and that Agnes Rowan, is a (5) person of unsound mind, (Petrus's [illegible]) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Rowan, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Rowan, 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 this Fifth day of August, One thousand eight hundred and eighty seven.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shoott

No. 5044

Name, Agnes Rowan

Date of Admission, 3rd August 1887

(Copies.)

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 Irving
being (1) Doctor of Medicine & Master in Surgery (Edin)
hereby certify, on soul and conscience, that I have this day, at (2) Castlemilk Mill Cottage
in the County of Dumfries, seen and personally examined
Elizabeth Rosper. Pauper, 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.

George Irving M.D.

DATED this eighth day of August One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Young Dennis Shortt, (1) Stony Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Paterson,
Inspector of Poor, St. Mungo
Certificates under the hands of George Irving,
and James Macmachan, 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 Rosper or Dorgan Castlemilk Mill Cottage St. Mungo (Pauper)
Elizabeth Rosper or Dorgan, 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 Rosper or Dorgan, as a Patient into the (6) Public Asylum of Southern Counties, 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 Elizabeth Rosper or Dorgan which accompanied the said Petition.

DATED this Ninth day of August One thousand eight hundred and eighty seven.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

W. H. Shortt

(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.
(7) Public, District, Parochial, or Private.

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, George Irving being a (1) Doctor of Medicine & Master in Surgery Edin. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Castlemilk Mill Cottage St. Mungo Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Ropper, Pauper Castlemilk Mill Cottage and that the said Elizabeth Ropper, Pauper, 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 qualification entitling the person signing to grant it, e.g., Member of the Royal College of Physicians, Edinburgh.

(2) Physician or Surgeon, as the case may be.

(3) Insert the name and number of the house or other like particulars.

(4) Insert Designation, Residence, and Age, and state so.

(5) Lunatic, Idiot, person, or an Idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) 1st She is much depressed going about crying & wringing her hands. 2nd She has delusions of impending calamity & says that those around her are going to destroy her.

(6) State the facts.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband Mrs Douggan informs me that she is very restless & sleepless & that she says that she is constantly hounded by evil spirits.

(7) State the information, and from whom derived.

Name and Medical Designation, George Irving M.D.

Place of Abode, Lochmaben

DATED this 8th day of August One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Macnaughton being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castlemilk Mill Cottage St. Mungo Parish in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Ropper or Douggan Wife of William Douggan, Castlemilk Mill and that the said Elizabeth Ropper or Douggan 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 qualification entitling the person signing to grant it, e.g., Member of the Royal College of Physicians, Edinburgh.

(2) Physician or Surgeon, as the case may be.

(3) Insert the name and number of the house or other like particulars.

(4) Insert Designation, Residence, and Age, and state so.

(5) Lunatic, Idiot, person, or an Idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Learned in extreme terror that I was going to do injury to her & would not speak to me, but kept shrinking back from me.

(6) State the facts.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) William Douggan her husband says that she is in great fear as to her future, that she has a belief [illegible] & has been cast out & thinks she is [illegible] She believes that she is about to be destroyed.

(7) State the information, and from whom derived.

Name and Medical Designation, James Macnaughton M.B. C.M.

Place of Abode, Lochmaben

DATED this eighth day of August One thousand eight hundred and eighty seven

~~Copies.~~

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) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) County~~ of Dumfries Galloway and his *Substitutes*,—

The Petition of John Paterson Insp. of Poor St Mungo, Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ropper or Dougan, your Petitioner's (3) Pauper, 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 Ropper or Dougan to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

For John Paterson
John M. Aitken Chairman of
St. Mungo Parochial Board.

DATED this 9th Ninth (4) day of August One thousand eight hundred and eighty seven years.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate.

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 Ropper or Dougan.
2. Sex and Age,	Female 44 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	married. Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Castle milk mill Cottages.
7. Place where Found and Examined,	Castle milk mill Cottages.
8. Length of time Insane,	Six days.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	44 years.
11. When and where previously under Examination and Treatment,	Castle milk Cottages.
12. Duration of existing Attack,	Six days.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Has not shown any tendency.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of St Mungo.
18. Date of becoming Chargeable,	August 8th 1887.
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,	William Dougan Husband, Castlemilk Mill Cottages, St Mungo. None -
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 Ninth — day of August — One thousand eight hundred and eighty seven years -

(*To be signed by the Party applying*) For John Paterson
John M. Aitken, Chairman of the
St. Mungo Parochial Board.

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand

eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

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. Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes,*

The Petition of John McCracken Inspector of Poor Kirkpatrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McCulloch or Neate residing in Kirkpatrick

(3) See degree of Relationship or other authority which Petitioner avails to Lunatic.

your Petitioner's (3) pauper

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 McCulloch or Neate to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Wm McCracken

(4) The date of the Petition must be within seven clear days from the dates of the Medical Certificates.

DATED this Eighth (4) day of August One thousand eight hundred and Eighty seven

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 McCulloch or Neate
2. Sex and Age,	Female - 29 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation if any),	Domestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	American Philadelphia
7. Place where Found and Examined,	Knock Portpatrick
8. Length of time Insane,	since 10 May 1887
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	29 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	cannot tell
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Portpatrick
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	7 August 1887
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,	David McCulloch Farm Labourer her father
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 Eighth day of August One thousand eight hundred and eighty seven

(*To be signed by Party applying*) John McCracken

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, John Cowan McLeod.
being a (1) Bachelor of Medicine & Master in Surgery
Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ewart
Parish of Portpatrick in the County of
Wigtown separately from any other Medical practitioner
visited and personally examined (4) Agnes McCulloch or Reid
the said Agnes McCulloch or Reid 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 sits and is
and silent unless spoken to. She says her relations
being charged with crimes on her account & that
therefore they will have to leave the place

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father says. She sits all day repeating Psalms
at her hair, moody - she refuses to do anything about
sleepless at night, She has left the house during the night
& money found after & brought home

Name and Medical Designation, John Cowan McLeod M.B.

Place of Abode, Sandhead

DATED this Seventh day of August One thousand eight
hundred and eighty seven

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, William Allegia
being a (1) Licentiate of the Royal Colleges of Physicians
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ewart
Portpatrick in the County of
Wigtown separately from any other Medical practitioner
visited and personally examined (4) Agnes McCulloch or Reid
the said Agnes McCulloch or Reid 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 elated and
resents any attempt to enter into conversation. Eyes red &
staring. Angles mouth depressed. Noble appearance
pointing to pass mind depressed & tearful.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father says: she refuses to do any work & appears
incoherent & very violent. On occasions of those outbreaks
wanders from home during night raising [illegible]
her friends

Name and Medical Designation, William Allegia M.B.

Place of Abode Portpatrick

DATED this Eighth day of August One thousand eight
hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William McGibbon Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John McCracken Inspector of Poor Portpatrick
Certificates under the hands of John Cowan McClew Surgeon Sandhead
and William A. Algie Surgeon Portpatrick, 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 McCulloch or Neate residing in Enoch Portpatrick and that the said Agnes McCulloch 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 McCulloch or Neate as a Patient into the (6) public Asylum of Southern Counties Dumfries 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 McCulloch or Neate which accompanied the said Petition.

DATED this Eighth day of August One thousand eight hundred and eighty seven

W. McGibbon

To the Superintendent of the (7) public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, *or* Private.

5046

Agnes McCulloch
Neate
admitted 9 augt 1887

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 Dumfries and Galloway — *and his Substitutes,—*

The Petition of John Dalziel, assistant Inspector of poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Irving, ——— your Petitioner's (2) pauper, ——— 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 Irving, ——— to the Southern Counties Asylum, and to sanction the admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Dalziel
Assistant Insp.st.

DATED this tenth (3) day of August — One thousand eight hundred and eighty seven years.

(3) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate.

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 Irving.
2. Sex and Age,	Male — 70 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	— Shoemaker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	10 & 12 Chapel Street, Dumfries.
7. Place where Found and Examined,	" " "
8. Length of time Insane,	———
9. Whether First Attack,	———
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*],	———
12. Duration of Existing Attack,	———
13. Supposed Cause,	———
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,	Dumfries
18. Date of becoming Chargeable,	6th August 1884.
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 Neilson (wife) 10 & 12 Chapel St. Dumfries. 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.

DATED this ninth — day of August — One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) John Dalziel
P. p.
Assistant Insp.rs

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, Joseph Gaibaldi Marshall being a (1) Graduate in Medicine 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) 10 Chapel Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Irving, a Shoemaker residing there and the said William Irving 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) On conversing he contradicts himself very often, and is annoyed he cant restrain himself from thoughts to his wife from which she goes in danger of her life

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife and neighbours inform me he gets up in the night and walks about the Street. He tells his wife also most unnaturally & if this unfortunate thing with his request he threatens to kill her & herself.

Name and Medical Designation, Joseph Gaibaldi Marshall

Place of Abode, 27 Buccleuch St Dumfries

DATED this Tenth day of August One thousand eight hundred and eighty seven 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, John Smith being a (1) Graduate in 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) 10 Chapel St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Irving, Shoemaker 10 Chapel Street, Dumfries, a Pauper, and that the said William Irving 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 conversation contradictory statements. Tells me that he is unable to restrain himself from threatening & attempting to injure his wife.

(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 during the last six months he is quite changed. unable to work & dangerous to live with. He has threatened to burn the house about her.

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St Dumfries

DATED this 9th day of August One thousand eight hundred and eighty seven 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.)

the undersigned, John Smith
ing (1) a Graduate in Medicine of Edinburgh University
reby certify, on soul and conscience, that I have this day, at (2) 10 Chapel St Dumfries
the County of Dumfries, seen and personally examined
William Irving, and that the said
rson 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.

John Smith. M.D. &c.

DATED this 9th day of August One thousand eight
undred and eighty seven years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

~~Sheriff~~ William Young Herries Shorth (1) Hony. Sheriff Substitute,
the (2) County of Dumfries,
aving had produced to me, with a Petition at the instance of (3) John Dabziel,
Assistant Inspector of Poor Dumfries,
ertificates under the hands of Joseph Garibaldi Marshall,
nd John Smith, being two Medical Persons
uly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
sylums in Scotland," setting forth that they had separately visited and examined (4)
William Irving Shoemaker, 10 Chapel St Dumfries, and that the said
William Irving, is a (5) person of unsound mind, (a pauper)
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said William Irving as a Patient into the
) Public Asylum of Southern Counties, and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said William Irving
hich accompanied the said Petition.

DATED this Eleventh day of August, One thousand eight
undred and eighty seven.

To the Superintendent of the (7) Public,
Asylum of Southern Counties
Dumfries.

E H Shorth

(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.
(7) Public, District, Parochial, *or* Private.

5047

William Irving

admitted 9 August 1887

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. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ *of Dumfries and Galloway and his Substitutes,—*

The Petition of Alex. Leith Davidson, Inspector of Poor, Ruthwell,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Irving. ~~a pauper in charge of Inspector of Poor.~~

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) 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 Irving, to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum.

Alex. Leith Davidson

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (3) day of August, One thousand eight hundred and Eighty seven.

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 Irving.
2. Sex and Age,	Male. 71 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Ruthwell Village
7. Place where Found and Examined,	Ruthwell Village
8. Length of time Insane,	About 4½ months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	73 years 11 months
11. When and where previously under Examination and Treatment,	Has been attended for above period by resident Medical Officer, at home.
12. Duration of Existing Attack,	4½ months
13. Supposed Cause,	Hereditary and bad health.
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,	Ruthwell.
18. Date of becoming Chargeable,	9th August 1887.
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,	Christophe. Irving. Father of Lunatic. at present an Inmate of Southern Counties Asylum.
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 Sixth day of August, One thousand eight hundred and Eighty seven.

(*To be signed by Party applying*) Alex. L. Davidson,

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, A Baillie Mackenzie M.B. &
being a (1) Bachelor of Medicine and Master in
Surgery,
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3)
Ruthwell Village,
Dumfries
visited and personally examined (4) William Irving,
the said William Irving 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) Find Wm Irving in
apathetic melancholic condition - see him
about listlessly, without aim or object when
shew me his tongue, having religious scruples of
doing.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Strong
does not
Eat. does not shew any decided tendency to hurt himself
Ruthwell but was found in a place of danger to life and
without attempting a working to help himself. Can work
the Rental time coherently. His lobe employer Mr Anting
this Mother, informers

Name and Medical Designation, A Baillie Mackenzie

Place of Abode, Annan

DATED this Ninth day of August One thousand eight
hundred and eighty seven

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, Daniel Mackenzie MB &
being a (1) Bachelor of Medicine and Master in Surgery,
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Ruthwell
Village,
Dumfries
visited and personally examined (4) William Irving
the said William Irving 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) Subject to
delusions, a vague look and appearance
indecisions manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Irving will neither work nor eat - wanders
about during night, amenable to no control
or advice, melancholy, and moody as to his
subject.

Name and Medical Designation, D. MacKenzie

Place of Abode Annan

DATED this Tenth day of August One thousand eight
hundred and Eighty seven.

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, R Baillie Macbean
being (1) a Bachelor of Medicine & Master in Surgery,
hereby certify, on soul and conscience, that I have this day, at (2) Ruthwell Village,
in the County of Dumfries, ——, seen and personally examined
William Irving ——————, 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.

R Baillie Macbean M.B., C.M.

DATED this Ninth day of August, One thousand eight
hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, (1) Hony. Sheriff Substitute,
of the (2) County of Dumfries, ——————
having had produced to me, with a Petition at the instance of (3) Alexander Keith
Davidson, Inspector of Poor Ruthwell, ——
Certificates under the hands of R Baillie Macbean, ——
and David Mackenzie ——————, 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 Irving Ruthwell Village a pauper and that the said
William Irving, —— 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 Irving, —— as a Patient into the (6) Public —— Asylum of Southern Counties, and I authorize you to —— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Irving, —— which accompanied the said Petition.

DATED this Eleventh day of August, One thousand eight
hundred and eighty seven.

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

W H Smith

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(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.
(7) Public, District, Parochial, *or* Private.

5048

William Irving

admitted 11 August 1887

3

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) Dumfries & of Galloway *and his Substitutes,*—

The Petition of John Maxwell, Supr. of Poor, Irongray,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Wm. Jane Perry or Turner,—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper,—

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 Wm. Jane Perry or Turner,— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Maxwell. Supr of Poor

DATED this Eleventh (4) day of August, —One thousand eight hundred and eighty seven 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,	Jane Perry or Turner
2. Sex and Age,	Female – aged 60 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers wife,
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	20 King Street. Maxwelltown.
7. Place where Found and Examined,	same place.
8. Length of time Insane,	about 6 weeks.
9. Whether First Attack,	second.
10. Age (if known) on First Attack,	about 59 fully.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	was put into the Southern Counties asylum on the 22nd of November last
12. Duration of Existing Attack,	about 6 weeks.
13. Supposed Cause,	none.
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,	Glencairn
18. Date of becoming Chargeable,	22nd November 1886.
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,	Husband Robert Turner. Labourer Resides at 20 King St. Maxwelltown Had a Brother Died Insane.
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 Eleventh day of August. —One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) John Maxwell

P. p. Supr of Poor. Irongray.

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, Patrick M. Murray, being a (1) Graduate of University 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) 20 Thirty Maxwelltown, in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Jane Perry or Turner, 20 King St. Maxwelltown pauper and the said Jane Perry or Turner 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. Things are all confused with her, and every thing is going wrong - has confused vacant appearance of countenance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter informs me that she [illegible] to take her supper last night - would not go to bed; and remained standing on the floor [illegible] the night.

Has been in the Asylum before -

Name and Medical Designation, P. M. Murray M.D.

Place of Abode, 33 Castle St Dumfries

DATED this 11th day of August One thousand eight hundred and 87 -

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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 Cunningham being a (1) Licentiate of the Royal Colleges of Physicians Surgeons & Mod 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 King St. Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Jane Perry or Turner, 20 King St. Maxwelltown, Pauper, and the said Jane Perry or Turner 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 facial expression indicates mental disorder, She stands at the door of her house for hours at a time & when I spoke to her made no answer, She talks incoherently & is very [illegible] & then on the move, She is restless at times.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She does not sleep & refuses to take food & walks the house the whole night long - This information I received from her husband -

Name and Medical Designation, John Cunningham M.D. [illegible]

Place of Abode 35 Buccleuch Street Dumfries

DATED this 11th day of August, One thousand eight hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt, (1) Acting Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor, Troqueer, Certificates under the hands of Patrick Maxwell Murray, and John Cunningham —, 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 Perry or Turner 20 King St Maxwelltown, and that the said Jane Perry or Turner, is a (5) person of unsound mind, (a pauper)
as a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Perry or Turner, as a Patient into the (6) Public — Asylum of Southern Counties, and I authorize you to cause Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Perry or Turner, which accompanied the said Petition.

DATED this Eleventh day of August, One thousand eight hundred and eighty seven.

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

W. H. Shortt

(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.
(7) Public, District, Parochial, or Private.

5049

Jane Perry or Turner
admitted 11 augus 1887

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

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) Shires *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of John McCracken Inspector of Poor Port Patrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander McCulloch, Farm Grieve Enoch 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 McCulloch to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John McCracken

(3) a date of the Petition must be within seven clear days before the dates of the Medical Certificates.

DATED this thirteenth (3) day of August one thousand eight hundred and eighty seven

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 McCulloch
2. Sex and Age,	male - 40 years of age
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation if any),	Farm Grieve
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dunrie
7. Place where Found and Examined,	Enoch
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,	–
12. Duration of existing Attack,	–
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Yes
17. Irish or Union to which the Lunatic (if a Pauper) is Chargeable,	Port Patrick
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,	David McCulloch, Enoch. Father Yes. Sister at present in Southern Counties Asylum
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.

(SIGNED)* *Name,* John McCracken

DATED this thirteenth day of August one thousand eight hundred and eighty seven

* To be Signed by the Party applying.

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 A. Algie being a (1) Licentiate of the Royal College of Physicians, Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Enoch Parish of Portpatrick in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander McCulloch, Farm Grieve - a pauper and that the said Alexander McCulloch 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 talks very incoherently. He say he has seen God & that He gave him a commission to preach the Gospel. Sleeps little. He a strong desire to leave home. He has discovered perpetual motion & will be rightly

2. Other facts (if any) indicating Insanity communicated to me by other (7) His brother Mr John McCulloch says he is very excited & that his talk & gestures are quite maniacal

(SIGNED) *Name and Medical Designation,* William A. Algie C.R.C.

Place of Abode, Portpatrick

DATED this Twelfth day of August One thousand eight hundred and Eighty Seven

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 Cowan McClew being a (1) Bachelor of Medicine and Master in Surgery Edinburgh and being in actual practice as a (2) physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Enoch in the parish of Portpatrick in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander McCulloch, farm grieve. Enoch - a pauper and that the said Alexander McCulloch 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 very excited and says he has seen a vision & is now saved. He has discovered perpetual motion and says £1000 have been left him & that £500 is due him for defamation of character. He is very restless & is losing flesh.

2. Other Facts (if any) indicating Insanity communicated to me by other (7) His brother Mr John McCulloch says that last night he was very excited & violent, walking up & down the room, talking the most absolute rubbish

(SIGNED) *Name and Medical Designation,* J Cowan McClew M.B.

Place of Abode Sandhead

DATED this thirteenth day of August one thousand eight hundred and eighty seven

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Crabb Greig (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) John McCracken Inspector of Poor of the Parish of Portpatrick Certificates under the hands of William Agie and John Cowan McCaw —, 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 McCulloch, a pauper and that the said Alexander McCulloch — 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 McCulloch as a Patient into the (6) Southern Counties Asylum of Dumfries — 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 which accompanied the said Petition.

(SIGNED) Mrs. C. Greig S. S.

DATED this fourteenth day of August one thousand eight hundred and eighty seven

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

---

(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, or Private.
(7) Public, District, or Private.

5050

Alexander McCulloch

admitted 16 August 1887

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.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries Galloway

~~of~~ ——— *and his Substitutes*—

The Petition of John Lamont, Farmer, East Preston, Kirkbean

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Kerr ~~was~~ is married

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 John Kerr to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Lamont

DATED this Sixteenth (4) day of August One thousand eight hundred and eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	John Kerr
Sex and Age,	male. 38 years
Whether Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Farmer
Religious Persuasion, so far as known,	Protestant
Usual Place of Abode,	High Linn Dalry Ayrshire
Where here Found and Examined,	Laggan Colvend
Length of time Insane,	three days
Whether first Attack,	first
Age (if known) on first Attack,	age 38
When and where previously under Examination and Treatment,	Never previously under treatment
Duration of existing Attack,	business matters
Supposed Cause,	no.
Whether subject to Epilepsy,	no
Whether Suicidal,	at times
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
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 Kerr High Linn: Dalry, Ayrshire. Brother no
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 15th day of August One thousand eight hundred and eighty seven

(*To be signed by Party applying*) Jas A. L. Kerr

John Lamont 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, Charles Ford
being a (1) Graduate of the Univ Edin
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Leg
Parish of Colvend, Kirkcudbright
separately from any other Medi
visited and personally examined (4) John Kerr
the said John Kerr is a (5)
and a proper person
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) memory
-ed, & irritable, restless, eyes have
imbecile - and requires close watch
ing -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
is violent, shouts, and strikes
those near him - insomnia

Name and Medical Designation, C. Ford M.B. & L.R.C.P.

Place of Abode, Mains Ruddell

DATED this 15th day of August One thousand eight hundred and eighty seven -

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 Paterson Lewis
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Leg
parish of Colvend,
Kirkcudbright
separately from any other Medic
visited and personally examined (4) John Kerr, farmer, Lag
Kirkcudbrightshire
the said John Kerr is a (5) pau
unsound mind and a proper person
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Insane expression - most unwilling to answer questions
of the eye very restless and apprehensive - cannot say
how is to-night on Tuesday or Thursday not how long
in Lagan - when offered a dose of medicine became very rest
to be held by 2 men

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
his wife told me that he threatened to kill her in the
early this morning - she had to call the protection of a man
that has sudden attacks of violence when three men can hold
him.

Name and Medical Designation, John Paterson Lewis M.B.

Place of Abode, Dalbeattie

DATED this fourteenth day of August One thousand eight hundred and eighty seven,

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Young Herries Shortt (1) Acting Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lamont Farmer, East Preston, Kirkbean Certificates under the hands of Charles Ford and John Paterson Lewis, 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 Kerr, Farmer Laggan Colvend (Petrus brother in law) and that the said John Kerr is a (5) insane and 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 Kerr as a Patient into the (6) Public Asylum of Southern Counties 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 Kerr which accompanied the said Petition.

DATED this Sixteenth day of August One thousand eight hundred and eighty seven.

W H Shortt

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(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.
(7) Public, District, Parochial, or Private.

5051

Johnson

admitted 16 Augt 1887

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. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff — of Dumfries and Galloway — *and his Substitutes,*—

The Petition of John Dalziel, Assistant Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Lucas, —

(2) State degree of relationship or other particulars in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper? —

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 Lucas, — to the Southern Counties Asylum, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) John Dalziel
Assist Inspt. of Poor.

(3) The date of the certificates must be within seven clear days from the dates of the Medical Certificates.

DATED this seventeenth (3) day of August — One thousand eight hundred and eighty seven 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,	Thomas Lucas.
2.	Sex and Age,	Male — 33 years
3.	Married, Single, or Widowed,	married.
4.	Condition of Life, and previous Occupation (if any),	— Surfaceman.
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	D. & G. Royal Infirmary.
7.	Place where Found and Examined,	" "
8.	Length of time Insane,	Not known" "
9.	Whether First Attack,	—
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*],	—
12.	Duration of Existing Attack,	Not known.
13.	Supposed Cause,	—
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,	Dumfries.
18.	Date of becoming Chargeable,	12th August 1884.
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,	Catherine, Mc Allister (wife) Gasstown, Dumfries. Not 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 17th day of August, — One thousand eight hundred and eighty seven years.

(*To be signed by the Party applying*) John Dalziel
Assist Inspector 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, Joseph Garibaldi Marshall being a (1) Graduate in Medicine 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) The Dumfries & Galloway Royal Infirmary, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Lucas, a pauper, and that the said Thomas Lucas 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 would very much in conversation. States he is [illegible] 23 years while his actual age is between [illegible] States he comes from Kilmarnock while he [illegible] to Dumfries He has an idiotic appearance

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Assistant House Surgeon informs me he made quat mess amongst his clothes the other night fusing to go to Water closet. He is generally [illegible] at night and behaves himself in an idiotic [illegible]

Name and Medical Designation, J. G. Marshall M.D.

Place of Abode Buccleuch Street Dumfries

DATED this Sixteenth day of August, One thousand eight hundred and eighty seven 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, Walter Duncan Grieve, being a (1) Bachelor of medicine and Master in Surgery University of Edinburgh and being in actual practice as a (2) House Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Dumfries & Galloway Royal Infirmary in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Lucas, a pauper, and that the said Thomas Lucas 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 tried to open a padlock by turning a lagetto instead of a key. States his wife visited [illegible] today, & that he has sold three pigs this [illegible] such not being the case.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Thomas Cunningham, (a patient in same ward) informs me that patient tries to light an empty grate in the morning to cook breakfast

Name and Medical Designation, W. Duncan Grieve M.B. C.M.

Place of Abode Dumfries & Galloway Royal Infirmary

DATED this Sixteenth day of August One thousand eight hundred and eighty seven 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.)

, the undersigned Joseph Garibaldi Marshall
eing (1) a graduate in Medicine of Glasgow University
ereby certify, on soul and conscience, that I have this day, at (2) Royal Infirmary Dfs
the County of Dumfries, seen and personally examined
Thomas Lucas, and that the said
erson 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 G Marshall

DATED this Sixteenth day of August One thousand eight
undred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

William Young Harries Elcott, Honorary Sheriff Substitute
the (3) County of Dumfries
aving had produced to me, with a Petition at the instance of (3) John Dalziel Assistant
Inspector of Poor Dumfries
ertificates under the hands of Joseph Garibaldi Marshall,
nd Walter Duncan Grieve, being two Medical Persons
uly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and
reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic
sylums in Scotland," setting forth that they had separately visited and examined (4) Thomas
Lucas Dumfries & Galloway Royal Infirmary Dumfries,
(a Pauper) and that the said
Thomas Lucas is a (5) person of unsound
mind
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eceive the said Thomas Lucas as a Patient into the
) Public Asylum of Southern Counties and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said Thomas Lucas,
hich accompanied the said Petition.

DATED this Seventeenth day of August, One thousand eight
undred and eighty seven years.

W H Elcott

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

6052

Thomas Lucas

admitted 16 Augt 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *at* Dumfries *and his Substitute,—*

(3) Insert Name and Designation.

The Petition of (3) Edith Hair, at present residing at 15 Bewley Terrace, Cullercoats in the County of Northumberland Spinster humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Mary Hair now in Inmate of Dumfries Asylum your Petitioner's (4) is a Daughter of the said Mary Hair — 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 Hair to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Edith Hair

(5) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this twentieth (5) day of August — One thousand eight hundred and Eighty seven —

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 Hair
2. Sex and age,	Female aged 52 Years last Birthday.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life and previous Occupation (if any),	"Not Known"
5. Religious Persuasion, so far as known,	"Protestant"
6. Previous place of abode,	9 Rye Hill Newcastle upon Tyne.
7. Place where found and examined,	Dunston Asylum near Gateshead upon Tyne
8. Length of time Insane,	About 16 Years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	As far as is known. Sixteen Years ago —
11. When and where previously under Examination and treatment,	— Dunston Asylum —
12. Duration of Existing Attack,	About 16 Years
13. Supposed Cause,	"Not Known"
14. Whether subject to Epilepsy,	"Not Known"
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Irish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Gateshead~~ Newcastle upon Tyne or Gateshead upon Tyne
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,	Edith Hair at present residing at 15 Bewley Terrace Cullercoats near Newcastle on Tyne No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Any further information will be given if required

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twentieth day of August One thousand eight hundred and Eighty seven

(To be signed by the Party applying) Edith Hair

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Newarter upon Tyne.
2. Character of Education,	Very good —
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful - frank -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Not Known.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	~~No fits~~ Never affected before 16 years
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?	Husband died from Heart. Chron
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	"Not Known"
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Not Known
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Not Known.
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.?	Not Known.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Not Known.
13. What changes have taken place in ~~his~~ her bodily symptoms?	Not Known
14. Is ~~he~~ she dirty, destructive, untidy, or obscene?	No.
15. Has ~~he~~ she threatened or attempted violence to ~~him~~ her self? If so, in what way?	No.
16. Has ~~he~~ she threatened or attempted violence to others? If so, in what way?	Not Known.
17. How long has ~~he~~ she been insane?	About 16 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 Hunter Dryden being (1) Licentiate of the Royal College of Physicians of Edin hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries seen and personally examined Mrs Mary Hair, 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.

J Hunter Dryden

DATED this 19th day of August One thousand eight hundred and eighty seven years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden being (1) Licentiate of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Hair from Dunstan Asylum, near Gateshead on Tyne and that the said Mrs Mary Hair 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)

(6) *State the Facts.*

She is very talkative & full of fancies & allucinations. She says she hears voices speaking to her and urging her to commit suicide. She has a great dread of something going to happen to her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

She has had previous residence in an asylum. By her attendant

Name and Medical Designation, J Hunter Dryden LRCPE

Place of Abode, 39 Castle Street Dumfries

DATED this 19th day of August One thousand eight hundred and eighty seven years

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, John Mackenzie being (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Hair from Dunstan Asylum, near Gateshead on Tyne and that the said Mrs Mary Hair 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)

(6) *State the Facts.*

She sees human figures at night & states that her husband — now 11 years dead — visits her nightly between 10 & 11 O'clock — but only speaks to her once in three months. She is also inclined to commit suicide & says she would be happy were she to swallow poison

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Mackenzie M.B. C.M.

Place of Abode, 14 Castle St. Dumfries

DATED this 19th day of Augt One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, William Young Herries Shortt (1), Honorary Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Edith Hair, 15 Terrace, Cullacoats, Newcastle on Tyne, Certificates under the hands of James Hunter Dryden, L.R.C.P. and John MacKenzie, 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 Hair, Dunston Asylum, Nr. Gateshead on Tyne (Petitioner's Mother) and that the said Mary Hair, 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 Hair, as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Hair, 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 this Twentieth day of August, One thousand eight hundred and eighty seven years.

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

W. H. Shortt

No. 5053

Name, Mary Hair

Date of Admission, 19 August 1887

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.

Sheriff or Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Wigtown *and his Substitutes,*—

The Petition of James Nisk, Insp. of Poor-Old Luce,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Paterson

your Petitioner's (3) Pauper—

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 Euphemia Paterson to the ~~[illegible]~~ and to sanction her admission into the said Asylum. (Five words deleted)

James Nisk

(3) State degree of relationship or other capacity which Petitioner stands to Lunatic.

Dunties

Dunfries

Nisk

Insp.

Dated this 14th (4) day of August—One thousand eight hundred and Eighty Seven 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,	Euphemia Paterson
2. Sex and Age,	40 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	Protestant—
6. Previous Place of Abode,	—
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	36
11. When and where previously under Examination and Treatment,	in S. C. Asylum Dumfries
12. Duration of Existing Attack,	Ten months
13. Supposed Cause,	
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,	Old Luce
18. Date of becoming Chargeable,	April 1884, as an ordinary pauper.
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,	Aunt, Mrs Agnes M'Clure, Glenluce, none to my knowledge,
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 14 day of August 1884 One thousand eight hundred and

James Nisk

(*To be signed by 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, Thomas Easton
being a (1) Doctor of Medicine

and being in actual practice as a (2) Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Stranraer in the County of Wigtownshire separately from any other Medical Practitioner visited and personally examined (4) Euphemia Paterson an inmate in Poorhouse and that the said Euphemia Paterson is a (5) person of unsound mind and a proper Person to be retained 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 states that she will be raised from the dead if she dies. She struck an old inmate whose trifle shortly afterwards she explained to me that the was a sign from God that the old inmate had not been punished enough and she must punish her more

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She told an inmate Annie Smith that it would be no sin to kill the old inmate mentioned as she was only a pigeon. Lily Simson - another inmate told by her that she had a knife sharpened to cut the throat of an old mistress

Name and Medical Designation, Thomas Easton M.D.

Place of Abode, Stranraer

DATED this Seventeenth day of August One thousand eight hundred and eighty seven

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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, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse, Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Euphemia Paterson an inmate in said Poorhouse and that the said Euphemia Paterson is a (5) person of unsound mind and a proper person to be retained 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 That men die in these days are brought to life again but women must suffer death for a much period. States that her father & mother died 8 years from cholera but at the same time states that she saw her father & she came to this institution and her mother a few years ago.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
Mary Porter, inmate, states that during the night came from an adjoining bedroom and attacked other inmate. Porter also states that she objects to the house diet and wishes she could be fed as the children of the wilderness on manna &c.

Name and Medical Designation, Hugh Cochrane
ERCPEd F.F.P.

Place of Abode Stranraer

DATED this fifteenth day of August One thousand eight hundred and eighty - seven. —

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon (1) Sheriff Substitute —
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Wish Inspector of Poor for the Parish of Old Luce
Certificates under the hands of Thomas Easton. M. D. Stranraer
and Hugh Cochrane Surgeon Stranraer, 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)
Euphemia Paterson, Domestic Servant, a pauper and that the said
Euphemia Paterson 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 Euphemia Paterson — as a Patient into the (6) Southern Counties Asylum of Dumfries — 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 Euphemia Paterson which accompanied the said Petition.

DATED this Twenty second day of August One thousand eight hundred and 87

W. M'Gibbon

To the Superintendent of the (7) Asylum of Southern Counties Asylum Dumfries

(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.
(7) Public, District, Parochial, or Private.

5054

Euphemia Paterson

admitted 24 august 1817

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* Wigtown *and his Substitutes.*

The Petition of Matthew Boyd Teacher Lochans

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~the~~ name Bessie Boyd your Petitioner's (3) wife.

(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 Bessie Boyd to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Matthew Boyd

DATED this Twenty ninth day of August One thousand eight hundred and Eighty Seven.

(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,	Bessie Thomson or Boyd
2.	Sex and Age,	Female, 25 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,	Yard schoolhouse, Ecclefechan.
7.	Place where Found and Examined,	Lochans Village.
8.	Length of time Insane,	Four days.
9.	Whether First Attack,	No.
10.	Age (if known) on First Attack,	24 years.
11.	When and where previously under Examination and Treatment,	Treated at home.
12.	Duration of Existing Attack,	Four days.
13.	Supposed Cause,	Menstruation.
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.	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,	Matthew Boyd, Husband. Lochans, Stranraer. No.
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 Twenty ninth day of August One thousand eight hundred and Eighty Seven

(*To be signed by Party applying*) Matthew Boyd.

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, Thomas Easton being a (1) Doctor of Medicine Edin. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Schoolhouse Lochans in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Bessie Thomson or Boyd residing at Schoolhouse Lochans and that the said Bessie Thomson or Boyd 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 addressed me excitedly & sometimes incoherently — at all as she was formerly accustomed & has the demeanour of person suffering from acute mania.

(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 cannot bear the sight of him that she threw things at him — that in her eagerness to leave him he turned the room upside down throwing everything about that she has wanted all day into other houses, & won't return home.

Name and Medical Designation, Thomas Easton M.D.

Place of Abode, Stranraer

DATED this 29th day of August One thousand eight hundred and eighty seven

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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, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edin. & a Licentiate of the Faculty of Physicians & Surgeons Edin. and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Schoolhouse Lochans in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Bessie Thomson or Boyd residing at the Schoolhouse Lochans and that the said Bessie Thompson or Boyd 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) Appears in a very excited condition and talks continually in an incoherent manner. Says that her husband has [illegible] her that she has him divorced and that she is [illegible] to marry the minister of Inch as she knows he will [illegible] a suitable wife for him.

(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 for the last two or three days she has cursed him as incapable of teaching being a brutal husband &c. That she has left the house on several occasions and cant be persuaded to return. That she took a quantity of opium with suicidal [illegible]

Name and Medical Designation, Hugh Cochrane LRCP Ed. L.P.S. Edin.

Place of Abode Stranraer

DATED this twenty-ninth day of August One thousand eight hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William M'Gibbon Cosmo (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Matthew Boyd
Tender Cochrane
Certificates under the hands of Thomas Easton Doctor of Medicine Dumfries
and Hugh Cochrane Surgeon there, 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)
Bessie Thomson or Boyd wife of Thomas Matthew Boyd and that the said
Bessie Thomson or Boyd 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 Bessie Thomson or Boyd as a Patient into the (6) Public Asylum of Southern Counties ~~Dumfries~~, 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 Bessie Thomson or Boyd which accompanied the said Petition.

DATED this Thirtieth day of August One thousand eight hundred and eighty seven - (one word deleted seven)

W. M'Gibbon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, or Private.

5055

Bessie Thomson or Boyd

admitted 30 August 1887

9122

[FORM B²]

GENERAL BOARD OF LUNACY
22 AUG 87
SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned John Hamilton, Torthorwald

ing desirous to transfer Henry King

present a Patient in Woodilee Asylum Lenzie Glasgow, and (¹) a Pauper Lunatic of the Parish of Torthorwald, of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Henry King and a Medical Certificate with respect to his mental and bodily condition.

John Hamilton

(²) Inspector of Poor

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Torthorwald this 18th day of August One thousand eight hundred and eighty seven

STATEMENT.

1. Christian Name and Surname of Patient at length,	Henry King
2. Sex and Age,	Male. 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Lawyer, in the Army
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	12th April 1887
7. Length of time Insane,	Over four months
8. Whether first Attack,	First
9. Age (if known) on first Attack,	42 years
10. Duration of existing Attack,	Over four months
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Not at present
14. Whether Dangerous to others,	Doubtful
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald
16. 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,	Mary King, Collin, Sister, no.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Hamilton

DATED this 18 day of August One thousand eight hundred and eighty seven

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Rutherford being (1) Bachelor of Medicine & Master in Surgery hereby certify that I have this day at (2) Woodilee Asylum, Lenzie personally examined Henry King Patient in said Asylum, and with respect to his Mental State that he is a Lunatic. He labours under General Paralysis.

Bodily Health and Condition that they are fair.; and with respect to his

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties

Thomas Rutherford M.B.
Assist. Med. Officer

DATED this nineteenth day of August One thousand eight hundred and Eighty Seven.

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 ~~the~~ Henry King from Barony Parochial Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

W. Sibbald Commissioner.

DATED at Edinburgh, this 22nd day of August One thousand eight hundred and eighty-seven.

5056
Henry King
admitted 30 August 1887

Date of Sheriff's Order.

13th April 1887.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway
——— *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Abigail Shrigley, Burnley (Spinster.)
Lancashire
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Martha Shrigley, ———

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Martha Shrigley ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Abigail Shrigley

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 31st — (5) day of August — One thousand eight hundred and eighty seven.

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 Shrigley
2. Sex and age,	Female — Fifty two.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Daughter at home — in middle class station.
5. Religious Persuasion, so far as known,	Member of Congregational Church.
6. Previous place of abode,	Various — Wigan, Dublin, Blackburn, Hyde.
7. Place where found and examined,	Examined in Holyfax Dr Garlick.
8. Length of time Insane,	At intervals for thirty years.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	Fifteen or sixteen.
11. When and where previously under Examination and treatment,	At Macclesfield, Lancashire for the last seventeen years. Previously at home or with relatives. A short time under private care at Ashton Jobs
12. Duration of Existing Attack,	
13. Supposed Cause,	Physical causes we have always thought, cannot exclude otherwise.
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,	Rev. Abraham Shrigley Congregational minister of New Mills, Derbyshire. Father had once a temporary attack occasioned through loss in change of business. Soon recovered and no return.
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 31st — day of August — One thousand eight hundred and eighty seven

(To be signed by the Party applying) Abigail Shrigley

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Wigan, Lancashire.
2. Character of Education,	Ordinary middle class education as [illegible] thirty years ago
3. Is the natural disposition cheerful or melancholy—reserved or frank,	
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady, industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	The attacks have continued at inte[illegible] for the last thirty seven years.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	None save case of father already [illegible]
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?	Father & mother died of ordinary [illegible] ages of 70 & 77 respectively. One sister [illegible] consumption, another of peritonitis, & [illegible] fever. Two or three children in very early [illegible] hereditary disease in family.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Not that we are aware of.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	Only know that the first noted [illegible] were about the age of fifteen or [illegible]
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Pacing the room from wall to wall. [illegible] playing (music) continually — Singing [illegible] through the night.
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.?	Sleeplessness — pain in head [illegible] I believe.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None. She goes through a cycle [illegible] symptoms, when attack is coming on during continuance, and on to recovery
13. What changes have taken place in his bodily symptoms?	None that I am aware of.
14. Is he dirty, destructive, untidy, or obscene?	When attacks are on, has been so [illegible] dirty, but her general & natural cause [illegible]
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	Attacks have been at intervals for the last thirty seven years. Perfectly rational between. The failure of recovery, sanguinely [illegible] the past, a heavy family sorrow.

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, James Hunter Dryden, being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day at (3) 39 Castle Street, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Miss Martha Strojan from Marsden Hall asylum, Lancashire, and that the said Miss Martha Strojan, 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 very suspicious & distrustful of those around her, she cannot give a coherent account of herself. She frequently laughs unmotivated, without apparent cause & hears voices.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her attendant — She has had previous residence in an asylum

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden MB CM

Place of Abode, 39 Castle Street, Dumfries

DATED this 31st day of August One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, William Christ Keir, being a (1) Graduate of Glasgow University, and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Martha Strojan from Marsden Hall Asylum Lancashire and that the said Martha Strojan 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 Melancholic, states a sad view of her case, says she will not be better. She is quite resigned to be under restraint.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By attendant. She is quiet, silly and of dirty habits. She has been insane many years.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. C. Keir M.B. C.M.

Place of Abode, Dumfries

DATED this 31st day of August One thousand eight hundred and Eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Abigail [illegible] Burnley, Lancashire, Certificates under the hands of James Hunter Dryden and William Smith 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) Stroyan Marsden Hall Asylum Lancashire [illegible] and that the said Martha Stroyan 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 Martha Stroyan as a Patient into the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha Stroyan 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 this Third day of September, One thousand eight hundred and eighty seven.

David Boyle Hope
Public

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5057

Name, Martha Stroyan

Date of Admission, 31 August 1887

9137

[FORM B²]

GENERAL BOARD OF LUNACY
1 SEP 87
SCOTLAND

25 and 26 Vict. Cap. 54, Sect. 16.

PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

th undersigned James Mackie, Inspector of Poor
ing desirous to transfer Mary Boyle
pr ent a Patient in Ayr County Asylum, and (¹) a pauper lunatic of the Parish of which I am Inspector from the said Asylum to the Royal Asylum Dumfries hereby request the authority of e ard to such transfer; and I subjoin a Statement of Particulars regarding the said Mary Boyle and a Medical Certificate with sp to her mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James W Kie

(²) Inspector of Poor Minnigoff

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

ATED at Minnigoff this Thirtieth day of August
ne ousand eight hundred and Eightyseven years

STATEMENT.

. Cristian Name and Surname of Patient at length, ... Mary Boyle
. Sex and Age, ... Female, 32 years
. Married, Single, or Widowed, . . . Single

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 Hunter Dryden being (¹) Licentiate of the Royal College of Physicians Ed. hereby certify, on soul and conscience, that I have this day, at (²) Dumfries in the County of Dumfries, seen and personally examined Miss Martha Stroyan, 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.

J Hunter Dryden LRCPEd

DATED this 31st day of August One thousand eight hundred and eighty seven years

(¹) State Medical qualification. (²) State Place of examination.

Insane, ...

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James W Kie

DATED this Thirtieth day of August One thousand eight hundred and Eightyseven years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Abigail Stroyan Burnley Lancashire Certificates under the hands of James Hunter Bryson and William Smith Kerr, being two Medical practitioners 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 Stroyan Marsden Hall Asylum Lancashire and that

(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.

Martha Stroyan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE and Order you to receive the said Martha Stroyan as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha Stroyan which accompanied the said Petition.

DATED this third day of September One thousand eight hundred and eighty seven.

David Boyle Hope
Sheriff

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

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, - - - - 1869 or 70.
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, - - - - - - - Abigail Stroyan 7 Brothers Burnley, Lancashire - Brother. Father had once a temporary attack of Insanity through Loss in Change of Business but recovered and no Return.
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 31st day of August One thousand eight hundred and eighty seven.

(*To be signed by the Party applying*) Abm Stroyan

9137.

[FORM B.]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY
1 SEP 87
SCOTLAND

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Mackie, Inspector of Poor being desirous to transfer Mary Boyle at present a Patient in Ayr County Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector — from the said Asylum to the Royal Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Mary Boyle — and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, *or* whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James Mackie

(2) Inspector of Poor Minnigoff

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Minnigoff this Thirtieth day of August One thousand eight hundred and Eightyseven years

STATEMENT.

1. Christian Name and Surname of Patient at length,	Mary Boyle
2. Sex and Age,	Female, 32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	2nd August 1887
7. Length of time Insane,	For several weeks before admission
8. Whether first Attack,	First
9. Age (if known) on first Attack,	32 years
10. Duration of existing Attack,	Several weeks before admission
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
16. 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 David Boyle Trolorg, Girvan.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Mackie

DATED this Thirtieth day of August One thousand eight hundred and Eightyseven years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Charles H. Wear being (1) an MD St Andrews & L R C Sh hereby certify that I have this day at (2) the Ayr County Asylum personally examined Mary Boyle a present Patient in said Asylum, and with respect to ~~his~~ her Mental State that she is abnormal under delusions of wealth, such as that large sums of money are due her by various persons; that she is independent of the world & like o she is silly, but gentle in behaviour, and free from excitement; and with respect to her Bodily Health and Condition that they are good

(2) State Medical Qualification.
(1) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties at Dumfries

Charles H. Wear M.D.

DATED this 26th day of August One thousand eight hundred and 87

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 Mary Boyle from Ayr District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this First day of ~~August~~ September One thousand eight hundred and eighty-seven.

5058
Mary Boyle
Admitted 5 Sept: 1887

Date of Sheriff's Order.

4th August 1887.

9139

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

PLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT RANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the ndersigned Lizzie Boak
ng d irous to transfer Alfred Bygrave Boak
pres a Patient in Sanpshottard Asylum, and (¹)
the nearest known relative I am
from the said Asylum to the
Crichton Royal Institution
hereby request the authority of
Boa l to such transfer; and I subjoin a Statement of Particulars regarding the said
alfred Bygrave Boak and a Medical Certificate with
spect his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Lizzie Boak
(²) Mother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

D ED at Colchester this 1st day of Sept.
e th sand eight hundred and 89

STATEMENT.

1. Christian Name and Surname of Patient at length,	Alfred Bygrave Boak
2. Sex and Age,	M. 22
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation if any),	Dealer of chemicals
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	May 20. 89
7. Length of time Insane,	Three months
8. Whether first Attack,	yes
9. Age (if known) on first Attack,	21
10. Duration of existing Attack,	three months
11. Supposed Cause,	Overstudy
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	When excited is violent
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
16. 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,	Lizzie Boak mother 21. Rowans Park Colchester. Father, maternal, uncle, aunt, cousin. Whole family extremely nervous.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Lizzie Boak

DATED this 1st day of Sept One thousand eight hundred and 89

N.B.—The foregoing particulars are required for the information of the authorities to whom care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned J Bally Tuke
being (1) M.B.Cm. M.R.C.P. D
hereby certify that I have this day at (2) Saughton Hall
personally examined Alfred Brydone Book at present a
Patient in said Asylum, and with respect to his Mental State that "He has delusions of an exalted nature, i.e. thinks he is directly inspired by God to reform the world, that he alone of all the world is perfectly sane. Is subject to periodic attacks of excitement during which he is noisy, destructive, and [illegible] his habits. These attacks he insists are brought on by the attendants giving him either gum cotton or other poisons"; and with respect to his Bodily Health and Condition that

It is good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the ~~Asylum of~~ Royal Crighton Institution

J Bally Tuke M.B.

DATED this 2nd day of Sept One thousand eight hundred and 87.

(1) State Medical Qualification.
(2) Name Asylum.

5059

Alfred Brydone Book admitted 6 Sept 1887

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) ~~Alfred Brydone Book~~ Lizzie Book
to authorize the transfer of ~~Lizzie Book~~ Alfred Brydone Book
from Saughton Hall Private Asylum to Crighton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Alfred Brydone ~~Lizzie~~ Book as requested.

J Don Wauchope Commissioner.

DATED at Edinburgh, this third day of September One thousand eight hundred and eighty-seven.

Date of Sheriff's Order
30th May 1887.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

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 & Bute ~~of~~ *and his Substitutes,*—

The Petition of John Weddell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Weddell, 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 James Weddell to the Crichton Institution & Southern Counties 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 Weddell

DATED this 6th (4) day of September One thousand eight hundred and eighty-seven.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate.

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 Weddell.
2. Sex and Age,	Male 38 years.
3. Married, Single, or Widowed,	widowed
4. Condition of Life, and previous Occupation (if any),	Spirit Merchant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	40 Broomlands Paisley
7. Place where Found and Examined,	49 High St Paisley
8. Length of time Insane,	about 4 days.
9. Whether First Attack,	Seventh attack
10. Age (if known) on First Attack,	35 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	In Riccartshor Paisley 5 times for short periods — last time he was in Crighton Institution Dumfries for 10 weeks
12. Duration of Existing Attack,	abt 4 days.
13. Supposed Cause,	Effects of Alcohol
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	Doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Paid for by Brother John.
18. Date of becoming Chargeable,	6 September 1887.
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,	Brother John Weddell 49 High Street Paisley 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 6th day of September One thousand eight hundred and Eighty-seven.

(*To be signed by the Party applying*) John Weddell P. P.

Cabinet-Maker
49 High Street
Paisley

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, Frank Wilson MB &c being a (1) Graduate in Medicine &c 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) 49 High St Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) James Weddell and at the said James Weddell 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 that the Queen has come down to Paisley expressly to his acquaintance, but will not admit him to her house for some unaccountable reason. He is reasonable on subject & has no proper idea of manly responsibility.

(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 & has been drinking heavily

Brother

Name and Medical Designation, Frank Wilson MB &c

Place of Abode, Paisley

DATED this sixth day of September One thousand eight hundred and eighty seven

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 Bruce MBCM 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) 49 High St. Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) James Weddell and at the said James Weddell 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) From his claiming to have some business transactions with the Queen

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From his brother saying that he is complaining of his being put out his business — and from his former detention in an asylum.

Name and Medical Designation, James Bruce MBCM

Place of Abode 44 High St. Paisley

DATED this Eighth day of September One thousand eight hundred and Eighty Seven

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.)

the undersigned, Francis Wilson M.B. &c
ling (1) Graduate in medicine &c. of Glasgow University
reby certify, on soul and conscience, that I have this day, at (2) 49 High St Paisley
the County of Renfrew, seen and personally examined
James Weddell, and that the said
rson 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.

Francis Wilson M.B. &c

DATED this sixth day of September One thousand eight
ndred and eighty seven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

James Hamilton Dunn (1) Sheriff Substitute
~~the~~ (2) Renfrew & Bute
ving had produced to me, with a Petition at the instance of (3) John Weddell
Balmet Maker 49 High Street Paisley
ertificates under the hands of Francis Wilson M.B.C.M. Paisley
nd James Bruce M.B.C.M. Paisley, being two Medical Persons
ly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and reatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic sylums in Scotland," setting forth that they had separately visited and examined (4)
James Weddell and that the said
James Weddell is a (5) person of unsound mind
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
ceive the said James Weddell as a Patient into the
Public Asylum of Dumfries and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith
e said Medical Certificates, and a Statement regarding the said James Weddell
hich accompanied the said Petition.

DATED this sixth day of September One thousand eight
undred and eighty seven

James Dunn

To the Superintendent of the (7) Dumfries Royal
~~Asylum of~~ Institution Dumfries.

---

(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.
(7) Public, District, Parochial, or Private.

5060

James Weddell

admitted 6 Sept: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries, — *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Joseph Eccles, Fairfield, Ashton on Ribble

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Thomas Eccles, Cotton Manufacturer, Preston

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Thomas Eccles, —— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

Joseph Eccles

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Seventh (5) day of September — One thousand eight hundred and eighty seven.

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 Eccles
2.	Sex and age,	Male. 29 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life and previous Occupation (if any),	Cotton Manufacturer
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous place of abode,	Brierwood, Ashton in Ribble.
7.	Place where found and examined,	Found D°. = Examined at Dumfries
8.	Length of time Insane,	10 months
9.	Whether First Attack,	yes
10.	Age (if known) on First Attack,	28 years
11.	When and where previously under Examination and treatment,	——
12.	Duration of Existing Attack,	ten months.
13.	Supposed Cause,	alcoholic excess.
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.	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,	Joseph Eccles Fairfield Ashton on Ribble (Father)
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 September, —One thousand eight hundred and 87.

(To be signed by the Party applying) Joseph Eccles

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Dryden, ———— being (1) Licentiate of the Royal College of Physicians Edinr hereby certify, on soul and conscience, that I have this day, at (2) Dumfries, — in the County of Dumfries, ————, seen and personally examined Thomas Eccles, Eaton Hampstead, Preston, —, 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 J Hunter Dryden M.C.P.S.

DATED this 7th day of September One thousand eight hundred and 87 years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, he undersigned, Hugh Cunningham, being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Phys. and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Thomas Eccles, Brierwood House, Ashton on Ribble (Cotton Manufacturer) and that the said Thomas Eccles 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.

Facts indicating Insanity observed by myself: (6) He has destructive impulses and a wild appearance of the Countenance. He is restless.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7) He informs me that he was under treatment in an asylum previously.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hugh Cunningham L.R.C.P.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this seventh day of September One thousand eight hundred and eighty seven years

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MEDICAL CERTIFICATE.—No. II.

I, he undersigned, James Hunter Dryden being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinr. P. and being in actual practice as a (2) General medical practitioner. hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Railway Station, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Thomas Eccles, Cotton Manufacturer, Preston and that the said Thomas Eccles 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) He is confused incoherent & stupid, and is very excitable & occasionally violent. He has no sense of decency or propriety, & is careless about his dress & appearance. He has an intense craving for drink

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his attendant — He has had previous residence in an asylum

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J. Hunter Dryden M.R.C.P.Ed.

Place of Abode, 39 Castle Street, Dp

DATED this 7th day of Sept One thousand eight hundred and 87 years

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 Stewartry.
(3) Insert Name and Designation.

I, Norman Macpherson (1) Sheriff ~~Substitute~~ of the ~~(2) County of~~ Dumfries, and Galloway having had produced to me, with a Petition at the instance of (3) Joseph Eccles, Fairfield, Ashton-on-Ribble, Certificates under the hands of Hugh Cunningham, and James Hunter Dryden, 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 Eccles Cotton Manufacturer, Preston, (Selmsdon) and that the said Thomas Eccles, 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 Eccles, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize he Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Eccles 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 this Seventh day of September, One thousand eight hundred and eighty seven years.

~~One~~ words deleted.

Norman Macpherson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Thomas Eccles

Date of Admission, 7 Septr. 1887

No. 5061

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, at Dumfries — *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) George Boak, 8 Mowbray St Heaton, Newcastle on Tyne,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Annie Mustard or Boak, —

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Mustard or Boak, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction Her admission into the said Asylum.

Geo Boak

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this fifth — (5) day of September, One thousand eight hundred and eighty seven.

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 Mustard or Boak.
2. Sex and age,	Female. 39.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	—
7. Place where found and examined,	Heaton - Newcastle -
8. Length of time Insane,	Some months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and treatment,	Never previously under treatment
12. Duration of Existing Attack,	See No 8.
13. Supposed Cause,	Intemperance.
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,	Petitioner -
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 fifth — day of September, One thousand eight hundred and eighty seven.

(To be signed by the Party applying) Geo Boak

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Alyth Perthshire.
2. Character of Education.	Parish School.
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Variable.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Intemperate for some months
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Two brothers intemperate.
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?	Father - heart disease. Mother Nothing Special.
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No.
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	None.
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	
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.?	Sleeplessness.
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	
14. Is he dirty, destructive, untidy, or obscene?	
15. Has he threatened or attempted violence to himself? If so, in what way?	No.
16. Has he threatened or attempted violence to others? If so, in what way?	No.
17. How long has he been insane?	

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Frank Russell, being a (1) Bachelor of Medicine and Master of Surgery of Glasgow University, and being in actual practice as a (2) physician and surgeon, hereby certify, on soul and conscience, that I have this day at (3) 8 Nowbray St. Heaton, in the County of Northumberland, separately from any other Medical Practitioner, visited and personally examined (4) Annie Boak, and that the said Annie Boak 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) *(6) State the Facts.*

She at present imagines she is in Alyth in Perthshire, and that she has had a great many visitors calling to her. She is also very disconnected in her conversation, and her memory is almost gone —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

— Her husband states that she has been subject to dipsomania for some time back — He states also that she is entirely changed in her habits and conversation and that if anything displeases her, she is very morose and liable to outbreaks of temper

Name and Medical Designation, Frank Russell M.B. Cm

Place of Abode, 2 Heaton Rd. Newcastle on Tyne

DATED this 2nd day of September One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Thomas Oliver, being a (1) Doctor of Medicine of Glasgow University & Member Royal College of Physicians London, and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) 8 Nowbray St Heaton Newcastle on Tyne, in the County of Northumberland; — separately from any other Medical Practitioner, visited and personally examined (4) Annie Boak, and that the said Annie Boak, 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) *(6) State the Facts.*

Her memory is so very much impaired that she cannot carry on rational conversation. She imagines that she is in various places at one & the same time: that she has been receiving & entertaining visitors. In conversation she keeps contradicting herself, tells me in one sentence she has seen her father & in next thing she is dead.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

Her husband George Boak tells me that of late she has been much addicted to drink — that she has become altered in her disposition — passionate & mind cause: her husband tells me that she frequently will not believe she is married & asks him to marry her.

Name and Medical Designation, Thomas Oliver M.D. & M.R.C.P.

Place of Abode, 12 Eldon Square Newcastle upon Tyne

DATED this third day of September One thousand eight hundred and eighty seven —

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 Stewartry.
(3) Insert Name and Designation.

8.13
1 Sheaton,
H.

I, (1) of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George [illegible] No. 8 Mowbray Street, Newcastle-on-Tyne, Certificates under the hands of Frank Russell and Thomas Oliver, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the C[illegible] and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exami[illegible] Mustard or Boak (Petitioners wife) [illegible] that [illegible] Mustard or Boak, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] to receive the said Annie Mustard or Boak as a Patient in the Crichton Royal Institution for the Insane at Dumfries, 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 Annie Mustard 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 this Seventh day of September, One thousand eight hundred and eighty seven

David Boyle [illegible]

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Annie Mustard or Boak

Date of Admission, 9 Sept. 1887

No. 5062

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 Stewartry of~~ Dumfries & Galloway *and his Substitutes,*—

The Petition of Charles Finlayson, Insper of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Halliday your Petitioner's (3) pauper 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 Halliday to the Crichton Lunatic Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C Finlayson

DATED this Ninth (4) day of September One thousand eight hundred and Eighty Seven

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate

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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 Halliday
2. Sex and Age,	Female 72.
3. Married, Single, or Widowed,	widowed
4. Condition of Life, and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High St. Kirkcudbright.
7. Place where Found and Examined,	High St " "
8. Length of time Insane,	3 days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	not known
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,	Kirkcudbright.
18. Date of becoming Chargeable,	9th Septr 1887
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,	Mary Halliday, Her Daughter.
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 Ninth day of September One thousand eight hundred and Eighty Seven

(*To be signed by Party applying*) C Finlayson

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, Wm Johnstone being a (1) M. D. of Edin. university and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Halliday a pauper the said Elizabeth Halliday is a (5) person of unsound mind and a proper Person to be [illegible] 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 in a low melancholic state. Lies Mob on the [illegible] hears voices when all is quiet. refuses food sleepless and threatens to drown herself.

(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 [illegible] to drown herself. &c

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 9 day of Septr One thousand eight hundred and eighty seven

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 MacMyn being a (1) Bachelor of medicine and master [illegible] of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Halliday, High Street Kirkcudbright a Pauper. a [illegible] the said Mrs Halliday is a (5) person of unsound mind and a proper person to be [illegible] 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 take food and medicine; sleepless; melancholic.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) One night lately threatened to throw herself out of a window; thinks policemen are coming to take her away to Maxwelltown information communicated to me by her daughter.

Name and Medical Designation, John MacMyn M.D.C.M.

Place of Abode Kirkcudbright

DATED this ninth day of September One thousand eight hundred and eighty-seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Esqr. Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Charles Finlayson
Certificates under the hands of William Johnstone
and John Macnaye, 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 Halliday Pauper. and that the said
Elizabeth Halliday 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 Halliday as a Patient into the (Southern Counties) Asylum of Dumfries 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 Elizabeth Halliday which accompanied the said Petition.

DATED this Ninth day of September One thousand eight hundred and eighty seven years.

Robt Gordon S.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5063

Elizabeth Halliday

admitted 9 Sept 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries, *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Sarah Ann Wilson 320 Kensington Liverpool humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Frederick Preston Wilson your Petitioner's (4) 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 Frederick Preston Wilson to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Sarah Ann Wilson

(5) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificate.

DATED this Tenth (5) day of September, One thousand eight hundred and eighty seven.

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,	Frederick Preston Wilson.
2	Sex and age,	Male. Twenty last January
3	Married, Single, or Widowed,	Single.
4	Condition of Life and previous Occupation (if any),	No Occupation.
5	Religious Persuasion, so far as known,	Father & Mother Protestant
6	Previous place of abode,	Earlswood & 320 Kensington
7	Place where found and examined,	~~Found at 320 Kensington Liverpool~~ ~~Examined at Dumfries~~
8	Length of time Insane,	Weak intellect since about
9	Whether First Attack,	eleven years of age
10	Age (if known) on First Attack,	—
11	When and where previously under Examination and treatment,	Earlswood
12	Duration of Existing Attack,	—
13	Supposed Cause,	Intercranial growth from
14	Whether subject to Epilepsy,	blow on head. the opinion
15	Whether Suicidal,	of Dr Ferrier of London
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,	Mrs Sarah Ann Wilson (above designated) Mother (Son of the late Dr Wilson 320 Kensington Liverpool)
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	No member of family known to be insane.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of September One thousand eight hundred and eighty seven.

(To be signed by the Party applying).... Sarah Ann Wilson

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	320 Kennington Liverpool
2. Character of Education,	not been able to learn much
3. Is the natural disposition cheerful or melancholy—reserved or frank,	" years of age — Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	unsettled
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	no.
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?	one Brother 4th who died of Cr Father. Enlarged prostate & broken leg -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	none
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	none
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	deafness caused from a accidental fall on
11. Were there any bodily symptoms present at first, *e.g.*, want of appetite, sleeplessness, failing off in flesh, pain in head, costiveness, derangement of female health, &c.?	none particular
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	—
13. What changes have taken place in his bodily symptoms?	—
14. Is he dirty, destructive, untidy, or obscene?	very clean
15. Has he threatened or attempted violence to himself? If so, in what way?	Not that I am aware
16. Has he threatened or attempted violence to others? If so, in what way?	ditto
17. How long has he been insane?	Childish from about 12

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 Smith Kerr, being (1) Graduate of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 20 Castle Street, Dumfries in the County of Dumfries, seen and personally examined Frederick Preston Wilson, 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.

W. S. Kerr M.B. Surg.

DATED this 10th day of Sept. — One thousand eight hundred and Eighty Seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, William Smith Kerr being (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day at (3) 20 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Frederick Preston Wilson of Kensington, Liverpool and that the said Frederick Preston Wilson 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.

Facts indicating Insanity observed by myself: (6) He looks glossy depressed as if melancholic. (He is deaf and dumb since he received injury to brain at Eleven) - He has signs of brain pressure.

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

George Taylor attendant says he notices him to be peculiar. That he has difficulty of eating or swallowing his food, as if he enclosing power

Name and Medical Designation, Wm. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 10th day of Sept. One thousand eight hundred and Eighty Seven Years.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Hunter Dryden being (1) Secretary of the Royal Colleges of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Frederick Preston Wilson of 320 Kensington, Liverpool and that the said Frederick Preston Wilson 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) His facial expression indicates insanity, He looks dull, depressed & imbecile - He is deaf & dumb since receiving an injury nine years ago —

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

His attendants informs me that he is peculiar in his manner, that he will not chew his food but simply bolts it —

Name and Medical Designation, J Hunter Dryden Secretary

Place of Abode, 39 Castle Street, Dumfries

DATED this 10th day of September One thousand eight hundred and eighty seven years

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Esqre (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Sarah [illegible] Nelson 320 Newington Liverpool Certificates under the hands of William Smith Glover and James Hunter Dryden, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the [illegible] and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and examined [illegible]

(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.

Preston Nelson 320 Newington Liverpool [illegible] Frederick Preston Nelson (5) [illegible] and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Frederick Preston Nelson as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize [illegible] Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Frederick Preston which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and eighty seven.

David Boyle Sh. Sub

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5076

Name Frederick Preston Nelson

Date of Admission 10 September 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway *and his Substitutes,*— High Street Epping

(3) Insert Name and Designation.

The Petition of (3) David Kissock, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Ann Kissock; your Petitioner's (4) 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 Ann Kissock to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

David Kissock

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 16th (5) day of September One thousand eight hundred and Eighty Seven 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,	Ann Johnstone Dr Kissock
2. Sex and age,	Female, aged 57 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous place of abode,	High St. Epping. Essex.
7. Place where found and examined,	14 Castle St. Dumfries.
8. Length of time Insane,	Twenty Years.
9. Whether First Attack,	
10. Age (if known) on First Attack,	35 years
11. When and where previously under Examination and treatment,	Crichton Royal Institution in Oct 1864 & in 1874
12. Duration of Existing Attack,	Eight years
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. 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,	Mrs Morton Whitewoolen by Cocherbie Sister. a Brother Committed Suicide
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 16th day of Septr One thousand eight hundred and Eighty Seven

(To be signed by the Party applying) David Kissock

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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) A Bachelor in Medicine & Master in Surgery of Alex University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Ann Kissock, Sixth St. Epping, 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.

John Macheyie M.R.C.M.

DATED this 16th day of Sept One thousand eight
hundred and eighty seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, being a (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen and being in actual practice as a (2) Graduate of Aberdeen Physician hereby certify, on soul and conscience, that I have this day at (3) 14 Castle St. Dumfries ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Ann Kinnock, High St. Ecclefechan ——— and that the said Ann Kinnock ——— 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 incoherent in her talk. She says She has seen her father (who died some years) lately driving on a carriage drawn by a pair of brown horses. She has also seen her father on several occasions (also dead) walking in Epping St. Epping.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by Mrs. David Kinnock and her daughter Miss Margaret Kinnock inform me that she has been an Asylum on two different occasions & the last time for 3 years.

(7) *State the Information, and from whom derived.*

(Name and Medical Designation,) John Mackenzie M.B. C.M.

Place of Abode, 14 Castle St Dumfries.

DATED this 16th day of Sept One thousand eight hundred and eighty seven years.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Alexander Duncan MacDonald being a (1) Graduate of Edinburgh Univ. and Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries ——— in the County of Dumfries ——— separately from any other Medical Practitioner, visited and personally examined (4) Ann Kinnock High St. Ecclefechan ——— and that the said Ann Kinnock ——— 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 has an hallucinatory appearance in her treatment. She says she has seen her father & mother walking in Epping & when they are dead & have been buried. She has also seen the Devil. She has been under the care of Dr Clarke Asylum Carlisle.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband & daughter state that she is always talking & raving about things of long ago. She destroys everything near her. She has been under Dr Clarke Asylum Carlisle.

(7) *State the Information, and from whom derived.*

(Name and Medical Designation,) A. D. MacDonald M.B. C.M.

Place of Abode, 14 Castle St Dumfries

DATED this 16th day of Sept One thousand eight hundred and eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David Kissock High Street Epping Essex, Certificates under the hands of Alexander Dall Macdonald and John MacKenzie, being two Medical [illegible] 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 [illegible] Asylums in Scotland," setting forth that they had separately visited and examined Ann Kissock, High Street, Epping, (Petitioner's wife) and that [illegible] Ann Kissock, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Ann Kissock, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith [illegible] Medical Certificates, and a Statement regarding the said Ann Kissock 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 this Sixteenth day of September One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Ann Johnston or Kissock

Date of Admission, 16 September 1887

No. 5065

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) Dumfries and ~~of~~ Galloway and his Substitutes,—

The Petition of John Maxwell. Insp. of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Mc. Murdo 20 Market Square Maxt. your Petitioner's (3) Pauper 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 Mc Murdo to the Southern Counties 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 Maxwell.

DATED this Twentieth (4) day of September One thousand eight hundred and Eighty seven 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.

Christian Name and Surname of Patient at length,	Janet Mc. Murdo.
Sex and Age,	Female. 44 years.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic servant. Now Shopkeeper.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Lane places.
Place where Found and Examined,	20 Market Square. Maxwelltown
Length of time Insane,	Since about 1 month after Whitsunday
Whether First Attack,	First attack
Age (if known) on First Attack,	Same age.
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	never under treatment before
Duration of Existing Attack,	about 4 weeks.
Supposed Cause,	Money difficulties & change of Life
Whether subject to Epilepsy,	no.
Whether Suicidal,	Yes.
Whether Dangerous to others,	Yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dragneer.
Date of becoming Chargeable,	10th September. 1887.
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. Helen Gibson or Mc. Murdo resides at 16 Market Square. Maxton
Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowlegde, the above particulars are correctly stated.

DATED this Twentieth day of September One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) John Maxwell Insp of Poor. Dragneer.

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 Smith Kerr being a (1) Graduate 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) 20 Markes Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet McMurdo, a pauper and that the said Janet McMurdo 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, Rather melancholic, and threatening. Occasionally violent and maniacal.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother and Mrs Johnstone see a great change in [illegible] She has attempted suicide and tried to wounder her child

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode, Dumfries

DATED this 20th day of Sept. One thousand eight hundred and Eighty seven 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, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons Edinburgh PRD and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet McMurdo, 20 Markes Maxwelltown, Troquen, Pauper and that the said Janet McMurdo 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 facial expression indicates mental disorder. She is melancholic & has delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (by poison)

She attempted to commit suicide, & threatened to kill a neighbour named Mrs Johnstone [illegible] next door, Her mother communicated the above [illegible]

Name and Medical Designation, John Cunningham M.D. L.R.C.P. [illegible]

Place of Abode Dumfries

DATED this Twenty first day of September One thousand eight hundred and Eighty seven 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 Smith Kerr
being (1) Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 20 Market Sq. Maxwelltown
in the County of Kirkcudbright, seen and personally examined
Janet McMurdo, 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.

W. S. Kerr M.D.

DATED this 20th day of Sept. One thousand eight hundred and Eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell
Inspector of Poor Troqueer
Certificates under the hands of William Smith Kerr
and John Cunningham, 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 McMurdo, 20 Market Square Maxwelltown and that the said
Janet McMurdo is a (5) (a pauper) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet McMurdo as a Patient into the (6) Public Asylum of Southern Counties and I authorize you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet McMurdo which accompanied the said Petition.

DATED this Twenty first day of September One thousand eight hundred and eighty seven

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(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.
(7) Public, District, Parochial, or Private.

5066

Janet Mc. murdo

admission 20 September 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfriesshire and Galloway

as Dumfries *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) George Laurie, minister of Gospel Castle Douglas

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Dunsmure

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) Friend

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 Dunsmure to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

George Laurie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Twenty fourth (5) day of September One thousand eight hundred and Eighty seven 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,	Elizabeth Dunsmure
2. Sex and age,	Female — aged 64
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Wife Seam Sewer
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous place of abode,	Castle Douglas
7. Place where found and examined,	Do
8. Length of time Insane,	~~Two or Three weeks~~ Had an Attack two years ago — quite well in interval
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Sixty two — (62)
11. When and where previously under Examination and treatment,	In 1885 Crichton Institution, Dfs.
12. Duration of Existing Attack,	Two or Three weeks.
13. Supposed Cause,	Loneliness & melancholy disposition
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 her Family known to be or to have been Insane,	Has no near relatives. Cannot answer last part.
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 24th day of September One thousand eight hundred and Eighty Seven.

(To be signed by the Party applying) George Laurie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Castle Douglas
2. Character of Education,	Fair
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Melancholy & reserved
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	Yes—Once, same as now for three months. Crichton Inst.
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane?	Am not aware
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?	Sister died of pernicious anaemia
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	No
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	No
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	Depression
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.?	No
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	None
13. What changes have taken place in ~~his~~ her bodily symptoms?	None
14. Is ~~he~~ she dirty, destructive, untidy, or obscene?	No
15. Has ~~he~~ she threatened or attempted violence to ~~himself~~ herself? If so, in what way?	No
16. Has ~~he~~ she threatened or attempted violence to others? If so, in what way?	No
17. How long has ~~he~~ she been insane?	3 weeks

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 Rowand, being (1) graduate in Medicine & Surgery of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Elizabeth Dunsmuir, 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.

Andrew Rowand

DATED this 24th day of September One thousand eight hundred and Eighty-seven years.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Walter Loriaine
being a (1) Graduate Edin Univer.

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day at (3) Castle Douglas (King St) Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dunsmure and that the said Elizabeth Dunsmure 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.

Facts indicating Insanity observed by myself: (6)

Melancholy & depressed and sleepless

(6) *State the Facts.*

Other Facts (if any) indicating Insanity communicated to me by others: (7)

Those about her say that she wanders about wringing her hands & lamenting

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Walter Loriaine M.B.

Place of Abode, Castle Douglas

DATED this 23rd day of Septr One thousand eight hundred and 87.

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, Alex. McKean
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) No. 16 King Street Castle-Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dunsmure Castle-Douglas and that the said Elizabeth Dunsmure 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 gloomy & sad, her attitude & expression denoting great mental depression. She inclines to be left alone & seldom speaks except when spoken to. She sits sobbing & muttering indistinctly to herself.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her attendant states that at times she rises up & walks the floor wringing her hands & complaining of her condition until she again sits down thoroughly exhausted

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alex. McKean M. B. C. M.

Place of Abode, Castle-Douglas

DATED this 23rd day of September One thousand eight hundred and eighty seven.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) George Lauder Minister of the Gospel, Castle Douglas — Certificates under the hands of Walter Lorraine — and Alexander McKean — , being two Medical Practitioners 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 Dunsmure, Knight, Castle Douglas, (Kirkcudbrightshire) and that the said Elizabeth Dunsmure — 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 Dunsmure — as a Patient in the Crichton Royal Institution for the Insane at Dumfries, 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 Elizabeth Dunsmure 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 this Twenty sixth day of September — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5067

Name Elizabeth Dunsmure

Date of Admission 26th Sept. 1887

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 Dumfries & Galloway *and his Substitutes,—*

The Petition of Alexander McKeand, farmer Droughtag parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew McKeand your Petitioner's (3) nephew and ward 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 McKeand to the Royal Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander McKeand

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 29th (4) day of September One thousand eight hundred and Eighty seven years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Andrew McKeand
Sex and Age,	male - 20 years
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	Scotch Drapery trade 1 year farming 15 months
Religious Persuasion, so far as known,	protestant.
Previous Place of Abode,	Glassmirk Penningham
Place where Found and Examined,	Police station Newton Stewart
Length of time Insane,	two days - ailing two weeks.
Whether First Attack,	Yes
Age (if known) on First Attack,	—
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	two days
Supposed Cause,	Hereditary chiefly
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	occasionally
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
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,	uncle & Guardian, the undersigned Alexander McKeand, farmer Droughtag Portwilliam, - & brother Samuel McKeand residing at same place. Another was insane previous to death in 1874
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 twenty ninth day of September One thousand eight hundred and Eighty seven Years.

(*To be signed by Party applying*) Alexander McKeand

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 Clark, being a (1) Licentiate of the Faculty of Phy[illegible] & Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Police Station, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Andrew McKeand, Low Glassnick, Newton Stewart and that the said Andrew McKeand 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)

Brother, depressed, in state of dread & suffering from delusions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others:

Jumped out of the house at Glassnick & ran across the moor to Turnock

Name and Medical Designation, James Clark

Place of Abode, Newton Stewart

DATED this 29th day of Sept One thousand eight hundred and eighty seven 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, James Gibbons Wickson being a (1) Doctor of Medicine - University of Glasgow and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) the Police Station, Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Andrew McKeand Low Glassnick, near Newton Stewart and that the said Andrew McKeand 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, deep dejection, causeless dread; under the influence of varying delusions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Constable McMillan. Getting out of a skylight at Glassnick this morn he leaped from the high roof to the ground and ran quite naked through the country.

Samuel McKeand (his brother). His manner and behaviour are quite changed.

Name and Medical Designation, James G. Wickson

Place of Abode Woodlee, Newton Stewart

DATED this twenty ninth day of September One thousand eight hundred and eighty seven 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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Jorge Dickson (1) Sheriff substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander McKeand
Certificates under the hands of James Clark and James Gibbons
~~and~~ Dickson —, 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 McKeand, nephew of the Petitioner and that the said Andrew McKeand 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 McKeand as a Patient into the (6) Royal Asylum of Dumpies 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 Andrew McKeand which accompanied the said Petition.

DATED this 29th day of September One thousand eight hundred and eighty seven.

Jorge Dickson

To the Superintendent of the (7) Royal
Asylum of Dumpies

(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.
(7) Public, District, Parochial, or Private.

5068

Andrew McKeand

admitted 30th Septr 1887

9172

[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.

I, the undersigned John Carson being desirous to transfer Elizabeth Thomson at present a Patient in Woodilee Lunatic Asylum. near Lenzie (1) and (1) Pauper Lunatic belonging to the Parish of Kirkmabreck for which I am Inspector of Poor. from the said Asylum to the Dumfries Royal Institution Dumfries hereby request the authority of the Board to such transfer, and I subjoin a Statement of Particulars regarding the said Elizabeth Thomson and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Carson

(2) Inspector of Poor

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Creetown this 22nd day of September One thousand eight hundred and eighty seven

STATEMENT.

1. Christian Name and Surname of Patient at length,	Elizabeth Thomson
2. Sex and Age,	Female aged 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation if any),	General Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	10th April 1886
7. Length of time Insane,	10th April 1886
8. Whether first Attack,	First
9. Age (if known) on first Attack,	33 years.
10. Duration of existing Attack,	11th April 1886.
11. Supposed Cause,	Cannot say
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck
16. 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,	Brother John Thomson Mason 79 Rishw Street. None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Carson

DATED this 22nd day of September One thousand eight hundred and eighty seven.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Robert Blair being (1) a graduate in Medicine & Surgery, Glasgow hereby certify that I have this day at (2) Woodilee Asylum personally examined Elizabeth Thomson Patient in said Asylum, and with respect to his Mental State that she is insane. She is demented — laughs and talks to herself and conducts herself in a very silly manner

; and with respect to Bodily Health and Condition that they are ordinary

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

Robert Blair M.B.

Dated this 27th day of September One thousand eight hundred and 87

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 Thomson from Woodilee Asylum Lenzie to the Crichton Royal Institution Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within seven days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

Dated at Edinburgh, this 30th day of September thousand eight hundred and 87.

5069
Elizabeth Thomson
admitted 7 Oct. 1887

Date of Sheriff's Order.

12th April 188

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.

Sheriff- Steward. Shire Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) Dumfries & Galloway *of* —— *and his Substitutes.*

The Petition of James McLelland Inspector of Poor Colvend humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McLelland & Sarah Milveen your Petitioner's (3) Pauper, 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 Pauper —— to the Southern Counties asylum and to sanction his admission into the the said Asylum.

James McLelland,

(3) degree of Kindred or other by which Petitioner is related to Lunatic.

DATED this 8th (4) day of October One thousand eight hundred and eighty seven.

(4) The date of the Order must not be within three 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.

Christian Name and Surname of Patient at length,	Sarah Milveen
Second Age,	Female - 43.
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Wife of Farm Servant.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Annglass.
Place where Found and Examined,	Do
Length of time Insane,	Two or three years (partially insane.
Whether first Attack,	Not first attack
Age (if known) on first Attack,	about 40
When and where previously under Examination and Treatment,	Not under treatment as far as I know.
Duration of existing Attack,	Two or three years.
Supposed Cause,	Cannot say
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Yes,
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	~~Urr~~, Colvend.
Date of becoming Chargeable,	7th October 1887.
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 Milveen, Farm Servant Annglass - Colvend (Husband.) John Milveen - none of family insane.
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 8th day of October One thousand eight hundred and eighty seven.

(*To be signed by Party applying*) James McLelland.

P. T.

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 Paterson Lovis
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Arng
parish of Glencaple, Kirkcudbrightshire in the
Kirkcudbright separately from any other Medical P
visited and personally examined (4) Sarah Milveen, domi
Anglesea cottage - pauper
the said Sarah Milveen is a (5) perso
unsound mind and a proper person to b
under Care and Treatment, and that I have formed this opinion upon th
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
very sullen, - said that her husband wishes to poison her, and all her re
are aiding him, that he can render any of them unconscious when he like
that the police his doing as Ron talking her out and hanging he on a tree, - that he
put poison under the door, and is certain they will poison her either through air,

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others
Mrs Rennall, a neighbour, told me that she and her daughter Agnes had had
and he very much with her lately owing to her strange manner & talk, &c.
yesterday that she wished to be taken to the Asylum, as she was afraid she would rip
Agnes told me that she said the same to her today & told her husband she would stic
- when in bed on Sunday she struck her husband on the head with something she had in
her hand, - the latter told me by her husband, -

Name and Medical Designation, } John Paterson Lovis Me

Place of Abode, Dalbeattie

DATED this twenty seventh day of September One thou
hundred and eighty seven,

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 Ford
being a (1) Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Angus
Kirkcudbright in the
separately from any other Medical Pr
visited and personally examined (4) Sarah Milveen
the said Sarah Milveen is a (5) Lunat
and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Notional - viz. Abhorrent. Suspi
and Despondency

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others
These Facts are corroborated
her Husband. and a Neighbour

Name and Medical Designation, } Charles Ford
Medical Asst.

Place of Abode, Maxwell Riddell.

DATED this third day of October One thous
hundred and eighty seven.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

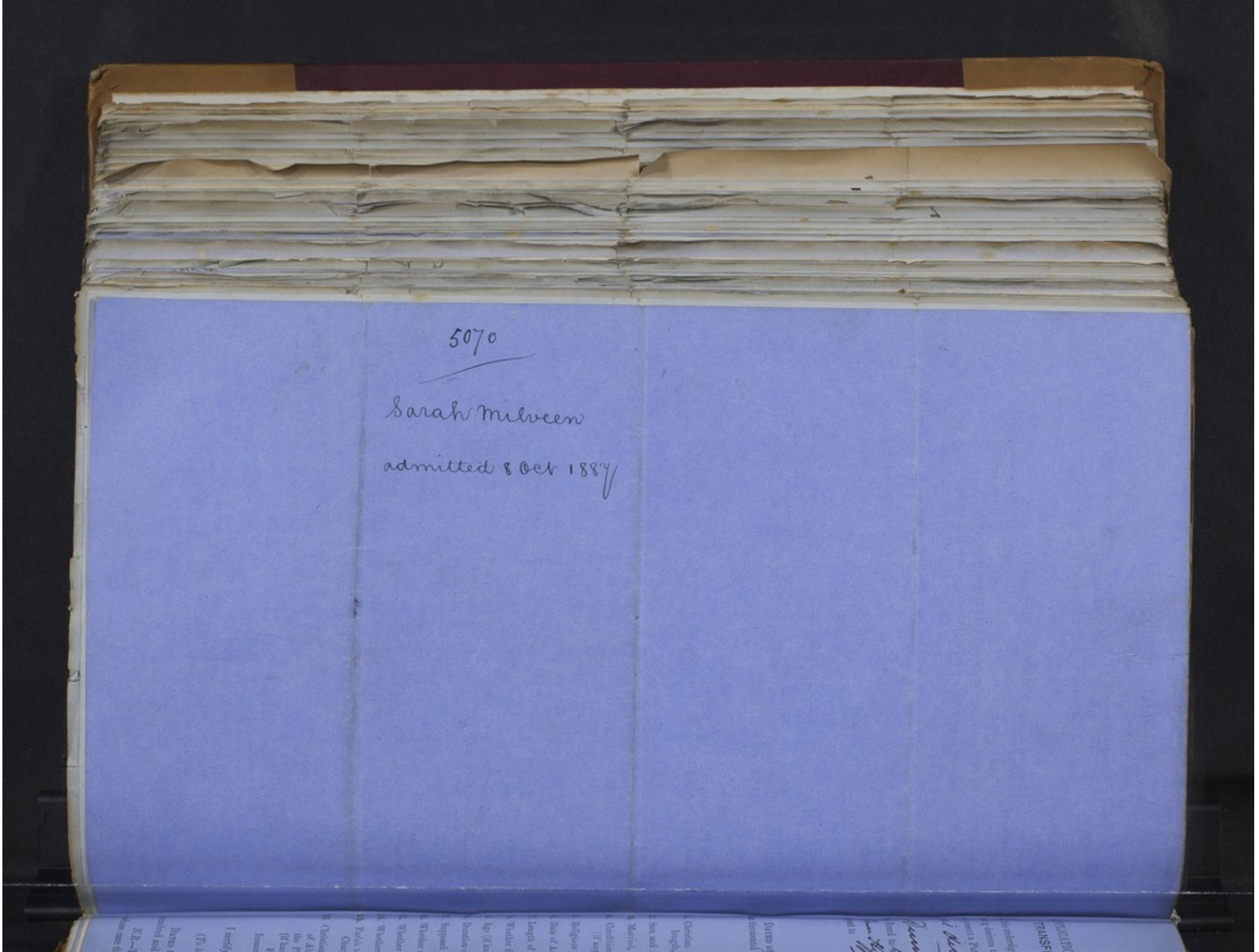
I, William Young Herries Shortt, (1) Esquire Army Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James McClelland, Inspector of Poor, Colvend, Certificates under the hands of John Paterson Lewis, and Charles Ford, being two Medical 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) Sarah Milveen, Douglass Colvend (a pauper), and that the said Sarah Milveen is a (5) person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Milveen as a Patient into the (6) Public Asylum of Southern Counties, 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 Sarah Milveen which accompanied the said Petition.

DATED this Eighth day of October, One thousand eight hundred and eighty seven.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

W H Shortt

(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.
(7) Public, District, Parochial, or Private.


5070

Sarah Milveen

admitted 8 Oct 1887

9148. 2

[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.

I, the undersigned John Wither being desirous to transfer Ann Hyslop or Hamilton at present a Patient in Ayr District Asylum, and (¹) detained at my instance from the said Asylum to the Dumfries Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Ann Hyslop or Hamilton and a Medical Certificate with respect to her mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Wither

(²) Inspector of Poor of Luce

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stranraer this 1st day of October One thousand eight hundred and eighty seven

STATEMENT.

1. Christian Name and Surname of Patient at length,	Ann Hyslop or Hamilton
2. Sex and Age,	Female 43
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. Date of Admission into Asylum,	3rd September 1887
7. Length of time Insane,	
8. Whether first Attack,	
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	
11. Supposed Cause,	
12. Whether subject to Epilepsy,	
13. Whether Suicidal,	
14. Whether Dangerous to others,	
15. Parish to which the Lunatic ~~(if a Pauper)~~ is Chargeable,	Luce
16. 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 Hamilton, Yearlyman, West Glentochadale, Leswalt; Husband.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Wither

DATED this 1st day of October One thousand eight hundred and eighty seven

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles H Wear being (1) an M D St Andrews, & L.R.C.S.E hereby certify that I have this day at (2) the Ayr County Asylum personally examined Ann Higgins or Hamilton at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that she is demented in speech and behaviour

her Bodily Health and Condition that they are good ; and with respect to her

and I further certify that, in my opinion, there is nothing in the Mental or Body Condition of the Patient to contraindicate removal to the Asylum of Southern Counties Dumfries.

Charles H. Wear

DATED this 4th day of October One thousand eight hundred and 87

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 Ann Higgins or Hamilton from Ayr District Asylum to the Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 5th day of October One thousand eight hundred and eighty-seven.

5071

Ann Higgins or Hamilton
Admitted 8 Oct 1887

Date of Sheriff's Order:—

5th September, 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway, — at Dumfries, *and his Substitutes:*—

Insert Name and Designation.

The Petition of (3) Thomas Achilles Townshend, of Birch Hill House, Blarney - Co Cork humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Evelinie Victoria Townshend, —

State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Evelinie Victoria Townshend, to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

T. A. Townshend

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this 10th (5) day of October, One thousand eight hundred and 87

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Evelinie Victoria Townshend.
Sex and age,	Female, 28 years.
Married, Single, or Widowed,	Married.
Condition of Life and previous Occupation (if any),	Lady.
Religious Persuasion, so far as known,	Church of England
Previous place of abode,	Found at Birch Hill House, Blarney Co Cork.
Place where found and examined,	Examined at Dumfries.
Length of time Insane,	Three months
Whether First Attack,	Yes
Age (if known) on First Attack,	28 years
When and where previously under Examination and treatment,	—
Duration of Existing Attack,	Three months
Supposed Cause,	Puerperal mania
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	—
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
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 Achilles Townshend, Birch Hill House, Blarney, Co Cork. Husband. None.
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 10th day of Oct One thousand eight hundred and 87

(To be signed by the Party applying) T. A. Townshend

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace.	Ireland
2. Character of Education.	That befitting a lady
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Drowned. Disease of lungs
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	was wrecked, injured by rocks had brain fever afterwards
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	childbirth
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	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.?	Restlessness Sleeplessness
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	Has improved - present de
13. What changes have taken place in his bodily symptoms?	Has gained in general Condition is fa
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	Tried to rush keys from attende to escape.
17. How long has he been insane?	since 10th June 1887.

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 Rutherford, being (1) a Fellow of the Royal College of Physicians & Edin hereby certify, on soul and conscience, that I have this day, at (2) Crichton House in the County of Dumfries, seen and personally examined Mrs Eva Townshend, 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 Rutherford

DATED this Eighth day of October, One thousand eight hundred and Eighty-seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Edward R Townsend being a (1) Member of Royal College of Surgeons of England Doctor of Medicine of Trinity College Dublin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day at (3) Lindville Asylum Cork in the County of separately from any other Medical Practitioner, visited and personally examined (4) Eva Townshend and that the said Eva Victoria Townshend is a (5) Lunatic & 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) *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) Various delusions Great Excitability.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) occasional fits of Violence

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Edward Richard Townsend M.D. in R.C.S.E.

Place of Abode, 24 St Patricks Hill Cork

DATED this Sixth day of October One thousand eight hundred and Eight-Seven

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Dem C O'Connor Jr LRC Ped, LRC Sed being a (1) a Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Lindville Asylum Cork in the County of separately from any other Medical Practitioner, visited and personally examined (4) Eva Townshend and that the said Eva Townshend 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) *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) Present Conversation & Manner And my Knowledge of her case previous to admission to Lindville Asylum

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Dem C O'Connor Jr LRC Ped. LRC Sed

Place of Abode, 2 Camden Place

DATED this 6th day of October One thousand eight hundred and Eight-Seven

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)

of the (2)

having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of

and , 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) and that the said

is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE A. to receive the said as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

.....

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(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.

Date of Admission.....

Name.....

No.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, Alexander Dace MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) physician & Surgeon hereby certify, on soul and conscience, that I have this day at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Eveline Victoria Townshend of Birch Hill House, Blarney Co Cork and that the said Eveline Victoria Townshend 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) is excitable & irritable and is evidently recovering from an attack of puerperal mania but not yet quite recovered

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford informs me that she has been brought here direct from Lindville private asylum Cork where she has been an inmate for some months

(7) *State the Information, and from whom derived.*

Name and Medical Designation, A D MacDonald MD

Place of Abode, 18 Castle St Dumfries

DATED this 9th day of October One thousand eight hundred and eighty-seven.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, James Hunter Dryden being a (1) Licentiate of the Royal College of Physicians and Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Eveline Victoria Townshend of Birchhill House, Blarney, County Cork and that the said Mrs Eveline V. Townshend 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 irritable and easily excited, & is evidently recovering from an attack of acute insanity

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford informs that she has had previous residence in an asylum

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden MCSEd

Place of Abode, 39 Castle Street, Dp.

DATED this ninth day of October One thousand eight hundred and eighty seven years.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, Esq. (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me with a Petition at the instance of (3) Thomas Arthur Townshend, of Birch Hill House, Blarney, Co. Cork — Certificates under the hands of Alexander Ball Macdonald — and James Hunter Dryden —, 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) Evelina Victoria Townshend of Birch Hill House, Blarney Co. Cork (Private) and that the said Evelina Victoria Townshend, is a (5) person of unsound mind,

(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.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Evelina Victoria Townshend, as a Patient in the Crichton Royal Institution for the Insane at Dumfries, 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 Evelina Victoria Townshend which accompanied the said Petition.

DATED this Eleventh day of October One thousand eight hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5072

Name, Evelina Victoria Townshend

Date of Admission, 8 October 1887

haunt is a pauper chargeable to the parish of Johnstone of which John Jardine Inspector

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 Dumfries & Galloway *and his Substitutes,*—

The Petition of William Anderson, Labourer, Mainshill, Johnstone,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Anderson, ——— your Petitioner's (3) Wife, ———

(3) State degree of Relationship or other circumstance 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 Helen Anderson, ——— to the Southern Counties Asylum, — and to sanction her admission into the said Asylum.

William Anderson

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this seventh — (4) day of October, — One thousand eight hundred and eighty seven.

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 Brown or Anderson
2.	Sex and Age,	Female 41 years.
3.	Married, Single, or Widowed,	married.
4.	Condition of Life, and previous Occupation (if any),	Servant
5.	Religious Persuasion, so far as known,	Protestant.
6.	Previous Place of Abode,	Glenhall, Kirkpatrick-Juxta.
7.	Place where Found and Examined,	Mainshill
8.	Length of time Insane,	2 months
9.	Whether First Attack,	not first attack.
10.	Age (if known) on First Attack,	35 years.
11.	When and where previously under Examination and Treatment,	Southern Counties Asylum.
12.	Duration of Existing Attack,	
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,	~~Parish of Johnstone~~
18.	Date of becoming Chargeable,	~~seventh of October~~
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,	Wm Anderson. Husband. Mainshill. Johnstone Parish
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 Ninth — day of — October, One thousand eight hundred and Eighty seven.

William Anderson

(To be signed by 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.

(6) *State the facts.*

(7) *State the information, and from whom derived*

I, the undersigned, John Maxwell Davidson
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mainhill in the parish of Johnstone, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Brown or Anderson and the said Helen Brown or Anderson 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)
Restless Manner. Incoherent talk. Going about half-dad. Says people are conspiring to get her then husband separated. That the house on the wrong side of the road &c

2. Other facts (if any) indicating Insanity communicated to me by others (7)
Seen repeatedly on roof of house washing the slates. Has burnt most of the furniture & pulled up the floor putting down stones in stead. Wanders from home repeatedly & has to be watched.

Name and Medical Designation, J. M. Davidson M.B.Ch.B.

Place of Abode, Johnstone Briggs, Lockerbie

DATED this Ninth day of October One thousand eight hundred and Eighty-seven.

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 Maclachlan
being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mainhill Parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Brown or Anderson wife of William Anderson Gamekeeper and the said Helen Brown or Anderson 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) Restless and suspicious delusions that the neighbours have designs upon her & that they tamper with her property. Incoherence.

2. Other Facts (if any) indicating Insanity communicated to me by others (7)
A neighbour states that she has delusions. She has lately destroyed some furniture & tried to burn it.

Name and Medical Designation, James Maclachlan M.B.Ch.B.

Place of Abode Lockerbie

DATED this Ninth day of October One thousand eight hundred and Eighty seven.

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 Maxwell Davidson being (1) Bachelor of Medicine & Bachelor Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Mainshill in the County of Dumfries; seen and personally examined Helen Brown or Anderson, 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.

John M. Davidson M.B.C.M.

DATED this Ninth day of October One thousand eight hundred and Eighty-seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Anderson, Labourer, Mainshill, Johnstone; Certificates under the hands of John Maxwell Davidson, and James Maclachlan, 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 Brown or Anderson, Mainshill, Johnstone and that the said Helen Brown or Anderson, (Petitioner's wife) 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 Helen Brown or Anderson as a Patient into the (6) Public Asylum of Southern Counties, 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 Helen Brown or Anderson which accompanied the said Petition.

DATED this Eleventh day of October One thousand eight hundred and eighty-seven.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

---

(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.
(7) Public, District, Parochial, or Private.

5073

Helen Brown Anderson

11 October 1887

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 Kirkcudbrightshire~~ of the (2) Stewartry of Dumfries & Galloway and his Substitutes,—

The Petition of John McMillan Draper Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McMillan, after designed, your Petitioner's (3) ~~Sister~~ 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 Jane McMillan, to the Southern Counties (Dumfries) 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 McMillan

DATED this twelfth (4) day of October, One thousand eight hundred and 87.

(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,	Jane McMillan.
2. Sex and Age,	Female Aetat 67.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	None.
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Kirkpatrick Durham.
7. Place where Found and Examined,	Kirkpatrick Durham.
8. Length of time Insane,	One week.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack,	Not known.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Dumfries. Southern Counties Asylum.
12. Duration of Existing Attack,	~~Seven years~~ one week.
13. Supposed Cause,	. . . .
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,	~~Urr~~
18. Date of becoming Chargeable,	~~12/10/87~~
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,	Robert McMillan, South St. Wellington Servant (son)
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 12th day of October, One thousand eight hundred and Eighty seven.

To be signed by the Party applying) John McMillan

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 Meggat being a (1) Graduate 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) Kirkpatrick in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Mrs McMillan, and at the said Mrs McMillan 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 the Queen of England. Imagines the Sun is the Son of God and is going to descend

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She wanders about from house to house and cannot tolerate her children.

Name and Medical Designation, John Meggat M.D.C.M.

Place of Abode, Kirkpatrick Durham

DATED this Eleventh day of Oct One thousand eight hundred and Eighty seven

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 McKean being a (1) Graduate 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) Kirkpatrick Durham in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs McMillan and the said Mrs McMillan 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 irritable & restless & sits continually moaning to herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her relations state that she wanders about continually, refusing to take any food in case she be poisoned

Name and Medical Designation, Alex. McKean M.D.C.M.

Place of Abode Castle-Douglas

DATED this Eleventh day of October, One thousand eight hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (3) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John McMillan, Draper, Taunton, Certificates under the hands of John Meggat, and Alexander McKean, 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 Jane McMillan, Widow, Kirkpatrick Durham (Petitioner's Mother) and that the said Mrs Jane McMillan 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 Jane McMillan as a Patient into the (6) Public Asylum of Southern Counties 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 Jane McMillan, which accompanied the said Petition.

DATED this Twelfth day of October, One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(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.
(7) Public, District, Parochial, *or* Private.

5074

Jane McMillan

admitted 12 Oct 1887

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) Dumfries and Galloway —— *and his Substitutes,—*

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion McNaught ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper ——— 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 McNaught —— to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words delete.

(To be signed by the Party applying) Miles Mc Innes

DATED this Fifteenth (4) day of October, One thousand eight hundred and Eighty Seven 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,	Marion McNaught.
2. Sex and Age,	Female. 38 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Seamstress.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Colvins Close
7. Place where Found and Examined,	Royal Infirmary.
8. Length of time Insane,	A Few days.
9. Whether First Attack,	Yes.
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*].	Nowhere.
12. Duration of Existing Attack,	A few Days.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Yes.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Might be.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	Nov. 1870.
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,	Not Known. Not 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 Fourteenth day of October —— One thousand eight hundred and eighty seven.

(To be signed by the Party applying) Miles Mc Innes

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, Joseph Garibaldi Marshal being a (1) Graduate 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) Dumfries Infirmary, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Marion McNaught a Pauper, and that the said Marion 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)

For some years Patient has suffered from Epileptic Fits – She has a General appearance of Insanity – questions incoherently &c –

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

I am informed by the House Surgeon that she is a thorough Maniac, abuses the Nurses, attempts to get out of the windows &c –

Name and Medical Designation, J G Marshall

Place of Abode Buccleuch St Nunnery Upstairs

DATED this Fourteenth day of October One thousand eight hundred and Eighty Seven.

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, Walter Duncan Grieve being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) House Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Dumfries & Galloway Royal Infirmary in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Marion McNaught a Pauper, and that the said Marion 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)

She attempts to bite & aims blows at all persons approaching her; she ran out of Infirmary & proceeded some distance with only night gown on. Is violent & will not take any food

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Nurse Morris of Infirmary states that her conduct is extremely violent at night

Name and Medical Designation, W. Duncan Grieve M.B.C.S.

Place of Abode Dumfries Infirmary

DATED this fourteenth day of October One thousand eight hundred and eighty seven –

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, Joseph Garibaldi Marshall, being (1) a Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Dumfries Infirmary in the County of Dumfries, seen and personally examined Marion McNaught, 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.

J. G. Marshall M.B. &c.

Dated this Fourteenth day of October, One thousand eight hundred and Eighty Seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries, Certificates under the hands of Joseph Garibaldi Marshall, and Walter Duncan Grieve, 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 McNaught, Dumfries & Galloway Royal Infirmary and that the said Marion 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 Marion McNaught, as a Patient into the (6) Public, Asylum of Southern Counties, 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 McNaught, which accompanied the said Petition.

Dated this Seventeenth day of October, One thousand eight hundred and eighty seven years.

David Boyle Hope.

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

5075

Marion McNaughs

admitted 14 Oct 1887

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and of Galloway or Dumfries and his Substitutes—

The Petition of John Armstrong, Farmer, Hunnah Cummertrees

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Armstrong

(2) State degree of Relationship or other Society in which Petitioner stands to Lunatic.

your Petitioner's (2)— 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 Armstrong to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Armstrong

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (3) day of October One thousand eight hundred and Eighty seven.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Isabella Armstrong
Sex and Age,	Female 70 years
Married, Single, or Widowed,	Widow
Condition of Life, and previous Occupation (if any),	Farmer
Religious Persuasion, so far as known,	Established
Previous Place of Abode,	Hunnah Cummertrees
Place where Found and Examined,	
Length of time Insane,	Fortnight
Whether First Attack,	do
1. Age (if known) on First Attack,	60 years
1. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	Southern Counties Asylum
1. Duration of Existing Attack,	Fortnight
1. Supposed Cause,	do
1. Whether subject to Epilepsy,	No
1. Whether Suicidal,	Yes
1. Whether Dangerous to others,	do
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1. Date of becoming Chargeable,	John Armstrong, Hunnah, Cummertrees
1. Christian Name and Surname, and Place of Abode of nearest known Relatives of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
2. 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 Seventeenth day of October One thousand eight hundred and Eighty seven

(To be signed by the Party applying) John Armstrong 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, Joseph Garibaldi Marshall being a (1) Graduate 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) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Armstrong and that the said Isabella Armstrong 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 at times is very outrageous. Complains of sleeplessness, and great fear of [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Son informs me she has been in the Asylum before. That she is very outrageous at time

Name and Medical Designation, Joseph Garibaldi Marshall M.B.C.M.

Place of Abode, Buccleuch St Dumfries

DATED this Seventeenth day of October One thousand eight hundred and eighty seven 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, William Marshall being a (1) [illegible] of the faculty of Physicians and Surgeons Glasgow and College of [illegible] and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Crichton [illegible] Asylum Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Isabella Armstrong and that the said Mrs Isabella Armstrong 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 mechanically seems terribly depressed amounting to Melancholia &c &c

(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, W Marshall M.B. [illegible]

Place of Abode 27 Buccleuch St Dumfries

DATED this 17th day of October One thousand eight hundred and eighty seven 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.)

, the undersigned, Joseph Garibaldi Marshall
eing (1) Graduate of Medicine Glasgow University
ereby certify, on soul and conscience, that I have this day, at (2) Buccleuch St Dumfries
n the County of Dumfries, seen and personally examined
Isabella Armstrong, and that the said
erson 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 G Marshall

DATED this Nineteenth day of October One thousand eight
undred and Eighty seven Year

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

, William Young Herries Shortt (3) Sheriff Substitute
f the (4) County of Dumfries
aving had produced to me, with a Petition at the instance of (5) John Armstrong
farmer, Nunnab, Cummertrees
Certificates under the hands of Joseph Garibaldi Marshall
nd William Marshall, being two Medical Persons
luly 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 (6)
Isabella Armstrong Nunnab, Cummertrees and that the said
Isabella Armstrong is a (7) person of unsound mind
nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to
eceive the said Isabella Armstrong as a Patient into the
(8) Public Asylum of Crichton Royal Institution and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith
he said Medical Certificates, and a Statement regarding the said Isabella Armstrong
which accompanied the said Petition.

DATED this Nineteenth day of October One thousand eight
hundred and eighty seven years.

W H Shortt

To the Superintendent of the (9) Asylum of

---

(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.
(7) Public, District, Parochial, or Private.

5076

5076

Isabella Armstrong

admitted 17 Oct 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway at Dumfries *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) William Gibb, Draper, Bailliestone humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Euphemia Gibb ——— your Petitioner's (4) Sister ———

(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 authorize the transmission of the said Euphemia Gibb ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Wm Gibb

(5) The date of the Petition must be within four clear days following the dates of the Medical Certificate.

DATED this twenty first (5) day of October One thousand eight hundred and Eighty seven

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Euphemia Gibb
Sex and age,	Female. 28½ years
Married, Single, or Widowed,	Single
Condition of Life and previous Occupation (if any),	Shop Assistant
Religious Persuasion, so far as known,	Protestant
Previous place of abode,	Main Street Bailliestone
Place where found and examined,	39 Castle Street, Dumfries, & Crichton Royal Institution
Length of time Insane,	One Day
Whether First Attack,	No
Age (if known) on First Attack,	28½ years
When and where previously under Examination and treatment,	Crichton Royal Institution One Day
Duration of Existing Attack,	
Supposed Cause,	
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
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 Gibb Draper Main Street Bailliestone Brother -
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 twenty first day of October One thousand eight hundred and Eighty seven

Wm Gibb

(To be signed by the Party applying).....

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Hunter Dryden being (1) Licentiate of Royal College of Physicians Surgeons &c hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Miss Euphemia Bibb, 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 Hunter Dryden M.B.C.M.

Dated this 26th day of October One thousand eight hundred and 87 years

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
and Surgeons of Edinburgh
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day at (3) 39 Castle
Street, Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Euphemia Gibb,
Main Street, Bankhead, near Glasgow and that
the said Miss Euphemia Gibb 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) Her expression demeanour & conduct are that of an insane person. She has delusions & acts impulses & the suspicion that her friends are anxious to get rid of her. H.D.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
by Ella Brodie, her attendant, She has had previous residence in the Crichton Institution.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, J Hunter Dryden M.R.C.P.

Place of Abode, 39 Castle St, Dfs

DATED this 26th day of October One thousand eight hundred and eighty seven —

MEDICAL CERTIFICATE.—No. II.

I the undersigned, Walter Duncan Grieve
being a (1) Graduate in medicine of Edinburgh
University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Miss Euphemia Gibb
of Main Street Bankhead near Glasgow and that
the said Miss Euphemia Gibb 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 states that she has a severe pain in her head which renders it impossible for her to stay at home.
She expressed her willingness to re-enter the Institution

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr. Rutherford informs me that she had been a resident in the Institution & only left two days ago, he also states that it was found impossible to keep her at home.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, W. Duncan Grieve M.B. C.M. Edin

Place of Abode, Dumfries Infirmary

DATED this 26th day of October One thousand eight hundred and eighty seven —

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Gibb Draper, Bailliestow, Certificates under the hands of James Hunter Dryden and Walter Duncan Grieve, being two Medical [illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Co[illegible] and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of [illegible] Asylums in Scotland," setting forth that they had separately visited and exami[illegible] (4) Euphemia Gibb, Shop Assistant, Bailliestow, and that th[illegible] Euphemia Gibb is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE [illegible] receive the said Euphemia Gibb as a Patient in the Crichton Royal Institution for the Insane at Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith th[illegible] Medical Certificates, and a Statement regarding the said Euphemia Gibb 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 this Twenty second day of October One thousand [illegible] hundred and eighty seven

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Euphemia Gibb

Date of Admission, 20 Oct 1887

9194

[FORM B²]

GENERAL BOARD OF LUNACY SCOTLAND 19 OCT 87

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.

I, the undersigned William Brown, 17 Alloway Street, Ayr being desirous to transfer Jane Henning Hastings or Brown, my wife, at present a Patient in Ayr District Asylum, and (1) in nearest known relative I am from the said Asylum to the Crichton Royal Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jane Henning Hastings or Brown and a Medical Certificate with respect to Her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Wm. Brown

(2) Husband.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Ayr this 17th day of October One thousand eight hundred and eighty seven

STATEMENT.

1.	Christian Name and Surname of Patient at length,	Jane Henning Hastings or Brown.
2.	Sex and Age,	Female age 47
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.	Date of Admission into Asylum,	11 September 1885
7.	Length of time Insane,	about 2 year
8.	Whether first Attack,	second attack
9.	Age (if known) on first Attack,	45
10.	Duration of existing Attack,	about two or three month
11.	Supposed Cause,	unknown
12.	Whether subject to Epilepsy,	no
13.	Whether Suicidal,	No.
14.	Whether Dangerous to others,	No.
15.	Parish to which the Lunatic (if a Pauper) is Chargeable,	✓
16.	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. William Brown. late Engineer, 17 Alloway Street, Ayr. None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Wm. Brown

DATED this 17th day of October One thousand eight hundred and eighty seven

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles Wilkie being (1) M.D. St. Andrews, & L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Jane Henning Hastings or Brown at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that she labours under Melancholia, with delusions of having committed unpardonable sins, and that she is to be "tried": she is also suicidal

; and with respect to the Bodily Health and Condition that they are fair: she suffers a little in her right ankle which was severely sprained by jumping from Ayr bridge into the water beneath a height of about forty feet

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton at Dumfries =

Charles Wilkie M.D.

DATED this 15th day of October One thousand eight hundred and 87

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 Jane Henning Hastings or Brown from the Ayr District Asylum to the Crichton Royal Institution, Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 18th day of October One thousand eight hundred and 87.

Date of Sheriff's Order. 13th Sept 18

5078

Jane Henning Hastings or Brown admitted 21 Oct 1887

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)
of Dumfries & Galloway *and his Substitutes,—*

The Petition of Mrs Margaret Thomson, Portwilliam

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kerr Thomson.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) ~~Son~~ 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 James Kerr Thomson to the Crichton Royal Institution and to sanction ~~his~~ admission into the said Asylum.

M Thomson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22° (4) day of October One thousand eight hundred and eighty seven

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Kerr Thomson
Sex and Age,	Male - aged 66 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Free Church Minister
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Port William
Place where Found and Examined,	Port William
Length of time Insane,	a week
Whether First Attack,	yes
Age (if known) on First Attack,	66 years
When and where previously under Examination and Treatment,	nil
Duration of Existing Attack,	one week
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	Doubtful
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	none
Date of becoming Chargeable,	—
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 Margaret Thomson Wife. Port William yes -
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 22° day of October One thousand eight hundred and eighty seven

(To be signed by Party applying) M Thomson

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, Robert Bird Selby being a (1) Doctor of Medicine of Edinburgh University and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Kerr Thomson Free Church Minister Portwilliam and that the said James Kerr 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 is in a very excited state — Has had vision of the Lord during the last night — he declares — and that he is the Angel Gabriel and has a message to deliver to the people.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Thomson, his wife — says he wished her to cut his throat this morning — has noticed him forgetful & absent minded for some time past.

Name and Medical Designation, Robert B. Selby M.D. & L.R.C.S. Ed.

Place of Abode, Portwilliam

DATED this 22nd day of October One thousand eight hundred and eighty seven

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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 Dobie being a (1) Bachelor of Medicine and Bachelor in Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4). James Kerr Thomson Free Church Minister Portwilliam and that the said James Kerr 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 is restless and excitable — says that the Angel Gabriel came & touched him on the head, requiring to go & sound the trumpet — & call all the people together. He has a message from Gabriel.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Peter Montgomery, a neighbour, says Mr Thomson has been much depressed, recently & talked incoherently about religious topics. He is now in a very excited condition.

Name and Medical Designation, John Robert Dobie M.D.

Place of Abode Whithorn — Wigtownshire

DATED this 22nd day of October One thousand eight hundred and eighty seven.

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 B. Selby being (1) Doctor of Medicine Edinburgh and Licentiate of the Royal College of Surgeons Edin hereby certify, on soul and conscience, that I have this day, at (2) Portwilliam in the County of Wigtown, seen and personally examined James Kerr Thomson, Free church Minister, 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.

Robert B. Selby

DATED this 22nd day of October One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire of the (2) County of Wigtown (1) Sheriff Substitute having had produced to me, with a Petition at the instance of (3) Mrs Margaret Thomson, Portwilliam Certificates under the hands of Robert B. Selby M.D.L.R.C.S. Portwilliam and John Robert Robinson M.B.C.M. Whithorn, 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 Kerr Thomson and that the said James Kerr 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 Kerr Thomson as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution Dumfries 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 Kerr Thomson which accompanied the said Petition.

DATED this twenty second day of October One thousand eight hundred and eighty seven

To the Superintendent of the (7) Asylum of Crichton Royal Institution Dumfries

John Doig

(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.
(7) Public, District, Parochial, or Private.

James Henry Thomson

admitted 24 Oct 1887

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, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (1) Dumfries & Galloway — of — *and his Substitutes,—*

The Petition of George Martin, Merchant of 42 Ferry Road, Leith humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Brash or Martin your Petitioner's (2) 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 Helen Brash or Martin to the Royal Crichton Institution and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Geo. Martin

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (3) day of October One thousand eight hundred and eighty seven 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 Brash or Martin
2. Sex and Age,	Female - 39
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Merchants wife - no previous occupation
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	42 Ferry Road - Leith
7. Place where Found and Examined,	Castle Terrace - Musselburgh
8. Length of time Insane,	eight years
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	30
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Examined June 1890 & admitted into Melrose Asylum - thence removed to Musselburgh March 1892
12. Duration of Existing Attack,	eight to nine years
13. Supposed Cause,	
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. 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,	George Martin 42 Ferry Road Leith husband none
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 28th day of October One thousand eight hundred and eighteen.

(To be signed by the Party applying) Geo. 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 Macdonald Sanderson being a (1) Fellow of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Castle Gardens Musselburgh in the County of Midlothian separately from any other Medical Practitioner visited and personally examined (4) Helen Brash or Marten and the said Helen Brash or Marten 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 in Conversation — Violent at times and destroys everything about her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs McKenzie states that she has mental delusions, regarding her former servants & her husband, and often behaves in a very violent manner

Name and Medical Designation, A. Mc. Sanderson

Place of Abode, 21 Bridge Street, Musselburgh

DATED this 27th day of October One thousand eight hundred and eighty seven 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, James Hunter Dryden being a (1) Licentiate of the Royal colleges of Physicians and Surgeon's 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) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Helen Brash or Marten of 42 Ferry Road, Leith, and that the said Mrs Helen Brash or Marten 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 talkative and incoherent + rambling. She is full of delusions i.e. She says that she is half sister to Mary Queen of Scots, that she is often visited by

(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 Hunter Dryden M.B.

Place of Abode 39 Castle Street Dfs

DATED this 28th day of October One thousand eight hundred and eighty seven 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, Alexander Macdonald Sanderson, being (1) a Fellow of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Edinburgh in the County of Midlothian, seen and personally examined Helen Brash or 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.

A Mc. Sanderson

DATED this 27th day of October One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope – (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) George Martin, Merchant of 42 Ferry Road Leith Certificates under the hands of Alexander Macdonald Sanderson and James Hunter Dryden, 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 (6) Helen Brash or Martin 42 Ferry Road Leith (Petitioner's wife) and that the said Helen Brash or Martin is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Brash or Martin as a Patient into the (8) Public Asylum of ~~Southern~~ Crichton Royal Institution, 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 Helen Brash or Martin which accompanied the said Petition.

DATED this Thirty first day of October One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Crichton Royal Institution Dumfries.

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(8) Public, District, Parochial, *or* Private.
(9) Public, District, Parochial, *or* Private.

5080

Helen Brash or Mailin

admitted 28 Oct 1887

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* Dumfries & Galloway *and his Substitutes,—*

The Petition of William Kirkland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Bone

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

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 Bone to the Southern Counties Asylum and to sanction her admission into the said Asylum.

William Kirkland

(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 eight hundred and Eighty seven.

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 Bone
2. Sex and Age,	Female, 21 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	High-Clough-Side Sanquhar
7. Place where Found and Examined,	Kirkconnel Village
8. Length of time Insane,	Not known
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	about 5 months
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,	Kirkconnel Parish
18. Date of becoming Chargeable,	28. October 1887
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 Bone, Kirkconnel, Father No member of Family known to be insane
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 29th day of October One thousand eight hundred and Eighty Seven

(*To be signed by Party applying*) William Kirkland
Inspector of Poor
Kirkconnell

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, Wm. Kay, ~~Licentiate of the~~ being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) her Brother's house Kirkconnel in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Bone, late domestic servant, a pauper and that the said Agnes Bone 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 excitable sometimes laughing at other times weeping, and now and again glares at her Mother in an manner

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother states that she is relapsed sleeps little and mutters a good cold. Has several times used violence to her. She inclines to wander away in hills

Name and Medical Designation, Wm. Kay, Surgeon

Place of Abode, Sanquhar

DATED this 28th day of October One thousand eight hundred and eighty seven

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, Anstruther Davidson being a (1) Doctor of Medicine and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) High St. Kirkconnel. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Bone domestic and pauper and that the said Agnes Bone 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 restless sometimes excitable at other times sullen and morose. She says she always feels a beast biting her breast and is often wakened in the night by water dropping on her stomach

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) William Bone her half brother says she is excitable sometimes laughing at other times very sullen. She strikes her mother without any provocation. Her mother says she has been repeatedly severely assaulted. She wanders out and is unable to find her way back

Name and Medical Designation, Anstruther Davidson

Place of Abode Sanquhar

DATED this twenty eighth day of October One thousand eight hundred and eighty seven

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Kirkland, Inspector of Poor Kirkconnell
Certificates under the hands of William Kay
and Another Davidson, 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 Bone, High Street Kirkconnell (a pauper), and that the said Agnes Bone 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 Bone as a Patient into the (6) Public Asylum of Southern Counties 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 Bone which accompanied the said Petition.

DATED this Twenty ninth day of October One thousand eight hundred and eighty seven.

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, or Private.

5081

Agnes Bone

admitted 29 Oct 1887

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, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of Mild Mc Innes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Brown your Petitioner's (3) Pauper 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 Brown to the Southern Counties Asylum and to sanction his admission into the said Asylum. Two words delete

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles Mc Innes

(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 eight hundred and Eighty Seven years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Brown
Sex and Age,	Male 41 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Corresponding Clerk
Religious Persuasion, so far as known,	~~Protestant~~
Previous Place of Abode,	~~Asylum~~ Crichton Royal Asylum
Place where Found and Examined,	11 Queen St Dumfries
Length of time Insane,	Not known
Whether First Attack,	Two previous attacks of depression
Age (if known) on First Attack,	Not known
When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Glasgow Royal Asylum and Dumfries Crichton Royal Asylum
Duration of Existing Attack,	Some five years
Supposed Cause,	Brooding over religious subjects
Whether subject to Epilepsy,	No
Whether Suicidal,	Not avowed
Whether Dangerous to others,	Yes was so
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	31st Oct 1887.
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 Brown, Sister, 14 Queensberry St, 99 London Road, Glasgow Not Known
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 First day of November One thousand eight hundred and Eighty Seven years.

(*To be signed by the Party applying*) Miles Mc Innes

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, Joseph Garibaldi Marshall being a (1) Graduate 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) Queen Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Brown and that the said James 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) The patient refuses to speak to me but in conversation with Mr Davies an attendant from the Asylum he shows pure signs of religious delusion. He has a general insane appearance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford states he has religious delusions well marked &c.

Name and Medical Designation, J G Marshall

Place of Abode, Buccleuch St. Dumfries

DATED this Thirty first day of October One thousand eight hundred and Eighty Seven 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, John Mackenzie being a (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen 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 Queen St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Brown and that the said James 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 has an insane appearance. He refuses to speak to me. But I have heard him say that he refuses the help of man to liberate him & awaits Devine aid.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Rutherford says he has religious delusions &c.

Name and Medical Designation, John Mackenzie M.B. Ch.

Place of Abode 14 Castle St. Dumfries

DATED this 31st day of Oct. One thousand eight hundred and eighty seven 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, Joseph Garibaldi Marshall
being (1) Graduate in medicine hereby certify, on soul and conscience, that I have this day, at (2) Queen St Dumfries in the County of Dumfries, seen and personally examined James Brown, 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.

J G Marshall

DATED this Thirty first day of October One thousand eight hundred and eighty seven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles Mc Innes. Inspector of Poor Dumfries Certificates under the hands of Joseph Garibaldi Marshall. and John Mackenzie, —, 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 Brown, Crichton Royal Asylum, Dumfries (a pauper) and that the said James Brown — is a (5) person of unsound mind (6) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Brown — as a Patient into the (7) Public — Asylum of Southern Counties 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 Brown which accompanied the said Petition.

DATED this First — day of November One thousand eight hundred and eighty seven years

One word deleted.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties

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(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.
(7) Public, District, Parochial, or Private.

5'082

James Brown
admitted 31 Oct 1887

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 & Bute *and his Substitutes,—*

The Petition of John McLachlan Spirit Merchant Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McLachlan —

(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 James McLachlan to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(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 31st (4) day of October One thousand eight hundred and eighty seven

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 McLachlan
2. Sex and Age,	Male - Age 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Medical Student
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	70 Bromielaw st Paisley
7. Place where Found and Examined,	70 Bromielaw do
8. Length of time Insane,	About two Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	22 years of age
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Never under treatment previously
12. Duration of Existing Attack,	About two Months
13. Supposed Cause,	Over Study
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,	His Father John McLachlan Spirit Merchant 70 Bromielaw st Paisley no
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 31st day of October One thousand eight hundred and eighty seven.

To be signed by the Party applying) John McLachlan

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 Holms 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) 70 Broomlands Street. Paisley. in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) James McLachlan and that the said James McLachlan 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 delusion for example. He thinks he has a fire on the back of his head, which can only be extinguished by beer and Eggs.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father states that he (James McLachlan) visited the Post Office and stated he had come down to ~~visit~~ examine it and report.

Name and Medical Designation, M. John Holms

Place of Abode, Paisley

DATED this 31st day of October One thousand eight hundred and Eighty Seven 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, Donald Fraser being a (1) Graduate in Medicine of the University 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) 70 Broomlands Street Paisley Renfrew in the County of separately from any other Medical Practitioner, visited and personally examined (4) James McLachlan Medical Student 70 Broomlands St. Paisley and that the said James McLachlan 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 informs me that there is a barrier at the back of his head interfering with "reflection" He showed me a note book containing [illegible] & nonsensical statements which he gave as the result of his study. He informed me that his food is so [illegible] poisoned 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, D. Fraser

Place of Abode Paisley

DATED this Twentyninth day of October One thousand eight hundred and eighty seven 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 Holms
being (1) Doctor of medicine
hereby certify, on soul and conscience, that I have this day, at (2) 70 Broomland Paisley.
in the County of Renfrew, seen and personally examined
James M'Lachlan, 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.

John Holms, M. D.

Dated this 31st day of October One thousand eight
hundred and eighty-seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Hugh Cowan Esquire, Advocate Sheriff-Substitute
of the (3) Renfrew & Bute of
having had produced to me, with a Petition at the instance of (4) John M'Lachlan
Spirit Merchant Paisley
Certificates under the hands of John Holms, M.D Paisley
and Donald Turner, 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 (5)
James M'Lachlan, and that the said
James M'Lachlan is 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 James M'Lachlan as a Patient into the (7) Crichton Institution ~~Asylum of~~ Dumfries 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 M'Lachlan which accompanied the said Petition.

Dated this Second day of November One thousand eight
hundred and eighty seven

Hugh Cowan

To the Superintendent of the (7) ~~*Asylum of*~~ Crichton Institution Dumfries

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(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.
(7) Public, District, Parochial, or Private.

5083

Admission

James McLachlan

2nd Nov 1887

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~~ County of Dumfries ~~Stewartry~~ and his Substitutes.

The Petition of George Dow, Hillside Terrace Moffat,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Dow, ——

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter, ——

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 Dow, —— to the Crichton Institution, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) George Dow

(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 Nov —— One thousand eight hundred and eighty seven.

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 Dow
2. Sex and Age,	Female. 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hillside Terrace. Moffat
7. Place where Found and Examined,	Hillside Terrace. Moffat
8. Length of time Insane,	For some years
9. Whether First Attack,	—
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*],	—
12. Duration of Existing Attack,	Some years
13. Supposed Cause,	—
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 her Family known to be or to have been Insane,	George Dow. Hillside Terrace Moffat (Father) No.
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 4th day of Nov — One thousand eight hundred and eighty seven.

(To be signed by the Party applying) Geo Dow

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 Munro
being a (1) Member of the Royal College of Physicians & a Licentiate of the Royal College of Surgeons. Edin
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 Hillside Terrace. Moffat
in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine Dow. Lady - 5 Hillside Terrace Moffat and that the said Catherine Dow 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)
attempting to Commit suicide. looks glassy & morose - says she is tired of life and wishes she was out of this world &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above facts - going about the house in an unmeaning manner, picking to pieces of dust off the floor &c

Name and Medical Designation, James Munro M.D. L.R.C.S.

Place of Abode, Moffat

DATED this 4th day of Nov — One thousand eight hundred and eighty seven.

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 D'Orsay Grange
being a (1) Doctor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) a Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 5 Hillside Terrace - Moffat - Dumfriesshire
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Catherine Dow Lady of 5 Hillside Terrace - Moffat - Dumfriesshire and that the said Catherine Dow 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)
Morose manner, suspicious manner, made some trivial excuse to get me out of the room to cause wishing to be alone.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
An attempt to commit suicide by taking a large quantity of chloroform. Frequently expresses desire to die, passionate sometimes, unreasonable,

Name and Medical Designation, Wm D'Orsay Grange

Place of Abode Mayfield House Moffat

DATED this fourteen day of November One thousand eight hundred and eighty seven -

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 Munro
being (1) a Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Hillside Terrace, Moffat,
in the County of Dumfries, seen and personally examined
Catherine Dow. , 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 Munro. M.D. L.R.C.S. Edin.

DATED this 4th day of Nov.r One thousand eight
hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) George Dow,
Hillside Terrace, Moffat,
Certificates under the hands of James Munro,
and William O'Reilly Grange, 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)
Catherine Dow, Hillside Terrace Moffat, (5) Petitioner's daughter
and that the said
Catherine Dow, is 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 Catherine Dow, as a Patient into the
(8) Public Asylum of Crichton Royal Institution 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 Catherine Dow
which accompanied the said Petition.

DATED this fifth day of November, One thousand eight
hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

---

(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.
(7) Public, District, Parochial, or Private.

5084

Catherine Row

admitted 4 Nov 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway at Dumfries, *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) George Irons, Ironstone Lodge, Bellahouston, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Irons,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 James Irons to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

George Irons

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 4th (5) day of November, One thousand eight hundred and 87.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Irons.
Sex and age,	Male. 54.
Married, Single, or Widowed,	Married.
Condition of Life and previous Occupation (if any),	Commission Merchant.
Religious Persuasion, so far as known,	Baptist.
Previous place of abode,	Ironstone Lodge.
Place where found and examined,	Ironstone Lodge.
Length of time Insane,	Two Months.
Whether First Attack,	First.
1 Age (if known) on First Attack,	54.
1 When and where previously under Examination and treatment,	
1 Duration of Existing Attack,	Two months.
1 Supposed Cause,	Unknown.
1 Whether subject to Epilepsy,	No.
1 Whether Suicidal,	No.
1 Whether Dangerous to others,	yes.
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1 Date of becoming Chargeable,	
1 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 Irons Ironstone Lodge Bellahouston Glasgow Son ~~Father~~ Brother now Father.
2 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 4th day of November One thousand eight hundred and 87.

(To be signed by the Party applying). George Irons

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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 Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Ironstone Lodge Berwick in the County of Lanark ———, seen and personally examined James Stone ———, and that the said Lanark 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.

Dated this 4th day of November One thousand eight hundred and 8[illegible]

Alex Robertson, M.D.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, Alexander Robertson
being a (1) Graduate in Medicine of Glasgow
University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day at (3) Ironstone
Lodge, Bellahouston, in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Irons, commissioner
Merchant, residing at Ironstone Lodge, Bellahouston and that
the said James Irons 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) *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) He declares that he made the
"Any mansions" in Heaven, that God speaks to him by
the voice, that he had a visit from the angel Gabriel
he awake - Imagines he has Millions of Money

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mind has been deranged for about
two Months and Lately he has become violent
& threatens from

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Alexander Robertson, M.D

Place of Abode, 16 Newton Terrace, Glasgow

DATED this 4th day of November One thousand eight
hundred and 87

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Provan.
being a (1) Graduate in Medicine of Glasgow
University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Pronstone
Lodge Bellahouston in the County of
Lanark separately from any other Medical Practitioner,
visited and personally examined (4) James Irons, Commissioner
Merchant residing at Pronstone Lodge Bellahouston and that
the said James Irons 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) *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) He Declares that
he has been to Heaven two or three times & had
a chat with the Lord Jesus Christ & the angel Gabriel &
He sails up in a boat in about two months Imagines
that he has Millions of money. Has a Jesus angel beside
his constantly &c.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
(From the Relatives) That his mind has been
deranged for two months. That Lately he
has become very Violent. He declares that
he has built Steamers a thousand miles
in length to go round the world in ten minutes &c.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James Provan MD &c

Place of Abode, 1 Tullichan Place. Paisley Road Glasgow

DATED this 4th day of November, One thousand eight
hundred and 87.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSI[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George Irons Ironstone Lodge, Bellahouston, Lanarkshire Certificates under the hands of Alexander Robertson, and James Provan, being two Medical Pers[illegible] duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible] Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna[illegible] Asylums in Scotland," setting forth that they had separately visited and examined James Irons, Ironstone Lodge, Bellahouston, Lanarkshire and that the s[illegible] James Irons is a (4) insane person, (Tel. nrs Author) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you receive the said James Irons as a Patient into t[illegible] Crichton Royal Institution for the Insane at Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the s[illegible] Medical Certificates, and a Statement regarding the said James Iron[illegible] 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 this Eighth day of November One thousand eig[illegible] hundred and eighty seven years.

David Boyle Hope

To the Medical Superintendent of the
Public Crichton Royal Institution, Dumfries.

Name, James Irons

Date of Admission, 5 Nov: 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries and Galloway *at* Dumfries *and his Substitutes,—*

(3) Insert Name and Designation.

The Petition of (3) Maria Mary Laurence, 2 Agnew Street, Lytham, Lancashire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Evelyn Mary Laurence ——— your Petitioner's (4) Daughter ———

(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 authorize the transmission of the said Evelyn Mary Laurence ——— to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

Maria Mary Laurence

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this fourteenth (5) day of November — One thousand eight hundred and eighty seven.

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 Mary Laurence.
2. Sex and age,	Female. 20 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Spinster.
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	2 Agnew Street Lytham, Lancashire.
7. Place where found and examined,	Railway Station, Dumfries.
8. Length of time Insane,	Present attack. 2 months. Twice: 1 year ago.
9. Whether First Attack,	No. At a year ago.
10. Age (if known) on First Attack,	19 years.
11. When and where previously under Examination and treatment,	1 year ago under Dr Wallace, Asylum Willingham.
12. Duration of Existing Attack,	2 months.
13. Supposed Cause,	Undue excitement.
14. Whether subject to Epilepsy,	Fits when a child. None since.
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,	Mrs Laurence 2 Agnew Street Lytham, Lancashire Maternal uncle died 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 fourteenth day of November One thousand eight hundred and eighty seven

(To be signed by the Party applying) Maria Mary Laurence

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? - -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - -

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, Frederick Hugh Clarke ——————
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Railway Station Dumfries
in the County of Dumfries, ——————, seen and personally examined
Evelyn Mary Lawrence, ——————, 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.

Frederick Hugh Clarke

DATED this fourteenth day of November One thousand eight hundred and Eighty Seven

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I the undersigned, Frederick Hugh Clarke,
being a (1) Graduate of Medicine of Glasgow University
and being in actual practice as a (2) Physician and Surgeon,
hereby certify, on soul and conscience, that I have this day at (3) Dumfries Railway Station, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Evelyn Mary Laurence, 2 Agnew Street Lytham Lancashire, Spinster and that the said Evelyn Mary Laurence 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)
General aspect of patient. Fits of laughter brought on without apparent cause. Confusion of ideas on answering simple questions. Says she hears voices frequently & imagines people in room when no one is present.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Takes strong dislikes against people without apparent cause.
Behaviour unseemly towards perfect strangers.

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Frederick H. Hugh Clarke MB.CM.(Glas.)

Place of Abode, 37 Castle Street Dumfries.

DATED this fourteenth day of November One thousand eight hundred and Eighty seven.

MEDICAL CERTIFICATE.—No. II.

I the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians
of Edinburgh
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Evelyn Mary Laurence 2 Agnew St. Lytham Lancashire and that the said Evelyn Mary Laurence 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) Her expression & demeanour are those of an insane person. She has great confusion of ideas and can rarely make herself intelligible. She has fits of laughing without apparent cause.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By the matron — She has had previous residence in an asylum

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Hunter Dryden

Place of Abode, 26 Castle Street Dfs

DATED this fifteenth day of November One thousand eight hundred and Eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me with a Petition at the instance of (3) Maria Mary Laurence, 2 Agnew Street, Lytham, Lancashire Certificates under the hands of Frederick Hugh Clarke — and James Hunter Dryden — , 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 Mary Laurence, 2 Agnew St Lytham, Lancashire, and that the said Evelyn Mary Laurence 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 Evelyn Mary Laurence — as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Mary Laurence 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 this Fifteenth — day of November One thousand eight hundred and eighty seven years. Two words deleted.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Evelyn Mary Laurence

Date of Admission, 16 NOV 1887

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. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Wigtown *and his Substitutes,*—

The Petition of John Wither, Inspector of Poor of Such humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Shepherd 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 Thomas Shepherd to the Dumfries Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other Society in which Petitioner stands to Lunatic.

+ Jno Wither

DATED this 15-th (4) day of November One thousand eight hundred and eighty seven

(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.

Christian Name and Surname of Patient at length,	Thomas Shepherd
Sex and Age,	Male 76 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	pauper formerly Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Glashmahew
Place where Found and Examined,	Glashmahew
Length of time Insane,	4 days
Whether First Attack,	not known
1 Age (if known) on First Attack,	76 years
1 When and where previously under Examination and Treatment,	not known
1 Duration of Existing Attack,	4 days
1 Supposed Cause,	not known
1 Whether subject to Epilepsy,	not known
1 Whether Suicidal,	Yes
1 Whether Dangerous to others,	Yes
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Such Parish 6th April 1887
1 Date of becoming Chargeable,	
1 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 Shepherd, Glashmahew wife. Has a daughter a Lunatic Pauper of this Parish
2 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 15-th day of November One thousand eight hundred and eighty seven

(*To be signed by Party applying*) Jno Wither

Inspector of P.P. of Such Parish

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) Graduate in Medicine Surgery of Aberdeen Ed[illegible]
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Clashmahers
in the County [illegible]
Wigtown separately from any other Medical Practition[illegible]
visited and personally examined (4) Thomas Shepherd
and th[illegible]
the said Thomas Shepherd is a (5) lunatic
and a proper Person to be detain[illegible]
under Care and Treatment, and that I have formed this opinion upon the followi[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane Expression [illegible] countenance: constantly wandering about: and [illegible] suspicions of every one

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife states he wanders about the house a[illegible] and tries to commit suicide

Name and Medical Designation, A. W. Dalgarno

Place of Abode, 17 Lewis Street, Stranraer

DATED this fifteenth day of November One thousand eigh[illegible] hundred and eighty seven —

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 R Gibson
being a (1) M.D., & C.M.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Clashmahers
Inch in the County o[illegible]
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Thomas Shepherd
and tha[illegible]
the said Thomas Shepherd 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 that he is troubled with ~~an~~ people clad in a[illegible] molesting him. Is very guarded & [illegible] in his answers — & one moment assets a fact & next minute denies it

(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 tried to commit suicide in a well adjoining [illegible]

Name and Medical Designation, John R Gibson M.D.

Place of Abode 11 Lewis St Stranraer

DATED this fifteenth day of Nov One thousand eight hundred and [illegible]

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Crabb Laing (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Mitchell Inspector of Poor of the Parish of Tinwald Certificates under the hands of Dr Dalgarno and Dr Gibson ~~and~~ , 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 Shepherd, a pauper — and that the said Thomas Shepherd 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 Shepherd — as a Patient into the (6) Crichton Asylum of Dumfries — 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 Thomas Shepherd which accompanied the said Petition.

DATED this fifteenth day of November One thousand eight hundred and eighty seven

Thos. C. Laing S. S.

To the Superintendent of the (7) Crichton
Asylum of
Dumfries

(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.
(7) Public, District, Parochial, or Private.

5087

Thomas Shepherd

admitted 16 Nov: 1887

9216

[FORM B.]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 14 NOV 87

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned
being desirous to transfer James Lucas
a present a Patient in the Aye District Asylum, and (1)
from the said Asylum to the
Crichton Royal Institution Dumfries hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
James Lucas and a Medical Certificate with
respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Isabella Lucas

(2) wife

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Kilmarnock this 12th day of November One thousand eight hundred and eighty seven

STATEMENT.

Christian Name and Surname of Patient at length,	James Lucas
Sex and Age,	Male 59 years
Married, Single, or Widowed,	Married
Condition of Life, and Previous Occupation (if any),	Engineer
Religious Persuasion, so far as known,	Presbyn
Date of Admission into Asylum,	31st December, 1885
Length of time Insane,	About Two years
Whether first Attack,	Yes
Age (if known) on first Attack,	58 years
1. Duration of existing Attack,	about 2 years
1. Supposed Cause,	Influenza
1. Whether subject to Epilepsy,	No
1. Whether Suicidal,	Yes
1. Whether Dangerous to others,	No
1. Parish to which the Lunatic (if a Pauper) is Chargeable,	
1. 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,	Wife Mrs Lucas 12 Portland Terrace Kilmarnock

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Isabella Lucas

DATED this 12th day of November One thousand eight hundred and eighty seven

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Charles W Skae being (1) an M D St Andrews & L R C S Edinb hereby certify that I have this day at (2) the Ayr District Asylum personally examined James Lucas at present a Patient in said Asylum, and with respect to his Mental State that he labours under Melancholia with a strong suicidal tendency.

; and with respect to his Bodily Health and Condition that they are fair

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Crichton Royal Institution, Dumfries

Charles W Skae

DATED this 11th day of November One thousand eight hundred and 87

5088

James Lucas admitted 16 Nov: 1887

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 James Lucas from Ayr District Asylum to Crichton Royal Institution, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer, within fourteen days from the date hereof, of the said patient as requested.

John Sibbald Commissioner

DATED at Edinburgh, this 14th day of November One thousand eight hundred and eighty-seven.

5

Date of Sheriff's Order.

31st December, 1885

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 Dumfries and Galloway *and his Substitutes,*—

The Petition of Elspeth Rutherford, Strawberry Bank, Kirkmichael,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Rutherford

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter, 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 Rutherford to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Elspeth Rutherford

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (4) day of November One thousand eight hundred and eighty seven.

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 Rutherford
2	Sex and Age,	female. 30 years of age.
3	Married, Single, or Widowed,	single.
4	Condition of Life, and previous Occupation (if any),	living with mother. no occupation.
5	Religious Persuasion, so far as known,	protestant.
6	Previous Place of Abode,	Strawberry Bank, Kirkmichael
7	Place where Found and Examined,	Strawberry Bank, Kirkmichael
8	Length of time Insane,	about 14 days.
9	Whether First Attack,	Heird attack.
10	Age (if known) on First Attack,	23 years.
11	When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries.
12	Duration of Existing Attack,	14 days.
13	Supposed Cause,	none 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	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 her Family known to be or to have been Insane,	Elspeth Rutherford mother Strawberry Bank, Kirkmichael no other member known to be insane
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 seventeenth day of November One thousand eight hundred and eighty seven

(*To be signed by Party applying*) Elspeth Rutherford

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, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Strawberry Bank Kirkmichael in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Christina Rutherford, Strawberry Bank Kirkmichael and that the said Christina Rutherford 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 running wildly about the house and cannot be restrained, bawling, swearing and talking incoherently, she is tearing at the furniture in the room and crying about corpses and other imaginary things

(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 they have not been able to manage her and she was running wildly about the fields with her clothes and wet, she does not know what she is doing or saying

Name and Medical Designation, } Thos Reid M.D.

Place of Abode [illegible]

DATED this seventeenth day of November One thousand eight hundred and eighty seven

---

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 Mackenzie being a (1) Bachelor in Medicine & Master in Surgery of the University of Aberdeen and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christina Rutherford Kirkmichael and that the said Christina Rutherford is a (5) Idiot 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 talks incoherently - says London is a "dressmaker's shop" & other absurd statements. She is also in a wild & excited state & has an insane appearance.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The head Attendant informs me that she has been in the Asylum several times

Name and Medical Designation, } J. Mackenzie

Place of Abode 14 Castle St. Dumfries

DATED this 17th day of Nov. One thousand eight hundred and eighty seven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without an Order by the Sheriff.)

I, the undersigned, Norman Reid
being (1) M.D. of Aberdeen University
hereby certify, on soul and conscience, that I have this day, at (2) Strawberry Bank
in the County of Dumfries, seen and personally examined Christina Rutherford
Christina Rutherford, Strawberry Bank, 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.

Norman Reid. M.D.

DATED this seventeenth day of November One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I [redacted] (3) Sheriff Substitute,
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Elspeth Rutherford
Strawberry Bank, Kirkmichael,
Certificates under the hands of Thomas Reid,
and John Mackenzie, 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 (6)
Christina Rutherford, Strawberry Bank, Kirkmichael and that the said
Christina Rutherford, is a (7) (Petitioner's daughter)
person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Rutherford, as a Patient into the (8) Public Asylum of Southern Counties, 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 Christina Rutherford, which accompanied the said Petition.

DATED this eighteenth day of November, One thousand eight hundred and eighty seven.

To the Superintendent of the (9) Public
Asylum of Southern Counties
Dumfries.

D. H. Smith

---

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

5·089

Christina Rutherford

J.R. ca 5·091

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Ayrshire

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Bowie, Cabinet Maker, Newton one of the Trustees of the deceased William Bone & Mrs Janet Bowie or Bone the father & Mother of the Lunatic humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Marion Bone or Morison, residing at Burnside House, Newton your Petitioner's (4) ——

(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 authorize the transmission of the said Marion Bone or Morison to the Crichton Royal Institution for the Insane at Dumfries, and to sanction her admission into the said Asylum.

John Bowie

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this twenty first (5) day of November One thousand eight hundred and eighty seven.—

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 Bone or Morison
2. Sex and age,	Female 46
3. Married, Single, or Widowed,	Married, living with her mother
4. Condition of Life and previous Occupation (if any),	recently deceased
5. Religious Persuasion, so far as known,	Protestant
6. Previous place of abode,	Burnside House Newton Ayr
7. Place where found and examined,	Do
8. Length of time Insane,	12 years
9. Whether First Attack,	First
10. Age (if known) on First Attack,	34
11. When and where previously under Examination and treatment,	Bothwell & Crichton Institution
12. Duration of Existing Attack,	12 years
13. Supposed Cause,	Domestic 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. 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,	William Morison, Clerk residing at Albert Cottage, Raploch St Larkhall, Airdrie, Husband - two children by her marriage with Mr Morison
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Had one child - a daughter - by a former Marriage

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of November One thousand eight hundred and eighty seven.—

(To be signed by the Party applying) John Bowie

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - -
2. Character of Education, - - - - -
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - -
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - -
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - - - -
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? - - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - - -
14. Is he dirty, destructive, untidy, or obscene? -
15. Has he threatened or attempted violence to himself? If so, in what way? - - - -
16. Has he threatened or attempted violence to others? If so, in what way? - - -
17. How long has he been insane? - - - -

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, 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.

.....

Dated this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

, the undersigned, Charles H Skae
ing a (1) M M D St Andrews & L R C S Edin Sr

d being in actual practice as a (2) Physician
reby certify, on soul and conscience, that I have this day at (3) Burnside House Newton Ayr in the County of Ayr separately from any other Medical Practitioner, sited and personally examined (4) Marion Bone or Morison. ~~Widow~~, Burnside House Newton Ayr and that e said Marion Bone or Morison is a (5) lunatic and a proper person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, 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) *(6) State the Facts.*

he cannot or will not answer questions. hen spoken to merely giggles & looks ~~[illegible]~~ stupid — ies in her bed spitting all over it, & about the floor of

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

ncited in } Mrs Bowie who is in charge of the patients
ance } informs me that she has periodic attacks of maniacal excitement of great violence

Name and Medical Designation, Charles H Skae M D L R C S E

Place of Abode, Glengall Ayr

DATED this 21st day of November One thousand eight hundred and 87

MEDICAL CERTIFICATE.—No. II.

, the undersigned, Robert D Obbie
ing a (1) M D of Edinr and L R C S E

d being in actual practice as a (2) general practitioner
reby certify, on soul and conscience, that I have this day at (3) Burnside house, Newton on Ayr in the County of Ayr separately from any other Medical Practitioner, sited and personally examined (4) Marion Bone, or Morison and that e said Marion Bone or Morison is a (5) person of unsound mind and a proper Person to be detained der Care and Treatment, and that I have formed this opinion upon the following ounds, 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) *(6) State the Facts.*

For seven years past she has lain in bed refusing to speak; but frequently she breaks out into violent fits of excitement & uses

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) *(7) State the Information, and from whom derived.*

st violent bscene nguage. { I know also of my own knowledge that she is dirty in her personal habits and refuses, to obstinacy, to act otherwise

Name and Medical Designation, Robert D Obbie M D, L R C S E

Place of Abode, Ayr

DATED this 21st day of November One thousand eight hundred and eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I, George Watson (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) John Bowie Cabinet Maker Newton Certificates under the hands of Charles H. Shae M. D. and Robert Dobbie 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) Marion Bone or Morison Riverside House Newton Ayr ~~Lockhart Avenue~~ and that the said Marion Bone or Morison is a (5) lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Bone or Morison as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Bone or Morison 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 this twenty second day of November One thousand eight hundred and eighty seven

George Watson

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

Name, Marion Bone or Morison

Date of Admission, 25th November 1887

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) of Dumfries & Galloway and his Substitutes,—

The Petition of P Galloway Inspector of Poor of the Parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Ross Wales your Petitioner's (3) Pauper 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 Ross Wales to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

P. Galloway

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Twenty fifth (4) day of November One thousand eight hundred and Eighty seven

(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.

Christian Name and Surname of Patient at length,	John Ross Wales
Sex and Age,	Male- 56 years
Married, Single, or Widowed,	Widower
Condition of Life, and previous Occupation (if any),	Coachman
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkinwan
Place where Found and Examined,	Port William
Length of time Insane,	about ten days
Whether First Attack,	yes
1. Age (if known) on First Attack,	56 years
1. When and where previously under Examination and Treatment,	none
1. Duration of Existing Attack,	about ten days
1. Supposed Cause,	Intemperance
1. Whether subject to Epilepsy,	no
1. Whether Suicidal,	not known
1. Whether Dangerous to others,	yes
1. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum in the meantime
1. Date of becoming Chargeable,	20th November 1887
1. 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,	Douglas Wales-Son-Coachman Port William no
2. 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 Twenty fifth day of November One thousand eight hundred and Eighty seven

(To be signed by Party applying)

P Galloway
Inspector of Poor P. P.
Parish of Mochrum

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 Bird Selley being a (1) Doctor of Medecine of Edinburgh and Lic[illegible] of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the Coun[illegible] of Wigtown separately from any other Medical Practitio[illegible] visited and personally examined (4) John Ross Wales, Coac[illegible] a pauper and [illegible] the said John Ross Wales is a (5) person of unsound mind and a proper Person to be det[illegible] under Care and Treatment, and that I have formed this opinion upon the follo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Says he is in the outskirts of Lockerbie, and speaks of having been long drives round the [illegible] and just returned home — His memory is very [illegible] and he talks incoherently —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

James Caren, Shoemaker, states that Wales talk[illegible] putting somebody below the pot on the fire, and would roast [illegible] his talk was so unconnected that Caren could not follow [illegible]

Name and Medical Designation, Robert B. Selley M.D. and L.R.[illegible]

Place of Abode, Portwilliam

DATED this 24th day of November One thousand e[illegible] hundred and eighty seven.

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 Dobie being a (1) Bachelor of Medicine and a [illegible] in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surge[illegible] hereby certify, on soul and conscience, that I have this day, at (3) Portwil[illegible] in the County Wigtown separately from any other Medical Practition[illegible] visited and personally examined (4) John Ross Wales, Coac[illegible] a pauper and t[illegible] the said John Ross Wales is a (5) Person of unsound mind and a proper person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Talks incoherently about driving in mach[illegible] imagines that he sees animals of different [illegible] & calls on them — expresses dislike of his [illegible] — in-law and threatens to kill her & her chi[illegible] has a dull, stupid look.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs. Lauderdale, a neighbour, says that [illegible] sees imaginary persons about him and attem[illegible] catch them — that at times he uses threa[illegible] individuals — & that he generally talks very mea[illegible] about many subjects.

Name and Medical Designation, John R. Dobie M.B.[illegible]

Place of Abode Whithorn

DATED this 24th day of November One thousand eig[illegible] hundred and eighty seven.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Peter Galloway Inspector of Poor of the Parish of Mochrum
Certificates under the hands of Robert Byrd Selby M.D. Portwilliam and John Robert Dobie M.B.C.M. Wigtown, 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 Ross Wales Coachman, Pauper and that the said John Ross Wales — 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 Ross Wales as a Patient into the (6) Southern Counties Asylum of Dumfries 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 Ross Wales which accompanied the said Petition.

DATED this twenty fifth day of November One thousand eight hundred and eighty seven

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(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.
(7) Public, District, Parochial, *or* Private.

John Ross Mace.

Mochrum

Admitted 26th November 1884

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Dumfries & Galloway
and his Substitutes,

(3) Insert Name and Designation.

The Petition of (3) Thomas Montgomery, Mason Castle Douglas
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Elizabeth Montgomery,

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) ~~cay~~ daughter
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 Montgomery to the Crichton Royal Institution for the Insane at Dumfries, and to sanction Her admission into the said Asylum.

Thomas Montgomery

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 28th (5) day of November, One thousand eight hundred and 87.

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 Montgomery.
2. Sex and age,	Female age 25 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life and previous Occupation (if any),	Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous place of abode,	Castle Douglas.
7. Place where found and examined,	" "
8. Length of time Insane,	2 months
9. Whether First Attack,	Third time but treated at Home
10. Age (if known) on First Attack,	22 years
11. When and where previously under Examination and treatment,	Home
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not Lively; rather inclined when in temper.
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,	Thomas Montgomery (Mason) Father Castle Douglas - none.
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 28th day of November, One thousand eight hundred and 87.

(To be signed by the Party applying) Thomas Montgomery

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Castle Douglas
2. Character of Education,	moderate
3. Is the natural disposition cheerful or melancholy—reserved or frank,	rather reserved.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	steady
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	twice rather reserved at [illegible]
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?	one Sister died of water in the [illegible] & one Brother of decline
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	none
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	no
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.?	pain in the Head
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.?	costiveness & derangement of female health
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	worse now
13. What changes have taken place in his bodily symptoms?	——
14. Is he dirty, destructive, untidy, or obscene?	no
15. Has he threatened or attempted violence to himself? If so, in what way?	no
16. Has he threatened or attempted violence to others? If so, in what way?	when in temper
17. How long has he been insane?	2 months

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Walter Lorraine ——
being a (1) Graduate of Edin: Univ: ——
and being in actual practice as a (2) General Practitioner ——
hereby certify, on soul and conscience, that I have this day at (3)
Queen St. Castle Douglas, —— in the County of
Kirkcudbright —— separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Montgomery
and that
the said Elizabeth Montgomery —— 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)

(6) *State the Facts.*

She is silent: hearing cries not laughter for little reason — She has had attacks to my knowledge on two occasions before of a similar character

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

There must be any that she cannot be managed: keeping out lights in light-contradiction. Lying in bed all day & refusing any nourishment may refuse things

Name and Medical Designation, Walter Lorraine M.B. Edin

Place of Abode, Castle Douglas

DATED this 27th day of Nov^br One thousand eight hundred and eighty seven

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MEDICAL CERTIFICATE—No. II.

I, the undersigned, Alexander Mc Kean ——
being a (1) Graduate of Glasgow University ——
and being in actual practice as a (2) General Practitioner ——
hereby certify, on soul and conscience, that I have this day, at (3)
Queen Street Castle-Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Montgomery
Queen Street Castle-Douglas and that
the said Elizabeth Montgomery, 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)

(6) *State the Facts.*

She complains of her head & of seeing objects floss before her sight. Inclines to be left alone, occasionally remaining in bed a great part of the day or wandering aimlessly about.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Her parents state that at times she gets rather excitable; spends most of her time walking about outside & taking no interest in what used to be of interest.

Name and Medical Designation, Alexander Mc Kean M.B.C.M.

Place of Abode, Castle-Douglas

DATED this 27th day of November One thousand eight hundred and eighty seven.

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 Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Montgomery, Mason, Castle Douglas Certificates under the hands of Walter Lorraine and Alexander McKeane, 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 Montgomery Castle Douglas (Veteus daughter) and that the said Elizabeth Montgomery 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 Montgomery as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Elizabeth Montgomery 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 this Twenty eighth day of November One thousand eight hundred and eighty seven years

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5092

Elizabeth Montgomery

admitted 28 nov: 1887

Date of Admission

Name

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 County~~
of Dumfries & Galloway *and his Substitutes,*—
The Petition of — Mary Murphy, Rigghead Cottage Irongray,
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John ~~Wightman~~ Murphy, Rigghead Cottage, Irongray,
your Petitioner's (2) 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 ~~Wightman~~ Murphy to the Crichton Royal Institution, and to sanction his 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) Mary Murphy

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (3) day of November — One thousand eight hundred and eighty seven 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,	John ~~Wightman~~ Murphy.
2. Sex and Age,	male - 43 yrs
3. Married, Single, or Widowed,	married. (for 20 yrs)
4. Condition of Life, and previous Occupation (if any),	Sheep - dealer.
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Newabbey, Kirkcudbrightshire.
7. Place where Found and Examined,	Rigghead Cottage Irongray Kirkcudbrightshire.
8. Length of time Insane,	about 3 weeks.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack,	42 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Treated at home.
12. Duration of Existing Attack,	about 3 weeks.
13. Supposed Cause,	Anxiety in business.
14. Whether subject to Epilepsy,	~~no~~ yes.
15. Whether Suicidal,	yes.
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,	Mary Anderson or Murphy Rigghead Cottage Irongray. (wife)
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 30th day of November — One thousand eight hundred and eighty seven years.

(To be signed by the Party applying) Mary Murphy

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, Patrick M Murray being a (1) Graduate of the University 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) Riggheads Cottage Irongray in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) John Murphy. Sheep Dealer and that the said John Murphy 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) Conversation rambling and unintelligible - could not sleep the [illegible] night as he was trying to find out the [illegible] way - when asked if he had found it - he [illegible] that was his opinion -

(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 put his [illegible] the fire, and two or three times attempted to [illegible] his feet in - His Brother told me that he was [illegible] about the house most of the night with a [illegible] threatened to strike anyone who spoke to him -

Name and Medical Designation, P M Murray M

Place of Abode, Castle St Dumfries

DATED this 29th day of November One thousand eight hundred and 87

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 Smith Kerr being a (1) Graduate 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) Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Murphy - Sheep dealer Riggheads Irongray and that the said John Murphy 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 vacant look Talks in a rambling way, and disjointed. He is sleepless and restless. Feels that he can control himself. Is sometimes quite maniacal.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife says, they are frightened for him. Two years ago he was a patient in an Asylum.

Name and Medical Designation, W. F. Kerr M.D.

Place of Abode Dumfries

DATED this 30th day of Nov. One thousand eight hundred and Eighty seven 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, Victor Blacklock, being (1) a Bachelor of Medicine & Master in Surgery of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Royal Institution Dumfries, in the County of Dumfries, seen and personally examined John Murphy, Rigghead Cottage, Irongray, ——, 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.

Victor Blacklock MB CM (Edin)

DATED this 30th day of November One thousand eight hundred and eighty seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Mary Murphy, Rigghead Cottage, Irongray, Certificates under the hands of Patrick Maxwell Murray, and William Smith 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) John Murphy, Rigghead Cottage, Irongray (Petitioner's Husband), and that the said John Murphy, —— 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 Murphy as a Patient into the (6) Public —— Asylum of Crichton Royal Institution, 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 Murphy, which accompanied the said Petition.

DATED this First day of December, One thousand eight hundred and eighty seven.

David Boyle Hope.

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

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(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.
(7) Public, District, Parochial, *or* Private.

5093

John Murphy
admitted
30 November 1884

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) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries and Galloway — *and his Substitutes,*—

The Petition of John Carson, Inspector of Poor, Kirkmabreck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Maggie McKie, —

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) pauper

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 Maggie McKie — to the the Royal Asylum Dumfries, and to sanction her admission into the said Asylum.

John Carson.
Inspector of Poor Kirkmabreck

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 1st (*) day of December. — One thousand eight hundred and eighty seven 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,	Maggie McKie
2. Sex and Age,	Female. Twenty three Years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Farm Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Creetown.
7. Place where Found and Examined,	Creetown.
8. Length of time Insane,	Four days.
9. Whether First Attack,	1st attack. but was of weak intellect
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Puerperal state
13. Supposed Cause,	No. not highly Hysterical
14. Whether subject to Epilepsy,	No Yes
15. Whether Suicidal,	~~Doubtful~~
16. Whether Dangerous to others,	26th November 87.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mrs Mundell St John Street (Aunt.) Creetown.
18. Date of becoming Chargeable,	None.
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,	
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 1st day of December One thousand eight hundred and 87. Years

(*To be signed by Party applying*) John Carson.
Inspector of Poor.
Kirkmabreck

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 Donald Mackeith, being a (1) Bachelor of Medicine of University of Glasgow and Licentiate of Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Saint John Street Creetown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Maggie McKie, St John Street Creetown, who is a Pauper and that the said Maggie McKie 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)

1 Violence — Refuses food & drink
Cursing — Insomnia
Blasphemy — Filthy (will not rouse [illegible] to the calls of nature.

(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 Donald Mackeith Surgeon &c.

Place of Abode, Creetown

DATED this First day of December, One thousand eight hundred and eighty-seven.

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 Smith, being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Maggie McKie, St John Street Creetown a pauper and that the said Maggie McKie 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 constantly muttering to herself, moving her hands about in an insane manner & refuses to answer questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Janet Lindsay informs me that since Wednesday last she has been very violent, [illegible] & striking out, & refusing to take food.

Name and Medical Designation, John Smith. [illegible]

Place of Abode 14 Castle St. Dumfries

DATED this First day of December One thousand eight hundred and eighty seven 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 Donald Mackeith being (1) Bachelor of Medicine & Surgeon, Creetown hereby certify, on soul and conscience, that I have this day, at (2) Creetown in the County of Kirkcudbright, seen and personally examined Maggie McKie, Creetown, 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.

William Donald Mackeith

DATED this First day of December, One thousand eight hundred and eighty seven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Parson, Inspector of Poor, Kirkmabreck, Certificates under the hands of William Donald Mackeith, and John Smith, 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) Maggie McKie St John Street Creetown (a Pauper) and that the said Maggie McKie is a (5) insane person, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Maggie McKie as a Patient into the (6) Public Asylum of Southern Counties 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 Maggie McKie, which accompanied the said Petition.

DATED this First day of December, One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

Maggie McKie

admitted 1st Dec 1887

admitted 1st Dec 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) — Dumfries and Galloway
at Dumfries, *and his Substitutes,*—

(3) Insert Name and Designation.

The Petition of (3) James M. Irvine. Bookseller Ayr.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that — Elizabeth Irvine, ——

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Elizabeth Irvine to the Crichton Royal Institution for the Insane at Dumfries, and to sanction the admission into the said Asylum.

James M. Irvine

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this Third (5) day of December, One thousand eight hundred and 87.

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 Irvine.
2. Sex and age,	Female. 43.
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous place of abode,	Dinwiddie Lodge Ayr
7. Place where found and examined,	Dinwiddie Lodge Ayr
8. Length of time Insane,	One month - after lengthened illness.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	43.
11. When and where previously under Examination and treatment,	——
12. Duration of Existing Attack,	One month
13. Supposed Cause,	Prolonged illness.
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,	James M. Irvine, Dinwiddie Lodge Brother. Ayr No.
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 Third day of December, One thousand eight hundred and 87.

(To be signed by the Party applying). James M. Irvine

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace,	Wallacetown - Ayr.
2. Character of Education,	General
3. Is the natural disposition cheerful or melancholy—reserved or frank,	Cheerful & Frank
4. Were the Patient's habits steady and industrious, or unsettled and intemperate?	Steady & Industrious
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated?	No
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?	Father & Mother Old age Sister & Brother Consumption
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack?	Affliction & Lengthened nursing
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.?	
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or 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.?	
12. What changes have taken place in the Patient's mental symptoms since the attack commenced?	
13. What changes have taken place in his bodily symptoms?	None
14. Is he dirty, destructive, untidy, or obscene?	No
15. Has he threatened or attempted violence to himself? If so, in what way?	No
16. Has he threatened or attempted violence to others? If so, in what way?	No
17. How long has he been insane?	About a Month

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, Ed McKerrow, being (1) a graduate of Glasgow University (M.B.C.M.) hereby certify, on soul and conscience, that I have this day, at (2) Montgomery Lodge, Ayr, in the County of Ayr, seen and personally examined Elizabeth Irvine, 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.

Ed McKerrow

DATED this Third day of Dec. One thousand eight hundred and eighty seven.

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE—No. I.

I, the undersigned, Le. M'Kerron
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician,
hereby certify, on soul and conscience, that I have this day at (3) Montgomery
Lodge. Castlehill Road, Ayr in the County of
Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Irvine
the said Eliz. Irvine and that
she 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)
Great mental Confusion. Imagines that she hears people speaking here; that they are people outside the house & speaking to her. Fears that some one is going to poison her. Other facts—

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends state that she is always wandering. That she is always speaking to some unseen person; That she is quite changed in disposition, & does absurd things

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Le M'Kerron M.B. C.M.

Place of Abode, 7 Barns St. Ayr

DATED this 3rd day of December, One thousand eight hundred and eighty seven.

MEDICAL CERTIFICATE—No. II.

I, the undersigned, Charles H. Mac
being a (1) M.B. and St. Andrews; & L.R.C.P. Edinburgh
and being in actual practice as a (2) Physician,
hereby certify, on soul and conscience, that I have this day, at (3) Montgomery
Lodge, Castlehill Road Ayr. in the County of
Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Irvine.
Spinster. Montgomerie Lodge. Ayr and that
the said Elizabeth Irvine 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, *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 has hallucinations of hearing; says she constantly hears the voices of former friends, & others addressing her; there is much confusion in her ideas; and her memory for recent events, and for what is passing around her is much defective; she is restless, & sleepless, much broken by bodily disease she lies nearly constantly in bed. Nurse states that Miss Irvine talks constantly to imaginary voices.

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the Information, and from whom derived.*

Name and Medical Designation, Charles H. Mac M.B. L.R.C.S.

Place of Abode, Glenfall Ayr

DATED this 3rd day of December One thousand eight hundred and 87.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSIO[illegible]
AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, David Boyle Hope (1) Sheriff Substitu[illegible]
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James M. [illegible]
Bookseller, Ayr.
Certificates under the hands of G. McKerrow,
and Charles H. Skae, being two Medical Pers[illegible]
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care a[illegible]
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Luna[illegible]
Asylums in Scotland," setting forth that they had separately visited and examined [illegible]
Elizabeth Irvine, Montgomery Lodge, Ayr, Pet[illegible] Sister and that the sa[illegible]
Elizabeth Irvine, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you
receive the said Elizabeth Irvine, as a Patient into t[illegible]
Crichton Royal Institution for the Insane at Dumfries, and I authorize her
Transmission to the said Asylum accordingly; and I transmit you herewith the sa[illegible]
Medical Certificates, and a Statement regarding the said Elizabeth Irvine
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 this Sixth day of December, One thousand eig[illegible]
hundred and eighty seven.

David Boyle Hope

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

5095

Elizabeth Irvine
admitted 3 Dec 1887

Date of Admission.....

Name.....

No.

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) Dumfries & Galloway and his Substitutes,—

The Petition of Miles Mc Jones, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Nicholson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Keeper, 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 Nicholson to the Southern Counties Asylum, and to sanction her admission into the said Asylum. Two weeks date.

(To be signed by the Party applying) Miles Mc Jones

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of December, One thousand eight hundred and Eighty Seven 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,	Agnes Nicholson.
2. Sex and Age,	Female. 20 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Domestic Servant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	No fixed abode.
7. Place where Found and Examined,	Coach & Horses Close.
8. Length of time Insane,	Cannot tell.
9. Whether First Attack,	Yes
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*].	no when.
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	do
15. Whether Suicidal,	do
16. Whether Dangerous to others,	do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Date of becoming Chargeable,	8th Dec. 1887
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,	William Nicholson, Father Coach & Horses Close No None.
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 6th day of December, — One thousand eight hundred and Eighty Seven years.

(To be signed by the Party applying) Miles Mc Jones

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith
being a (1) Graduate in 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) Coach & Horses Close Dumfries
in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Agnes Nicholson, Coach & Horses Close, Domestic Servant, a Pauper and that the said Agnes Nicholson 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) Her staring insane appearance & manner & answers given.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father & Mother inform me that she wanders about the country in an insane manner & that she tears & burns her clothes

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St. Dumfries

DATED this 8th day of December One thousand eight hundred and eighty seven years.

(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, Joseph Garibaldi Marshall
being a (1) Graduate in Medicine 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) Southern Counties Asylum Dumfries, in the County of Dumfries — separately from any other Medical Practitioner, visited and personally examined (4) Agnes Nicholson Coach Horses Close
and that the said Agnes Nicholson — 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 Enter into conversation Has a general insane appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother informs me she refuses to stay at home & wanders about the Country

Name and Medical Designation, J. G. Marshall M.B. &c.

Place of Abode Buccleuch St Dumfries

DATED this Ninth day of December One thousand eight hundred and eighty seven years.

(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 Smith, being (1) a Registered in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Coach & Horses Close, Dumfries in the County of Dumfries, seen and personally examined Agnes Nicholson, 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.

John Smith. M.D. &c.

DATED this 8th day of December One thousand eight hundred and eighty seven.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute, of the (2) County of Dumfries, having had produced to me with a Petition at the instance of (3) Niles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of John Smith, and Joseph Garibaldi Marshall, —, 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 Nicholson Coach & Horses Close, Dumfries (a pauper) and that the said Agnes Nicholson, — 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 Nicholson, as a Patient into the (6) Public — Asylum of Southern Counties, 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 Nicholson which accompanied the said Petition.

DATED this Ninth — day of December, One thousand eight hundred and eighty seven.

David Boyle Hope.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

---

(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.
(7) Public, District, Parochial, or Private.

5096

Agnes Nicholson

admitted 8 Dec 1887

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff of* (2) Perthshire

and his Substitutes,—

(3) Insert Name and Designation.

The Petition of (3) John Templeton, Chemist, Kinnoull Perth.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Henry John Templeton

(4) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (4) 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 Henry John Templeton to the Crichton Royal Institution for the Insane at Dumfries, and to sanction his admission into the said Asylum.

.....John Templeton.....

(5) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this seventh (5) day of December One thousand eight hundred and eighty seven.

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 John Templeton.
2. Sex and age,	Male, 24 years.
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,	Grahamstown, Cape Colony.
7. Place where found and examined,	
8. Length of time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and treatment,	Grahamstown, Cape Colony.
12. Duration of Existing Attack,	
13. Supposed Cause,	Sunstroke had in infancy.
14. Whether subject to Epilepsy,	Subject to Epilepsy
15. Whether Suicidal,	Not so
16. Whether Dangerous to others,	Not so.
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,	Robert Templeton / Brother / Clerk with Henry Calderwood Esqr. / his Uncle / Attorney, Barberton, Transvaal, S. Africa. No member of family known to be or to have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The patient having been born and lived in South Africa till the date of his leaving there in March 1886 to come to Scotland.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of December One thousand eight hundred and eighty seven.

(To be signed by the Party applying).....John Templeton.....

ADDITIONAL STATEMENT

For the Information of the Physician.

1. Birthplace, - - - - - - - - Lovedale Institution, South Afri[illegible]
2. Character of Education, - - - - Elementary English including Gramma[illegible] Geography and Arithmetic - Music, D[illegible]
3. Is the natural disposition cheerful or melancholy—reserved or frank, - - - - Cheerful and frank, except for a day [illegible] before and for several days after hav[illegible] when he becomes dull and perhaps cross.
4. Were the Patient's habits steady and industrious, or unsettled and intemperate? - - - Steady and given to be industrious.
5. Has the Patient been insane before? If so, how often? How was he affected? How long? Where was he treated? - - -
6. What relatives of the Patient have been epileptic, paralytic, intemperate, eccentric, or insane? - - - - - -
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? - - - -
8. Did any disease or accident, pregnancy or nursing, change of circumstances, or affliction, predispose the Patient to this attack? -
9. Was there any immediate cause of the attack that directly brought it on, *e.g.*, mental shock, childbirth, &c.? - - -
10. What were the first symptoms of mental derangement observed, *e.g.*, alteration of conduct or disposition, elevation, depression, fancies, &c.? - - - -
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.? -
12. What changes have taken place in the Patient's mental symptoms since the attack commenced? - - - - - -
13. What changes have taken place in his bodily symptoms? - - - - - -
14. Is he dirty, destructive, untidy, or obscene? - Not so - the reverse.
15. Has he threatened or attempted violence to himself? If so, in what way? - - -
16. Has he threatened or attempted violence to others? If so, in what way? - -
17. How long has he been insane? - - -

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, 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.

.....

DATED this day of One thousand eight hundred and

(1) State Medical qualification. (2) State Place of examination.

MEDICAL CERTIFICATE.—No. I.

I, the undersigned, David Halket Sterling
being a (1) M.D. Edin.

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day at (3) 16 Atholl Place Perth
in the County of Perth
separately from any other Medical Practitioner,
visited and personally examined (4) Henry John Templeton
Glencairn Kinnoull, no occupation,
and that the said Henry John Templeton 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)
Laughs without cause, talks in a quite childish way, evidences in conversation extremely deficient intelligence, is quite unable to think and act for himself

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Uncle informs me that he is subject to Epileptic fits and for days at a time is quite morose and says that he has "queer thoughts in his head"

(7) *State the Information, and from whom derived.*

Name and Medical Designation, David H. Sterling M.D.

Place of Abode, 16 Atholl Place Perth

DATED this 14th day of Dec One thousand eight hundred and 97

MEDICAL CERTIFICATE.—No. II.

I, the undersigned, James Paton Bramwell
being a (1) M.D. Edr. & R.H.R.S.

and being in actual practice as a (2) Surgeon and Physician
hereby certify, on soul and conscience, that I have this day, at (3) Glencairn Kinnoull Perth
in the County of Perth
separately from any other Medical Practitioner,
visited and personally examined (4) Henry John Templeton
no occupation
and that the said Henry Thomas Templeton 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) He took Childish and is evidently defective in intellect and unable to think and act for himself

(6) *State the Facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His uncle informs me that he has been long subject to epileptic fits which have injured his intellectual powers

(7) *State the Information, and from whom derived.*

Name and Medical Designation, James P. Bramwell M.D. Edr. & R.H.R.S. Edr.

Place of Abode 17 Dundas Place Perth

DATED this 6th day of Dec. One thousand eight hundred and eighty seven

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 Stewartry.
(3) Insert Name and Designation.

I John Grahame Esquire Advocate Sheriff [illegible] of the (2) County of Perth having had produced to me, with a Petition at the instance of (3) John Templeton Chemist Kinnoull Perth Certificates under the hands of David Halket Stirling and James Paton Bramwell, 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 John Templeton and that the said Henry John Templeton 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 John Templeton as a Patient into the Crichton Royal Institution for the Insane at Dumfries, 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 Henry John Templeton 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* Person of unsound mind.

DATED this Eighth day of December One thousand eight hundred and eighty seven

J Grahame

To the Medical Superintendent of the Crichton Royal Institution, Dumfries.

No. 5970

Name Henry John Templeton

Date of Admission 16 Dec. 1887

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) Dumfries and Galloway *and his Substitutes,*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Walker, your Petitioner's (3) Pauper, 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 Walker, to the Southern Counties Asylum, and to sanction her admission into the said Asylum. Two words delete.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Miles McInnes

(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 December One thousand eight hundred and Eighty Seven 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,	Agnes Walker
2. Sex and Age,	Female 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Georgetown
7. Place where Found and Examined,	11 Queen St Dfs
8. Length of time Insane,	Cannot tell
9. Whether First Attack,	yes
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*],	no where
12. Duration of Existing Attack,	—
13. Supposed Cause,	Nervous debility
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes might be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	23rd Dec 1887.
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,	Mary Shaw, Mother, resides at Georgetown. No
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 23rd day of Dec. One thousand eight hundred and Eighty Seven years

(*To be signed by the Party applying*) Miles McInnes Inspector 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, William Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons of Glasgow & Edinr & St Andrews
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 11 Queen Dumpries in the County of Dumpries separately from any other Medical Practitioner visited and personally examined (4) Agnes Walker a pauper and that the said Agnes Walker, is a (5) Lunatic or 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)
Talks incoherently; declares her soul is unsafe; is in much fear of her being prompted to Suicidal tendencies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Much the same as above

Name and Medical Designation, } W Marshall M.D.

Place of Abode, Buccleuch St Dumpries

DATED this 23rd day of Dec. One thousand eight hundred and Eighty-Seven 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J Murdoch Smith
being a (1) Graduate in 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) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Walker, Agnes Walker and that the said Agnes Walker is a (5) Lunatic 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 unusual appearance & delusions. States that she is in danger & must leave the window. Has swallowed needles. States that she is dead & cannot be hanged.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, } J Murdoch Smith M.D.

Place of Abode 14 Castle St Dumfries

DATED this 24th day of Dec. One thousand eight hundred and eighty-seven 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 Marshall being (1) A Graduate of the Faculty of Physicians &c of Glasgow & College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) 11 Queen St in the County of Dumfries, seen and personally examined Agnes Walker, 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.

Marshall McDr

DATED this 23rd day of Dec. One thousand eight hundred and Eighty Seven years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, ~~of~~ having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries, Certificates under the hands of William Marshall, and John Smith, 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 Walker Georgetown Dumfries a pauper, and that the said Agnes Walker, is a (5) Lunatic & a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Walker, as a Patient into the (6) Public Asylum of Southern Counties, 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 Walker which accompanied the said Petition.

DATED this Twentyfourth day of December, One thousand eight hundred and eighty seven years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(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.
(7) Public, District, Parochial, *or* Private.

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Agnes Walker

admitted 23 Dec 1887

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) Dumfries & Galloway of and his Substitutes,—

The Petition of C Finlayson Insp of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Smith your Petitioner's (3) Pauper 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 Smith to the Southern Counties Asylum Dumfries and to sanction Her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C Finlayson

(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 December One thousand eight hundred and Eighty seven.

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 Smith.
2. Sex and Age,	Female 51 yrs
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Atkinsons Place
7. Place where Found and Examined,	Atkinsons Place
8. Length of time Insane,	Two days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	50 yrs
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	Two days
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,	unknown
18. Date of becoming Chargeable,	30th Dec 1887
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,	Her daughter domestic servant in Kirkcudbright.
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 Thirtieth day of December One thousand eight hundred and Eighty seven

(*To be signed by Party applying*) C Finlayson

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, Wm Johnstone being a (1) M. D. of the University of Edinr and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St Cuthbert St. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Smith a pauper and the said Mrs 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) constants exit and rambling in her speech - slapkerman - the is in America &c —

(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, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 30th day of December One thousand eight hundred and Eighty seven.

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 Macmyn being a (1) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) St. Cuthbert Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mrs Smith, St. Cuthbert Kirkcudbright, a pauper and that the said Mrs 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)

She has rambling incoherence of speech; thinks her soul is lost.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her daughter residing with her, says she threatened to assault her several times.

Name and Medical Designation, John Macmyn M.B., C.M.

Place of Abode Kirkcudbright

DATED this thirtieth day of December One thousand eight hundred and eighty-seven.

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, 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.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Pr. Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) ~~William Johnstone and John Macartney~~ Charles Wilkinson
Certificates under the hands of William Johnstone
and John Macartney, 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. Mary Smith a Pauper and that the said Mrs. Mary 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 Mrs. Mary Smith as a Patient into the (6) Southern Counties Asylum of Dumfries, 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. Mary Smith which accompanied the said Petition.

DATED this 30th day of December One thousand eight hundred and eighty seven

Robt Gordon S S

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(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.
(7) Public, District, Parochial, *or* Private.

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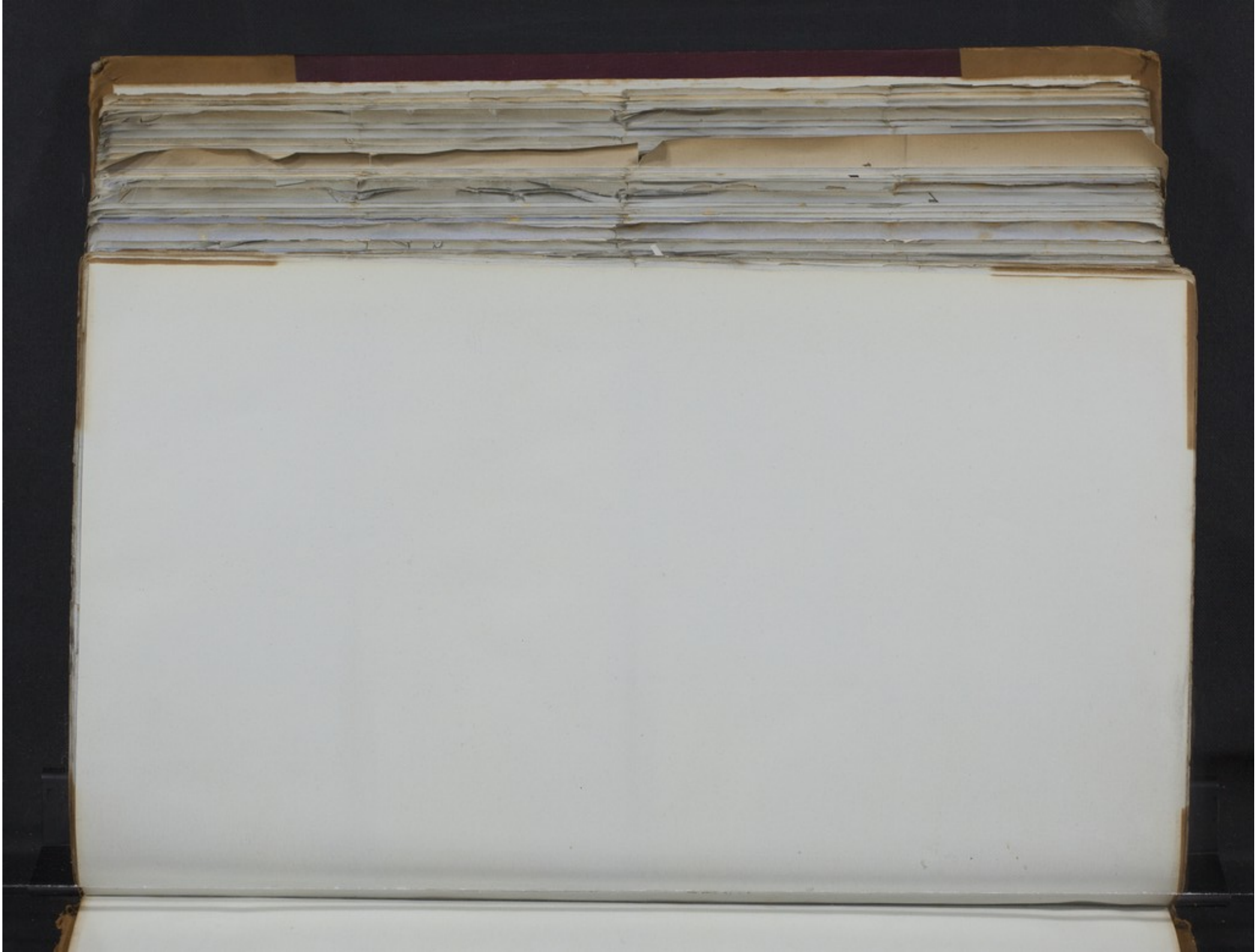
Mary Smith

admitted 30th. Dec 1887